Blue Shield TotalDual 计划 (HMO D-SNP)

2024 年医疗服务提供者名录

县名：San Diego

Blue Shield of California 是 Blue Shield Association 的独立被许可人
Blue Shield TotalDual 计划 | 2024 年医疗服务提供者名录

简介

此提供者名录包含有关 Blue Shield TotalDual 计划中的提供者类型的信息，以及截至此名录发布之日该计划的所有提供者名单。名单包含地址和联系信息以及其他详细信息，例如运营日期和小时数、专业和技能。在《承保证明》最后一章中按字母顺序列出了关键术语及其定义。

目录

A. 免责声明 .................................................................................................................................5
B. 关于 Blue Shield TotalDual 计划网络提供者的背景信息 ........................................... 6
   B1. 关键术语 ........................................................................................................................... 6
   B2. 初级保健和行为健康的等待时间 ....................................................................................... 7
   B3. 如何选择主治医生 (PCP) .............................................................................................. 8
   B4. 长期服务和支持 (LTSS) 提供者 ....................................................................................... 8
   B5. 如何访问 Blue Shield TotalDual 计划的网络提供者 .......................................................... 9
C. Blue Shield TotalDual 计划的网络提供者名单 ................................................................. 10
   C1. 网络提供者名单 .............................................................................................................. 11
   C3. 专业护理机构 (SNF) ..................................................................................................... 778
D. Blue Shield Promise Medi-Cal 网络提供者名录 .............................................................. 783
   D1. 联邦认证合格的健康诊所 .............................................................................................. 783
   D2. 主治医生名录 .................................................................................................................. 1001
   D3. 专科提供者名录 ............................................................................................................ 1602
   D4. 医院名录 - 综合急症护理医院 .................................................................................... 2234
   D5. 长期支持服务 (LTSS) .................................................................................................. 2239
      I. 长期护理 (LTC) 和专业护理机构 (SNF) ..................................................................... 2239
      II. 县居家支持服务 (IHSS) ............................................................................................ 2255
      III. 基于社区的成人服务 (CBAS) - 成人日间服务......................................................... 2256
   D6. 心理健康提供者名录 ..................................................................................................... 2259
   D7. 视力提供者名录 - 眼科和视力服务 ............................................................................... 2330
   D8. 其他服务提供者 ............................................................................................................. 2427
   D9. Blue Shield Promise 紧急护理机构 ............................................................................ 2428
E. 提供者索引 ............................................................................................................................ 2453
If you have questions, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. For more information, visit www.blueshieldca.com/medicare
A. 免责声明

- 此名录列出了医疗保健专业人员（如医生、执业护士和心理学家）和机构（如医院或诊所）。此名录还列出了您作为 Blue Shield TotalDual 计划会员可以使用的长期服务和支持（LTSS）提供者（例如成人日间健康和家庭健康提供者）。我们还列出了您可以购买处方药的药房。

- 此名录中将其统称为“网络提供者”。上述提供者与我们签订了合同，共同为您提供服务。此为 Blue Shield TotalDual 计划在 San Diego 县的网络提供者名单。

- 您可以免费取得此文件的其他格式版本，例如大字版、盲文或音讯版。请致电 1-800-452-4413 (TTY: 711)，服务时间为每周 7 天的上午 8:00 至晚上 8:00。此为免费电话。

- 我们提供免费翻译服务，回答您有关我们医疗或药物计划的任何问题。如需口译员，请致电 1-800-452-4413。将有会说英语、西班牙语、阿拉伯语、波斯语、亚美尼亚语、高棉语、韩语、俄语、菲律宾语或越南语的人士为您提供帮助。此为免费服务。您可以提出长期请求，要求现在和将来以英语以外的语言或其他格式获取此文档。如需提出请求，请联系 Blue Shield TotalDual Plan，客户服务团队将保留您的首选语言和格式，以备将来沟通之用。如需根据您的偏好进行任何更改，请联系 Blue Shield TotalDual 计划。

- 此名录的更新日期为 05/03/2024 日，但您需要知道：
  - 某些 Blue Shield TotalDual 计划网络提供者可能在此名录发布后，从我们的网络中添加或删除。
  - 我们网络中的某些 Blue Shield TotalDual 计划提供者可能不再接受新会员。如果您在寻找接受新会员的提供者时遇到困难，请致电客户服务部 1-800-452-4413 (TTY: 711)，我们将为您提供帮助。
  - 如需获取有关您所在地区的 Blue Shield TotalDual 计划网络提供者的最新信息，请访问 www.blueshieldca.com/medicare 或致电客户服务部 1-800-452-4413 (TTY: 711)，服务时间为每周 7 天的上午 8:00 至晚上 8:00。此为免费电话。

Blue Shield TotalDual 计划网络中的医生和其他医疗保健专业人员列在第 13-2452 页。

您可以使用目录后面的索引来查找提供者的页面位置。
B. 关于 Blue Shield TotalDual 计划网络提供者的背景信息

B1. 关键术语

本节将介绍我们名录中的关键术语。

- **提供者**指专业人士，例如医生、护士、药剂师、治疗师和其他提供护理和服务的人士。服务指包括医疗保健、长期服务和支持（LTSS）、用品、处方药、设备和其他服务。
  - 提供者指包括医院、诊所等提供医疗服务和医疗设备的场所。还包括您作为 Blue Shield TotalDual 计划会员可以使用的 LTSS 提供者。
  - 属于我们计划网络一部分的提供者统称为网络提供者。

- **网络提供者**已与我们签订合同，为我们计划的会员提供服务。网络内提供者参与我们的计划。这意味着他们接受我们计划的会员，并提供我们计划承保的服务。当您使用网络提供者时，您通常无需为承保服务支付任何费用。

- **主治医生（PCP）**是为您提供常规医疗保健的内科医生、家庭医生、全科医生或专科医生。您的 PCP 将保存您的医疗记录，并随着时间的推移了解您的健康需求。如果您需要专科医生或其他提供者，您的 PCP 也会为您提供转诊。

- **专科医生**是为特定疾病或身体部位提供医疗保健服务的医生。专科医生有很多种。下面是一些示例：
  - 肿瘤专科医生为癌症患者提供医疗护理。
  - 心脏专科医生为心脏病患者提供医疗护理。
  - 骨专科医生为患有某些骨骼、关节或肌肉疾病的患者提供医疗护理。

- **医疗团体或独立医师协会（IPA）**是遵照 California 州法律成立的组织，其与健康计划签订合同，共同为健康计划参保人提供或安排提供医疗保健服务。请参阅 B3 部分了解更多信息。

- **您可能需要转诊或事先授权**才能向专科医生或并非您 PCP 的人士看诊。转诊代表您的网络 PCP 必须先给予您批准，然后才能使用其他提供者。事先授权不同于转诊。这代表 Blue Shield TotalDual 计划（并非您的网络 PCP）必须事先给予您批准，然后我们才能承保特定服务、项目或药物或网络外提供者。如果您未获得转诊或事先授权，Blue Shield TotalDual 计划可能不承保服务、项目或药物。
  - 以下情况不需要转诊或事先授权：
    - 急诊护理。
    - 紧急护理；
    - 当您身处计划服务区域之外时，在 Medicare 认证的透析机构获得的肾透析服务；
    - 女性健康专科医生的服务；或
    - Medicare 承保的所有预防服务，包括筛查和疫苗。

†DSNP Provider that is also Medi-Cal enrolled
此外，如果您有资格从印第安医疗服务提供者那里获得服务，则您可在没有转诊的情况下使用这些提供者。我们必须向印第安医疗服务提供者支付相关服务费用，即使其不在我们计划网络内。

有关转诊和事先授权的更多信息，请参阅承保证明第3章。

您还将分配一个护理团队。您的护理团队从您和PCP之间建立联系开始。护理团队可能包括护理人员、Care Navigator、专科医生和其他人士，具体取决于您护理计划中呈现的需求级别。护理团队的每个人都通力合作，以确保您获得所需护理。这表示他们将会确保您获得所有需要的检测、化验和其他护理，并将结果与相应的提供者共享。这也表示您的PCP应该知道您服用的所有药物，以便减少任何负面影响。在与其他提供者共享您的医疗信息之前，您的PCP将始终首先取得您的许可。护理团队成员可能包括：

- Care Navigator，可帮助您管理您的医疗提供者和服务。
- 您的主治医生

如果您需要专科医生或其他医疗保健提供者，您的医疗团体还将帮助您寻找其他医疗、行为健康或长期服务和支持(LTSS)提供者。这样，您将找到合适的提供者来帮助您解决问题。

B2. 初级保健和行为健康的等待时间

我们必须在以下时间内为您提供初级保健和行为健康服务：

- 对于紧急或急诊情况，立即提供服务；
- 对于非紧急或急诊但您需要医疗护理的情况，在7天内提供服务；
- 对于常规或预防性护理，在30天内提供服务。

B3. 如何选择主治医生 (PCP)

首先，您需要选择一名主治医生 (PCP)。您可以让专科医生担任您的PCP。如果专科医生同意提供PCP传统上提供的所有服务，您可以选择专科医生作为您的PCP。如需请求您的专科医生成为您的PCP，请联系Blue Shield TotalDual计划客户服务部。您可以选择我们网络中任何接受新会员的PCP。

我们计划的PCP隶属于医疗团体。当您选择PCP时，您也在选择附属医疗团体。这代表您的PCP会将您转诊至同样隶属于其医疗团体的专科医生和服务。

- 如果您想使用特定的专科医生或医院，请务必了解他们是否隶属于您的PCP的医疗团体。您可以查看此名录或询问Blue Shield TotalDual计划客户服务部，以检查您希望选择的PCP是否向该专科医生转诊或使用该医院。
- 如果您不在PCP的医疗团体内，Blue Shield TotalDual计划可能不承保该服务。

如需选择PCP，请参阅第13-2452页的医生名单并选择医生：

- 您目前看访的医生，或
- 由您信任的人推荐的医生，或
其办公地点距您很近的医生。

如果您未在我们的网络中选择 PCP，Blue Shield TotalDual 计划将为您选择一位。

如果您在选择 PCP 时需要帮助，请致电客户服务部：1-800-452-4413 (TTY: 711)，服务时间为每周 7 天的上午 8:00 至晚上 8:00。此为免费电话。或访问 www.blueshieldca.com/medicare

如果您对是否承保您想要或需要的任何服务或护理有疑问，请与您的护理团队联系或致电客户服务部 1-800-452-4413 (TTY: 711)，并在您获得服务或护理之前进行询问。

B4. 长期服务和支持 (LTSS) 提供者

您作为 Blue Shield TotalDual 计划会员在有需要时将能够获得长期服务和支持 (LTSS)，例如基于社区的成人日间服务 (CBAS)、提供护理服务、物理、职业和言语治疗、治疗活动，以及社区中心的膳食。此外，居家支持服务 (IHSS) 是面向没有护理帮助就无法安全留在家中的人提供的家庭护理。LTSS 帮助有需要的人士完成日常生活任务，例如洗澡、穿衣、做饭和服药。这些服务大多在您的家中或社区提供，但也可以在疗养院或医院提供。

如果您需要 LTSS，您的 Care Navigator 或 MSSP 可以帮助您和您的护理团队确定哪些选项能够以您想要的方式为您提供支持。

B5. 如何访问 Blue Shield TotalDual 计划的网络提供者

您必须从我们网络内隶属于您 PCP 医疗团体的提供者处获得所有承保服务。如果您使用的提供者不在 Blue Shield TotalDual 计划的网络中，并且不隶属于您的 PCP 医疗团体（未经事先授权），则您必须支付账单。

事先授权是指在您获得服务之前，Blue Shield TotalDual 计划批准您寻求我们网络之外的服务或获得我们网络未常规承保的服务。

此规则的唯一例外是，当您需要紧急或急诊护理或透析并且无法联系计划提供者时，例如当您不在家时。如果 Blue Shield TotalDual 计划事先给予许可，您可以前往计划外或 PCP 的医疗团体以外寻求其他非紧急服务。

您可以在一年中的任何时间更换网络内的提供者。如果您已使用网络提供者，不要求必须持续使用同一提供者。对于某些提供者，您可能需要 PCP 的转诊。只要我们在当月 20 日之前收到您更改 PCP 的请求，则将在下个月的第一天生效。如需更改您的 PCP，请致电客户服务。请在致电时务必告知客户服务部，您是正在使用专科医生，还是接受其他需要 PCP 批准的承保服务（例如家庭健康服务和耐用医疗设备）。客户服务部将帮助确保您在更换 PCP 时可以继续接受您的专业护理和其他服务。客户服务部还将核查您要更换到的 PCP 是否正在接受新患者。客户服务部将更改您的会员记录，以显示您新 PCP 的姓名，并告诉您对新 PCP 的更改何时生效。客户服务部还将向您发送一张新的会员卡，其中显示您的新 PCP 的姓名和电话号码。

请记住，我们计划的 PCP 隶属于医疗团体。如果您更改了 PCP，您可能还会更改了医疗团体。当您要求更改时，请务必告诉客户服务部您是否正在使用专科医生或获得其他需要 PCP 批准的承保服务。客户服务部将帮助确保您在更换 PCP 时可以继续接受您的专业护理和其他服务。

†DSNP Provider that is also Medi-Cal enrolled

If you have questions, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. For more information, visit www.blueshieldca.com/medicare
Blue Shield TotalDual 计划与我们网络中的所有提供者合作，以满足残障人士的需求。在适用情况下，此名录中的网络提供者名单包括有关他们提供的住宿信息。

如果您需要医疗服务提供者，但不确定他们是否提供您需要的住宿服务，Blue Shield TotalDual 计划可以为您提供帮助。请与您的 Care Navigator 联系以获取帮助。

C. Blue Shield TotalDual 计划的网络提供者名单

名录的这一部分包括参与并接受 Blue Shield TotalDual 计划的 Blue Shield TotalDual 计划网络提供者名单。其中包含：

- 医疗保健专业人员，包括主治医生、专科医生、行为健康提供者、牙科服务提供者和视力服务提供者；
- 机构，包括医院、护理机构和行为健康机构；以及
- 支持服务提供者，包括长期服务和支持 (LTSS)（例如，成人日间健康）和社区支持服务（例如，同伴支持）。

Medi-Cal 牙科管理式医疗提供者列在牙科管理式医疗计划的网站上。牙科管理式护理计划目前的名称为Liberty Dental 计划、Access Dental 计划和 Health Net of California。可以根据提供者名称、地址、城市、邮政编码、专业或所使用的语言进行搜索。有关当前计划的信息，您还可以通过以下方式联系 Health Care Options 以获取帮助：800-430-4263（TTY 用户致电 1-800-430-7077），服务时间为周一至周五上午8:00 至下午6:00。

Medi-Cal 牙科按服务收费的提供者列在 Smile, California 网站的提供者名录中：www.dental.dhcs.ca.gov/find-a-dentist/home。可以根据地址、城市、邮政编码、专业或所使用的语言进行搜索。除了搜索注册牙科提供者的提供者名录外，还有一份由 Smile, California 列出的注册牙科保健医生名单。

San Mateo 的牙科服务由 San Mateo 健康计划 (HPSM) 承保。提供者名录列在该计划的网站上。可以根据提供者名称或邮政编码进行搜索。

### 文化能力培训

文化能力培训是针对我们的医疗保健提供者的额外指导，帮助他们更好地了解您的背景、价值观和信仰，以调整服务并满足您的社会、文化和语言需求。

按姓氏的字母顺序列出提供者。您还可以在目录末尾的索引中，找到提供者的名称和包含提供者其他联系信息的页面。按姓氏的字母顺序在索引中列出提供者。除了联系信息外，提供者名录还包括专业和技能，例如使用的语言或已完成的文化能力培训。
Blue Shield TotalDual 计划网络由以下部分组成：

PCP 总数：2754

专科医生总数：2858

医院总数：20

针灸和脊椎按摩治疗提供者总数：No Data

牙科提供者总数：No Data

家庭保健服务总数：1

心理健康提供者总数：351

视力健康提供者总数：445

长期服务和支持提供者总数：No Data

心理健康机构总数：No Data

专业护理机构总数：84

其他服务提供者：1
C1. 网络提供者名单

附属医院

ALVARADO HOSPITAL LLC
Effective as of 01-AUG-12
6655 ALVARADO RD
SAN DIEGO, CA 92120

ENCOMPASS HEALTH
REHABILITATION HOSPITAL
OF MURRIETA
Effective as of 01-AUG-20
35470 WHITEWOOD RD
MURRIETA, CA 92563

HEMET GLOBAL MEDICAL CENTER
Effective as of 01-JAN-20
1117 E DEVONSHIRE AVE
HEMET, CA 92543
Birthing Friendly: Y

HOAG HOSPITAL IRVINE
Effective as of 01-FEB-14
16200 SAND CANYON AVE
IRVINE, CA 92618

HOAG ORTHOPEDIC INSTITUTE
Effective as of 01-JAN-12
16250 SAND CANYON AVE
IRVINE, CA 92618

KINDRED HOSPITAL SAN DIEGO
Effective as of 01-JAN-12
1940 EL CAJON BLVD
SAN DIEGO, CA 92104

MENIFEE GLOBAL MEDICAL CENTER
Effective as of 01-JAN-20
28400 MCCALL BLVD
SUN CITY, CA 92585

MISSION HOSPITAL LAGUNA BEACH
Effective as of 01-JAN-10
31872 COAST HWY
LAGUNA BEACH, CA 92651

PALOMAR HEALTH
Effective as of 01-JAN-12
15615 POMERADO RD
POWAY, CA 92064
Birthing Friendly: Y

PALOMAR MEDICAL CENTER
Effective as of 01-JAN-12
2185 CITRACADO PKWY
ESCOENDO, CA 92029

PARADISE VALLEY HOSPITAL
Effective as of 01-AUG-12
2400 E 4TH ST
NATIONAL CITY, CA 91950

PROVIDENCE MISSION HOSPITAL
Effective as of 01-JAN-10
27700 MEDICAL CENTER RD
MISSION VIEJO, CA 92691
Birthing Friendly: Y

SADDLEBACK MEMORIAL MED CTR
Effective as of 01-JAN-12
24451 HEALTH CENTER DR
LAGUNA HILLS, CA 92653
Birthing Friendly: Y

SCRIPPS GREEN HOSPITAL
Effective as of 01-JAN-12
10666 N TORREY PINES RD

MS 220
LA JOLLA, CA 92037

SCRIPPS MEMORIAL HOSPITAL
Effective as of 01-JAN-12
9888 GENESEE AVE
LA JOLLA, CA 92037
Birthing Friendly: Y

SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Effective as of 01-JAN-12
354 SANTA FE DR
ENCINITAS, CA 92024
Birthing Friendly: Y

SCRIPPS MERCY HOSPITAL
Effective as of 01-JAN-12
4077 5TH AVE
SAN DIEGO, CA 92103
Birthing Friendly: Y

SCRIPPS MERCY HOSPITAL CHULA VISTA
Effective as of 01-JAN-12
435 H ST
CHULA VISTA, CA 91910

SELECT SPECIALTY HOSPITAL SAN DIEGO
Effective as of 01-JAN-12
555 WASHINGTON ST
SAN DIEGO, CA 92103

TRI CITY MEDICAL CTR
Effective as of 01-JAN-12
4002 VISTA WAY
OCEANSIDE, CA 92056
Birthing Friendly: Y
C1. 网络提供者名单
附属医院

UCSD LA JOLLA JOHN SALLY THORNTON
Effective as of 01-OCT-14
9300 CAMPUS POINT DR
LA JOLLA, CA 92037

UCSD MEDICAL CTR
Effective as of 01-OCT-14
200 W ARBOR DR
SAN DIEGO, CA 92103
Birthing Friendly: Y
This plan provides coverage for urgently need services both in-network and out-of-network. For an up-to-date list of Urgent Care Centers in the network, please contact your medical group.

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

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

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

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

**ANAHEIM URGENT CARE INC**
- 22855 LAKE FOREST DR
  - LAKE FOREST, CA 92630
  - (949) 676-9991

**BAHIA FAMILY MEDICAL GROUP INC**
- 584 E ST
  - CHULA VISTA, CA 91910
  - (619) 420-1378

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

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

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

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

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

**CONCENTRA URGENT CARE**
- 7682 EL CAJON BLVD
  - LA MESA, CA 91942
  - (866) 944-6046
  - M-F 8:00AM-5:00PM

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

**CONCENTRA URGENT CARE**
- 25115 MADISON AVE
  - MURRIETA, CA 92562
  - M-F 8:00AM-6:00PM

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

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

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

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

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

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

**CONCENTRA URGENT CARE**
- 5333 MISSION CENTER RD
  - SAN DIEGO, CA 92108
  - (866) 944-6046

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
### C1. 网络提供者名单

<table>
<thead>
<tr>
<th>服务提供者</th>
<th>地址</th>
<th>电话</th>
<th>服务时间</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONCENTRA URGENT CARE</strong></td>
<td>3930 4TH AVE STE 200 SAN DIEGO, CA 92103</td>
<td>(866) 944-6046</td>
<td>M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td></td>
<td>(866) 944-6046</td>
<td></td>
<td>SU 8:00AM-5:00PM</td>
</tr>
<tr>
<td></td>
<td>740 NORDAHL RD STE 131 SAN MARCOS, CA 92069</td>
<td>(630) 432-9000</td>
<td>M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td></td>
<td>740 NORDAHL RD STE 130 SAN MARCOS, CA 92069</td>
<td>(866) 944-6046</td>
<td>SU 8:00AM-5:00PM</td>
</tr>
<tr>
<td></td>
<td>9745 PROSPECT AVE STE 100 SANTEE, CA 92071</td>
<td>(630) 432-9000</td>
<td>M-F 7:00AM-5:00PM</td>
</tr>
<tr>
<td>DOCTORS EXPRESS OF OCEANSIDE INC</td>
<td>4171 OCEANSIDE BLVD STE 109 OCEANSIDE, CA 92056</td>
<td>(630) 216-6253</td>
<td>SU-SA 8:00AM-8:00PM</td>
</tr>
<tr>
<td>EAST COUNTY URGENT CARE</td>
<td>1625 E MAIN ST STE 100 EL CAJON, CA 92021</td>
<td>(619) 442-9896</td>
<td>SU 8:00AM-4:00PM M-F 8:00AM-7:00PM SA 9:00AM-4:00PM</td>
</tr>
<tr>
<td>HOAG CLINIC</td>
<td>26671 ALISO CREEK RD STE 101 ALISO VIEJO, CA 92656</td>
<td>(949) 791-3107</td>
<td>SU 8:00AM-5:00PM M-F 8:00AM-8:00PM SA 8:00AM-5:00PM</td>
</tr>
<tr>
<td></td>
<td>26672 PORTOLA PKWY STE 100 FOOTHILL RANCH, CA 92610</td>
<td>(949) 557-0710</td>
<td>SU 8:00AM-5:00PM M-F 8:00AM-8:00PM SA 8:00AM-5:00PM</td>
</tr>
<tr>
<td>HOAG CLINIC</td>
<td>8607 IRVINE CENTER DR IRVINE, CA 92618</td>
<td>(949) 557-0600</td>
<td>SU 8:00AM-5:00PM M-F 8:00AM-8:00PM SA 8:00AM-5:00PM</td>
</tr>
<tr>
<td></td>
<td>16205 SAND CANYON AVE STE 100D IRVINE, CA 92618</td>
<td>(949) 557-0000</td>
<td>SU 8:00AM-5:00PM M-F 8:00AM-8:00PM SA 8:00AM-5:00PM</td>
</tr>
<tr>
<td>HOAG CLINIC</td>
<td>21115 NEWPORT COAST DR NEWPORT BEACH, CA 92657</td>
<td>(949) 557-0730</td>
<td>SU 8:00AM-5:00PM M-F 8:00AM-8:00PM SA 8:00AM-5:00PM</td>
</tr>
<tr>
<td>INLAND URGENT CARE A MED CORP</td>
<td>27168 NEWPORT RD STE 1 MENIFEE, CA 92584</td>
<td>(951) 246-3033</td>
<td>SU-SA 9:00AM-9:00PM</td>
</tr>
<tr>
<td></td>
<td>29738 RANCHO CALIFORNIA RD STE B TEMECULA, CA 92591</td>
<td>(951) 303-6440</td>
<td>SU-SA 9:00AM-6:00PM</td>
</tr>
<tr>
<td>INLAND URGENT CARE OF SUN CITY</td>
<td>27168 NEWPORT RD STE 1 MENIFEE, CA 92584</td>
<td>(951) 246-3033</td>
<td>SU-SA 9:00AM-9:00PM</td>
</tr>
<tr>
<td>MARQUE URGENT CARE</td>
<td>25482 MARGUERITE PKWY STE 101 MISSION VIEJO, CA 92692</td>
<td>(949) 760-9222</td>
<td>SU 8:00AM-8:00PM M-F 8:00AM-9:00PM SA 8:00AM-8:00PM</td>
</tr>
<tr>
<td></td>
<td>22461 ANTONIO PKWY RANCHO SANTA MARGARITA, CA 92688</td>
<td>(949) 760-9222</td>
<td>SU 8:00AM-6:00PM M-F 8:00AM-8:00PM SA 8:00AM-8:00PM</td>
</tr>
<tr>
<td>MARQUE URGENT CARE</td>
<td>4490 FANUEL ST SAN DIEGO, CA 92109</td>
<td>(949) 760-9222</td>
<td>SU 9:00AM-5:00PM M-F 9:00AM-8:00PM</td>
</tr>
</tbody>
</table>

您的PCP的医疗群体可能包含心理健康服务提供者。请参阅下表。您可以直接联系这些提供者。请注意，某些服务可能需要心理健康服务提供者从Blue Shield获得预授权，以便被覆盖。

要访问心理健康服务提供者列表，请访问blueshieldca.com/fad。
C1. 网络提供者名单

紧急护理中心

<table>
<thead>
<tr>
<th>机构名称</th>
<th>地址</th>
<th>电话</th>
<th>服务时间</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSION HERITAGE MED GRP</td>
<td>27231 LA PAZ RD STE A</td>
<td>(949) 643-9111</td>
<td>SA 9:00AM-8:00PM</td>
</tr>
<tr>
<td></td>
<td>LAGUNA NIGUEL, CA 92677</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MISSION HERITAGE MED GRP</td>
<td>(949) 276-2111</td>
<td>SU 9:00AM-5:00PM M-F 8:00AM-8:00PM</td>
</tr>
<tr>
<td></td>
<td>26800 CROWN VALLEY PKWY STE 150</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SU 9:00AM-5:00PM M-F 8:00AM-8:00PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOUTHBAY URGENT CARE INC</td>
<td>1628 PALM AVE</td>
<td>(619) 591-9999</td>
<td>SU 10:00AM-6:00PM M-F 9:00AM-8:00PM</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92154</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SU 10:00AM-6:00PM M-F 9:00AM-8:00PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAND CANYON URGENT CARE MED CTR</td>
<td>15775 LAGUNA CANYON RD STE 100</td>
<td>(949) 417-0272</td>
<td>SU 11:00AM-5:00PM M-F 8:00AM-8:00PM</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SU 11:00AM-5:00PM M-F 8:00AM-8:00PM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
主治医生

**FAMILY PRACTICE**

**OCONNOR, SHANNON, MD**
Provider ID: 100027672003
- 5 JOURNEY STE 130
  ALISO VIEJO, CA 92656
- (949) 360-1069
Effective as of 01-JUL-12

**OCONNOR, SHANNON, MD**
Provider ID: 100027672005
- 5 JOURNEY STE 130
  ALISO VIEJO, CA 92656
- (949) 360-1069
Effective as of 01-JUL-12

**OCONNOR, SHANNON, MD**
Provider ID: 100027672006
- 5 JOURNEY STE 130
  ALISO VIEJO, CA 92656
- (949) 360-1069
Effective as of 01-SEP-23

**FQHC**

**SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE,**
Provider ID: PG0094125003
- 1620 ALPINE BLVD STE 110
  ALPINE, CA 91901
- (619) 662-4100
Teleservice
Effective as of 01-JAN-21

**FQHC**

**TRUECARE,**
Provider ID: PG0092587007
- 1295 CARLSBAD VILLAGE DR STE 100
  CARLSBAD, CA 92008
- (760) 736-6767
Teleservice
Effective as of 01-JUL-22

**GENERAL PRACTICE**

**KREMER, ARNOLD, DO**
Provider ID: 100023664010
- 5814 VAN ALLEN WAY STE 215
  CARLSBAD, CA 92008
- (760) 444-5544
French
Teleservice
Effective as of 01-APR-23

**INTERNAL MEDICINE**

**HERMAN, SAM, MD**
Provider ID: 1000414181004
- 26671 ALISO CREEK RD STE 206
  ALISO VIEJO, CA 92656
- (949) 791-3104
Effective as of 01-SEP-23

**KAYE, SHAWN, MD**
Provider ID: 100347353012
- 26671 ALISO CREEK RD STE 206
  ALISO VIEJO, CA 92656
- (949) 791-3104
Effective as of 01-JAN-21

**VOURLITIS, MELISSA, DO**
Provider ID: 100090572021
- 2855 CARLSBAD BLVD
  CARLSBAD, CA 92008
- (858) 832-2500
Teleservice
Effective as of 01-NOV-23

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

**CHONG, YOO JIN, MD**
Provider ID: 100055662003
- 5930 PRIESTLY DR
  CARLSBAD, CA 92008
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### Network Providers List

#### PCP's Physician Group

<table>
<thead>
<tr>
<th>Provider</th>
<th>ID</th>
<th>Address</th>
<th>Phone</th>
<th>Languages</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALJAWADI, GEORGIA, DO&lt;sup&gt;†&lt;/sup&gt;</td>
<td>100133625005</td>
<td>480 4TH AVE STE 202, CHULA VISTA, CA 91910</td>
<td>(619) 427-3361</td>
<td>Filipino, Spanish, Tagalog</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>ELSAYED, MOHAMMED, MD&lt;sup&gt;††&lt;/sup&gt;</td>
<td>100020910028</td>
<td>330 OXFORD ST STE 106, CHULA VISTA, CA 91911</td>
<td>(619) 409-1802</td>
<td>Arabic, German, Spanish</td>
<td>Effective as of 01-JAN-14</td>
</tr>
<tr>
<td>ALJAWADI, GEORGIA, DO&lt;sup&gt;††&lt;/sup&gt;</td>
<td>100133625008</td>
<td>480 4TH AVE STE 202, CHULA VISTA, CA 91910</td>
<td>(619) 427-3361</td>
<td>Filipino, Spanish, Tagalog</td>
<td>Effective as of 01-NOV-12</td>
</tr>
<tr>
<td>ELSAYED, MOHAMMED, MD&lt;sup&gt;††&lt;/sup&gt;</td>
<td>100020910031</td>
<td>330 OXFORD ST STE 106, CHULA VISTA, CA 91911</td>
<td>(619) 409-1802</td>
<td>Arabic, German, Spanish</td>
<td>Effective as of 01-APR-22</td>
</tr>
<tr>
<td>ALJAWADI, GEORGIA, DO&lt;sup&gt;††&lt;/sup&gt;</td>
<td>100133625018</td>
<td>480 4TH AVE STE 202, CHULA VISTA, CA 91910</td>
<td>(619) 427-3361</td>
<td>Filipino, Spanish, Tagalog</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>ELSAYED, MOHAMMED, MD&lt;sup&gt;††&lt;/sup&gt;</td>
<td>100020910029</td>
<td>330 OXFORD ST STE 106, CHULA VISTA, CA 91911</td>
<td>(619) 409-1802</td>
<td>Arabic, German, Spanish</td>
<td>Effective as of 01-JAN-14</td>
</tr>
<tr>
<td>ALJAWADI, GEORGIA, DO&lt;sup&gt;††&lt;/sup&gt;</td>
<td>100133625021</td>
<td>480 4TH AVE STE 202, CHULA VISTA, CA 91910</td>
<td>(619) 427-3361</td>
<td>Filipino, Spanish, Tagalog</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>ELSAYED, MOHAMMED, MD&lt;sup&gt;††&lt;/sup&gt;</td>
<td>100020910030</td>
<td>330 OXFORD ST STE 106, CHULA VISTA, CA 91911</td>
<td>(619) 409-1802</td>
<td>Arabic, German, Spanish</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>ALVAREZ-ESTRADA, MIGUEL, MD&lt;sup&gt;††&lt;/sup&gt;</td>
<td>100360099015</td>
<td>1637 3RD AVE, CHULA VISTA, CA 91911</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-MAY-22</td>
</tr>
<tr>
<td>ELSAYED, MOHAMMED, MD&lt;sup&gt;††&lt;/sup&gt;</td>
<td>100020910032</td>
<td>330 OXFORD ST STE 106, CHULA VISTA, CA 91911</td>
<td>(619) 409-1802</td>
<td>Arabic, German, Spanish</td>
<td>Effective as of 01-JAN-20</td>
</tr>
<tr>
<td>ARCE GOMEZ, LAURA, MD&lt;sup&gt;†&lt;/sup&gt;</td>
<td>1000080408020</td>
<td>880 3RD AVE STE A, CHULA VISTA, CA 91911</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-AUG-22</td>
</tr>
<tr>
<td>FARRIS, REUBEN, MD&lt;sup&gt;††&lt;/sup&gt;</td>
<td>100105788004</td>
<td>340 4TH AVE STE 2, CHULA VISTA, CA 91910</td>
<td>(619) 422-8338</td>
<td>Spanish</td>
<td>Effective as of 01-MAY-18</td>
</tr>
</tbody>
</table>

*Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.*

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
主治医生

Annual Effective Providers

LOZANO, JUAN, MD
Provider ID: 100419136007
1637 THIRD AVE STE B-F-H-I
CHULA VISTA, CA 91911
(619) 662-4100
Effective as of 01-APR-24

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

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

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

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

MERRILL, SARAH, MD
Provider ID: 100214679020
678 3RD AVE
CHULA VISTA, CA 91910
(619) 662-4100
Spanish
Effective as of 01-APR-24

MERRILL, SARAH, MD
Provider ID: 100214679019
752 MEDICAL CENTER CT STE 210
CHULA VISTA, CA 91911
(619) 656-0206
Spanish, Tagalog
Effective as of 01-OCT-23

MATTHEWS, MERRITT, MD
Provider ID: 100021162019
752 MEDICAL CENTER CT STE 210
CHULA VISTA, CA 91911
(619) 656-0206
Spanish, Tagalog
Effective as of 01-FEB-24

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

MONDRAGON, GUSTAVO, MD
Provider ID: 100177550028
480 4TH AVE STE 500
CHULA VISTA, CA 91910
(619) 656-5252
Spanish
Effective as of 01-FEB-23

MONDRAGON, GUSTAVO, MD
Provider ID: 100177550016
855 THIRD AVE STE 2230
CHULA VISTA, CA 91911
(619) 656-5252
Spanish
Effective as of 01-OCT-23

MONDRAGON, GUSTAVO, MD
Provider ID: 100177550015
855 THIRD AVE STE 2230
CHULA VISTA, CA 91911
(619) 656-5252
Spanish
Effective as of 01-OCT-23

MOYA, MARY, MD
Provider ID: 100099596009
678 3RD AVE
CHULA VISTA, CA 91910
(619) 662-4100
Spanish
Effective as of 01-APR-23

NGUYEN, CARIE, MD
Provider ID: 100099766005
678 3RD AVE
CHULA VISTA, CA 91910
(619) 662-4100
Spanish
Effective as of 01-APR-23

NGUYEN, CARIE, MD
Provider ID: 100099766004
678 3RD AVE
CHULA VISTA, CA 91910
(619) 662-4100
Effective as of 01-APR-23

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

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### Network Providers List

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address 1</th>
<th>Address 2</th>
<th>Phone</th>
<th>Language</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>100244053017</td>
<td>752 MEDICAL CENTER CT STE 210</td>
<td>CHULA VISTA, CA 91911</td>
<td>(619) 527-7700</td>
<td>Spanish</td>
<td>01-SEP-20</td>
</tr>
<tr>
<td>100394347004</td>
<td>678 3RD AVE</td>
<td>CHULA VISTA, CA 91910</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>100249271002</td>
<td>678 3RD AVE</td>
<td>CHULA VISTA, CA 91910</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>01-JUL-15</td>
</tr>
<tr>
<td>100413256011</td>
<td>752 MEDICAL CENTER CT STE 210</td>
<td>CHULA VISTA, CA 91911</td>
<td>(619) 656-0206</td>
<td>Spanish</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>100220799004</td>
<td>678 3RD AVE</td>
<td>CHULA VISTA, CA 91910</td>
<td>(619) 527-7700</td>
<td>Spanish</td>
<td>01-NOV-23</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
主治医生

TREJO, RAUL, MD
Provider ID: 100088864004
678 3RD AVE
CHULA VISTA, CA 91910
(619) 662-4100
Spanish
Effective as of 01-JAN-14

VAZQUEZ-BOJORQUEZ, ALEJANDRA, MD
Provider ID: 100391945011
752 MEDICAL CENTER CT STE 200
CHULA VISTA, CA 91911
(858) 554-1212
Spanish
Effective as of 01-DEC-22

VOURLITIS, MELISSA, DO
Provider ID: 100090572020
3302 BONITA RD
CHULA VISTA, CA 91910
(858) 832-2500
Teleservice
Effective as of 01-NOV-23

WHITLEY, NICHOLAS, MD
Provider ID: 100197848006
678 3RD AVE
CHULA VISTA, CA 91910
(619) 662-4100
Spanish
Effective as of 01-JAN-21

FQHC
CHULA VISTA FAMILY HLTH CTR,
Provider ID: PG00025044035
251 LANDIS AVE
CHULA VISTA, CA 91910
(619) 515-2500
Effective as of 01-JAN-21

CHULA VISTA PEDIATRICS,
Provider ID: PG0092670003
855 3RD AVE STE 2200
CHULA VISTA, CA 91911
(619) 662-4100
Teleservice
Effective as of 01-JAN-21

FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,
Provider ID: PG0082946004
352 L ST
CHULA VISTA, CA 91911
(619) 515-2325
Effective as of 01-JAN-21

SAN YSIDRO HEALTH CHULA VISTA,
Provider ID: PG0047560016
678 3RD AVE
CHULA VISTA, CA 91910
(619) 662-4100
Teleservice
Effective as of 01-JAN-21

SAN YSIDRO HEALTH SOUTH BAY LATINO RESEARCH CENTER,
Provider ID: PG0120846002
780 BAY BLVD STE 200
CHULA VISTA, CA 91910
(619) 662-4100
Effective as of 01-APR-23

GENERAL PRACTICE
CEPIN, MONICA, MD
Provider ID: 1000090156007
333 H ST STE 2000
CHULA VISTA, CA 91910
(619) 427-0665
Spanish
Effective as of 01-JUL-15

FARRIS, REUBEN, MD
Provider ID: 100105788005
340 4TH AVE STE 2
CHULA VISTA, CA 91910
(619) 422-8338
Spanish
Effective as of 01-JUL-15

GUEFEN, URI, MD
Provider ID: 100072802018
299 J ST
CHULA VISTA, CA 91910
(858) 779-2366
Spanish
Effective as of 01-JUL-15

GUEFEN, URI, MD
Provider ID: 100072802029
299 J ST
CHULA VISTA, CA 91910
(858) 779-2366
Spanish
Effective as of 01-DEC-23

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
主治医生

TOLEDO-NADER, CAROLL, MD

Provider ID: 100106153012

678 3RD AVE
CHULA VISTA, CA 91910
(619) 662-4100
Spanish
Effective as of 01-SEP-19

INTERNAL MEDICINE

BALDERAS-MAGALLANES, RODOLFO, MD

Provider ID: 100419155002

678 THIRD AVE
CHULA VISTA, CA 91910
(619) 662-4100
Spanish
Effective as of 01-DEC-23

BRACE, ELION, MD

Provider ID: 100159959035

450 4TH AVE STE 408
CHULA VISTA, CA 91910
(619) 691-1990
Albanian, Italian, Spanish
Effective as of 01-OCT-23

BRACE, ELION, MD

Provider ID: 100159959020

450 4TH AVE STE 408
CHULA VISTA, CA 91910
(619) 691-1990
Albanian, Italian, Spanish
Effective as of 01-AUG-20

CHEN, TSUH YIN, MD

Provider ID: 100187934012

678 3RD AVE
CHULA VISTA, CA 91910
(619) 662-4100
Portuguese, Spanish
Effective as of 01-APR-23

DE LA ROSA, JOSE, MD

Provider ID: 1003576668004

880 3RD AVE STE A
CHULA VISTA, CA 91911
(619) 662-4100
TeleService
Effective as of 01-FEB-23

DE LA ROSA, RENATO, MD

Provider ID: 100110262018

754 MEDICAL CENTER CT
STE 103
CHULA VISTA, CA 91911
(619) 397-5001
Spanish, Tagalog
Effective as of 01-JAN-21

DE LA ROSA, RENATO, MD

Provider ID: 100110262019

754 MEDICAL CENTER CT
STE 103
CHULA VISTA, CA 91911
(619) 397-5001
Spanish, Tagalog
Effective as of 01-JAN-21

DE LA ROSA, RENATO, MD

Provider ID: 100110262005

754 MEDICAL CENTER CT
STE 103
CHULA VISTA, CA 91911
(619) 397-5001
Spanish, Tagalog
Effective as of 01-FEB-18

DE LA ROSA, RENATO, MD

Provider ID: 100110262022

754 MEDICAL CENTER CT
STE 103
CHULA VISTA, CA 91911
(619) 397-5001
Spanish, Tagalog
Effective as of 01-SEP-22

HAMMETT, ERIN, DO

Provider ID: 100274639012

678 3RD AVE
CHULA VISTA, CA 91910
(619) 662-4100
Spanish
Effective as of 01-MAR-21

KAISEY, MUSHRIK, MD

Provider ID: 100024815009

340 4TH AVE STE 9
CHULA VISTA, CA 91910
(619) 426-9731
Arabic, Spanish
Effective as of 01-JAN-14

KAISEY, MUSHRIK, MD

Provider ID: 100024815019

340 4TH AVE STE 9
CHULA VISTA, CA 91910
(619) 426-9731
Arabic, Spanish
Effective as of 01-JAN-21

KAISEY, MUSHRIK, MD

Provider ID: 100024815021

340 4TH AVE STE 9
CHULA VISTA, CA 91910
(619) 426-9731
Arabic, Spanish
Effective as of 01-SEP-22

KAISEY, MUSHRIK, MD

Provider ID: 100024815007

340 4TH AVE STE 9
CHULA VISTA, CA 91910
(619) 426-9731
Arabic, Spanish
Effective as of 01-OCT-12

MAY, LOUIS, MD

Provider ID: 100325305003

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


Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

- **OLIVER, DEANNA, MD**
  - Provider ID: 100328564043
  - 1323 3RD AVE
  - CHULA VISTA, CA 91911
  - (619) 409-6900
  - Spanish
  - Effective as of 01-JUN-21

- **OLIVER, DEANNA, MD**
  - Provider ID: 100328564027
  - 1323 3RD AVE
  - CHULA VISTA, CA 91911
  - (619) 409-6900
  - Spanish
  - Effective as of 01-SEP-21

- **OLIVER, DEANNA, MD**
  - Provider ID: 100328564041
  - 1323 3RD AVE
  - CHULA VISTA, CA 91911
  - (619) 409-6900
  - Spanish
  - Effective as of 01-NOV-23

- **OLIVER, DEANNA, MD**
  - Provider ID: 100328564034
  - 1323 3RD AVE
  - CHULA VISTA, CA 91911
  - (619) 409-6900
  - Spanish
  - Effective as of 01-SEP-22

- **OLIVER, DEANNA, MD**
  - Provider ID: 100328564040
  - 2436 FENTON ST STE 100-B
  - CHULA VISTA, CA 91914
  - (619) 264-1934
  - Spanish
  - Effective as of 01-NOV-23

- **PENA, JOSE, MD**
  - Provider ID: 100104432023
  - 333 H ST STE 1065
  - CHULA VISTA, CA 91910
  - (619) 691-1766
  - Spanish
  - Effective as of 01-JUL-21

- **PENA, JOSE, MD**
  - Provider ID: 100104432024
  - 333 H ST STE 1065
  - CHULA VISTA, CA 91910
  - (619) 691-1766
  - Spanish
  - Effective as of 01-MAY-21

- **PENA, JOSE, MD**
  - Provider ID: 100104432022
  - 333 H ST STE 1065
  - CHULA VISTA, CA 91910
  - (619) 691-1766
  - Spanish
  - Effective as of 01-MAY-21

- **PENA, JOSE, MD**
  - Provider ID: 100104432025
  - 333 H ST STE 1065
  - CHULA VISTA, CA 91910
  - (619) 691-1766
  - Spanish
  - Effective as of 01-FEB-23

- **UWEDJOJEVWE, LETICIA, MD**
  - Provider ID: 100110303031
  - 340 4TH AVE STE 10
  - CHULA VISTA, CA 91910
  - (619) 934-2215
  - Spanish
  - Effective as of 01-NOV-23

- **UWEDJOJEVWE, LETICIA, MD**
  - Provider ID: 100110303030
  - 340 4TH AVE STE 10
  - CHULA VISTA, CA 91910
  - (619) 934-2215
  - Spanish
  - Effective as of 01-JAN-21

- **UWEDJOJEVWE, LETICIA, MD**
  - Provider ID: 100104432023
  - 333 H ST STE 1065
  - CHULA VISTA, CA 91910
  - (619) 691-1766
  - Spanish
  - Effective as of 01-MAY-21

- **PEDIATRICS**
  - **GARCIA, CARLOS, MD**
    - Provider ID: 100067783008
    - 1392 E PALOMAR ST STE 501
    - CHULA VISTA, CA 91913
    - (619) 271-4059
    - Spanish
  - Effective as of 01-JAN-14

- **INTERNAL MEDICINE**
C1. 网络提供者名单
主治医生

ZAKI, MICHELLE, DO
Provider ID: 100360975007
3955 BEDFORD CANYON RD
STE 103
CORONA, CA 92883
(951) 293-4722
Teleservice
Effective as of 01-AUG-23

FAMILY PRACTICE

GAIKWAD, SHILPA, MD
Provider ID: 100113091011
32585 GOLDEN LANTERN ST STE E
DANA POINT, CA 92629
(877) 696-3622
Hindi, Spanish
Effective as of 01-AUG-22

INTERNAL MEDICINE

PATHAK, RAJIV, MD
Provider ID: 100423996002
32585 GOLDEN LANTERN ST STE E
DANA POINT, CA 92629
(949) 240-2555
Effective as of 01-MAR-24

GENERAL PRACTICE

KREMER, ARNOLD, DO
Provider ID: 100023664009
1349 CAMINO DEL MAR STE B
DEL MAR, CA 92014
(858) 925-8233
French
Teleservice
Effective as of 01-JAN-21

FAMILY PRACTICE

ALMANSOUR, MUMTAZ, MD
Provider ID: 100107873026
165 S 1ST ST
EL CAJON, CA 92019
(619) 312-0347
Arabic, Farsi, Spanish
Effective as of 01-JAN-21

ALMANSOUR, MUMTAZ, MD
Provider ID: 100107873025
330 S MAGNOLIA AVE STE 101
EL CAJON, CA 92020
(619) 593-3007
Arabic, Kurdish, Spanish
Effective as of 01-JAN-21

ALMANSOUR, MUMTAZ, MD
Provider ID: 100107873024
330 S MAGNOLIA AVE STE 101
EL CAJON, CA 92020
(619) 593-3007
Arabic, Kurdish, Spanish
Effective as of 01-JUL-22

BEYENE, YEMISRACH, MD
Provider ID: 100376573004
5442 SYCUAN RD
EL CAJON, CA 92019
(619) 445-0707
Effective as of 01-SEP-22

GREEN, HANNAH, MD
Provider ID: 100403549002
855 E MADISON AVE
EL CAJON, CA 92020
(619) 440-2751
Spanish
Effective as of 01-APR-23

JALISI, NEJAT, MD
Provider ID: 100114413018
1320 E MADISON AVE
EL CAJON, CA 92021
(619) 456-9800
Arabic, Farsi, Spanish
Effective as of 01-JAN-21

JALISI, NEJAT, MD
Provider ID: 100114413020
1320 E MADISON AVE
EL CAJON, CA 92021
(619) 456-9800
Arabic, Farsi, Spanish
Effective as of 01-SEP-22

KASAWA, JOHN, MD
Provider ID: 100039117021
875 EL CAJON BLVD
EL CAJON, CA 92020
(619) 662-4100
Arabic, Spanish
Teleservice
Effective as of 01-JAN-21

KASAWA, JOHN, MD
Provider ID: 100039117023
875 EL CAJON BLVD
EL CAJON, CA 92020
(619) 662-4100
Arabic, Spanish
Teleservice
Effective as of 01-APR-23

KUNIN-RIDA, TERI, MD
Provider ID: 100064070015
165 S 1ST ST
EL CAJON, CA 92019
(619) 312-0347
Arabic, Armenian, Spanish
Teleservice
Effective as of 01-OCT-21

MCHENRY, KATHRYN, DO
Provider ID: 100320650010
855 E MADISON AVE
EL CAJON, CA 92020
(619) 440-2751
Spanish

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
MOULD, KEVIN, MD
Provider ID: 100112431013
855 E MADISON AVE
EL CAJON, CA 92020
(619) 440-2751
Effective as of 01-JAN-24

MOULD, KEVIN, MD
Provider ID: 100112431012
855 E MADISON AVE
EL CAJON, CA 92020
(619) 440-2751
Effective as of 01-AUG-20

PUTRUS, RAMIZ, MD
Provider ID: 100348831004
183 S 1ST ST
EL CAJON, CA 92019
(619) 328-1335
Effective as of 01-AUG-21

RONQUILLO, KAREN AN, DO
Provider ID: 100421622002
855 E MADISON AVE
EL CAJON, CA 92020
(619) 440-2751
Effective as of 01-FEB-24

RONQUILLO, KAREN AN, DO
Provider ID: 100421622004
855 E MADISON AVE
EL CAJON, CA 92020
(619) 440-2751
Effective as of 01-APR-24

ROUEL, LINDA, MD
Provider ID: 100259719024
860 JAMACHA RD STE 107
EL CAJON, CA 92019
(619) 456-9920
Arabic, Mandarin, Syriac
Effective as of 01-AUG-21

ROUEL, LINDA, MD
Provider ID: 100259719007
860 JAMACHA RD STE 107
EL CAJON, CA 92019
(619) 456-9920
Arabic, Mandarin, Syriac
Effective as of 01-FEB-18

ROUEL, LINDA, MD
Provider ID: 100259719020
860 JAMACHA RD STE 107
EL CAJON, CA 92019
(619) 456-9920
Arabic, Mandarin, Syriac
Effective as of 01-JAN-21

ROUEL, LINDA, MD
Provider ID: 100259719021
860 JAMACHA RD STE 107
EL CAJON, CA 92019
(619) 456-9920
Arabic, Mandarin, Syriac
Effective as of 01-JAN-21

ROUEL, LINDA, MD
Provider ID: 100259719025
860 JAMACHA RD STE 107
EL CAJON, CA 92019
(619) 456-9920
Arabic, Mandarin, Syriac
Effective as of 01-SEP-22

SALEM, RAMSEY, MD
Provider ID: 100360207006
875 EL CAJON BLVD
EL CAJON, CA 92020
(858) 832-2500
Teleservice
Effective as of 01-MAY-22

VOURLITIS, MELISSA, DO
Provider ID: 100090572018
11588 VIA RANCHO SAN DIEGO
EL CAJON, CA 92019
(858) 832-2500
Teleservice
Effective as of 01-NOV-23

FQHC
CENTRO MEDICO EL CAJON,
Provider ID: PG0010260015
133 W MAIN ST STE 100
EL CAJON, CA 92020
(619) 873-8940
Effective as of 01-JAN-21

CHASE AVENUE FAMILY
C1. 网络提供者名单
主治医生

HEALTH CTRS INC,
Provider ID: PG0025044040
1111 W CHASE AVE
EL CAJON, CA 92020
(619) 515-2499
Effective as of 01-JAN-21

FAMILY HLTH CTR SAN DIEGO-EL CAJON,
Provider ID: PG0084245003
525 E MAIN ST
EL CAJON, CA 92020
(619) 515-2498
Effective as of 01-JAN-21

LA MAESTRA CHC EL CAJON BROADWAY, 
Provider ID: PG0085229003
1032 BROADWAY
EL CAJON, CA 92021
(619) 795-5991
Effective as of 01-JAN-21

LA MAESTRA FAMILY CLINIC INC, 
Provider ID: PG0053396002
165 S 1ST ST
EL CAJON, CA 92019
(619) 312-0347
Teleservice
Effective as of 01-JAN-21

SAN YSIDRO HEALTH EL CAJON,
Provider ID: PG0111464002
875 EL CAJON BLVD
EL CAJON, CA 92020
(619) 662-4100
Teleservice
Effective as of 01-JAN-21

GENERAL PRACTICE
MOOSAVI, MOHAMMAD, MD 
Provider ID: 100339082002
343 E MAIN ST STE 102
EL CAJON, CA 92020
(619) 447-6001
Effective as of 01-JUL-19

INTERNAL MEDICINE
AL-TAMEEMI, AHMED, MD
Provider ID: 100338426004
133 W MAIN ST STE 100
EL CAJON, CA 92020
(619) 401-0404
Effective as of 01-NOV-20

AWDISHO, ALAN, DO
Provider ID: 100381973002
875 EL CAJON BLVD
EL CAJON, CA 92020
(619) 662-4100
Teleservice
Effective as of 01-JAN-22

BENSON, JIMI, MD
Provider ID: 100149523029
1351 BROADWAY
EL CAJON, CA 92021
(619) 383-6703
Spanish, Vietnamese
Effective as of 01-OCT-23

EL GHONEIMY, AHMED, MD
Provider ID: 100103500015
165 S 1ST ST
EL CAJON, CA 92019
(619) 312-0347
Arabic
Teleservice
Effective as of 01-AUG-22

ELIAS, RAMIZ, MD
Provider ID: 100105850047
231 W MAIN ST FL 2
EL CAJON, CA 92020
(619) 631-7300
Spanish
Effective as of 01-SEP-22

JAHANPANAH, FERESHTEH, MD
Provider ID: 100076454021
343 E MAIN ST STE 101
EL CAJON, CA 92020
(619) 447-6001
Arabic, Faroese, Farsi
Effective as of 01-SEP-22

BENSON, JIMI, MD 
Provider ID: 100149523028
1351 BROADWAY
EL CAJON, CA 92021
(619) 383-6703
Spanish, Vietnamese
Effective as of 01-MAR-21

BENSON, JIMI, MD
Provider ID: 100149523031
1351 BROADWAY
EL CAJON, CA 92021
(619) 383-6703
Spanish, Vietnamese
Effective as of 01-MAR-21

BENSON, JIMI, MD
Provider ID: 100149523026
1351 BROADWAY
EL CAJON, CA 92021
(619) 383-6703
Spanish, Vietnamese
Effective as of 01-SEP-21
C1. 网络提供者名单
主治医生

JAHANPANAH, FERESHTEH, MD
Provider ID: 100076454007
343 E MAIN ST STE 101
EL CAJON, CA 92020
(619) 447-6001
Arabic, Faroese, Farsi
Effective as of 01-JUL-19

JAHANPANAH, FERESHTEH, MD
Provider ID: 100076454017
343 E MAIN ST STE 101
EL CAJON, CA 92020
(619) 447-6001
Arabic, Faroese, Farsi
Effective as of 01-AUG-20

MANSOUR, DAVID, DO
Provider ID: 100390972007
855 E MADISON AVE
EL CAJON, CA 92020
(619) 440-2751
Arabic
Effective as of 01-NOV-22

MICHAEL, RAMI, MD
Provider ID: 100341876009
875 EL CAJON BLVD
EL CAJON, CA 92020
(619) 662-4100
Arabic
Teleservice
Effective as of 01-DEC-22

NASSIR, BASSAM, MD
Provider ID: 100159191015
875 EL CAJON BLVD
EL CAJON, CA 92020
(619) 662-4100
Arabic
Effective as of 01-MAY-21

NASSIR, BASSAM, MD
Provider ID: 100159191011
436 S MAGNOLIA AVE STE 101
EL CAJON, CA 92020
(619) 662-4100
Arabic, Spanish, Syriac
Effective as of 01-SEP-22

TCHAKMAKJIAN, LEVON, MD
Provider ID: 100353414007
875 EL CAJON BLVD
EL CAJON, CA 92020
(619) 662-4100
Armenian, Hebrew
Effective as of 01-NOV-21

ZAYED, AHMAD, MD
Provider ID: 100373969005
133 W MAIN ST STE 100
EL CAJON, CA 92020
(619) 401-0404
Arabic, Chinese, Mandarin
Effective as of 01-NOV-23

FAMILY PRACTICE

CLOTFELTER, CHRISTINE, DO
Provider ID: 100065251012
477 N EL CAMINO REAL STE A306
ENCINITAS, CA 92024
(760) 942-0118
Spanish
Effective as of 01-SEP-21

DUCK, CRAIG, MD
Provider ID: 100086514008
477 N EL CAMINO REAL STE A306
ENCINITAS, CA 92024
(760) 942-0118
Spanish
Effective as of 01-SEP-21

FARSAD, RAMIN, MD
Provider ID: 100028293005
477 N EL CAMINO REAL STE A100
ENCINITAS, CA 92024
(760) 943-9111
C1. 网络提供者名单
主治医生

- Farsi, Fataleka, Turkish
  Effective as of 01-APR-02
  **KAKIMOTO, AMY, MD**
  Provider ID: 100113530009
  477 N EL CAMINO REAL
  STE A306
  ENCINITAS, CA 92024
  (760) 942-0118
  Effective as of 01-SEP-21

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

- PAYNE, RICHARD, MD
  Provider ID: 100069305009
  477 N EL CAMINO REAL
  STE A100
  ENCINITAS, CA 92024
  (760) 943-9111
  Farsi, Fataleka, Turkish
  Effective as of 01-SEP-21

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

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

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

**GENERAL PRACTICE**

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

**INTERNAL MEDICINE**

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

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

**FAMILY PRACTICE**

- AVILA, MICHAEL, MD
  Provider ID: 100369494002
  460 N ELM ST
  ESCONDIDO, CA 92025
  (833) 867-4642
  Effective as of 01-MAR-23

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

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

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

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

**ESPARZA, SOPHIA, MD**
Provider ID: 100402930002
488 E VALLEY PKWY STE 141
ESCONDIDO, CA 92025
(760) 466-9800
Spanish
Effective as of 01-MAR-23
### C1. 网络提供者名单
主治医生

<table>
<thead>
<tr>
<th>医生姓名</th>
<th>医疗专业</th>
<th>医师ID</th>
<th>办公地址</th>
<th>电话</th>
<th>语言</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAUR, JATINDER, MD</td>
<td>MD</td>
<td>100315025010</td>
<td>460 N ELM ST, ESCONDIDO, CA 92025</td>
<td>(760) 520-8100</td>
<td>Hindi, Urdu</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MCHENRY, KATHRYN, DO</td>
<td>DO</td>
<td>100320650016</td>
<td>728 E VALLEY PKWY, ESCONDIDO, CA 92025</td>
<td>(760) 737-6900</td>
<td>Spanish</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>MCHENRY, KATHRYN, DO</td>
<td>DO</td>
<td>100320650005</td>
<td>460 N ELM ST, ESCONDIDO, CA 92025</td>
<td>(760) 520-8100</td>
<td>Spanish</td>
<td>01-APR-21</td>
</tr>
<tr>
<td>MCHENRY, KATHRYN, DO</td>
<td>DO</td>
<td>100320650009</td>
<td>460 N ELM ST, ESCONDIDO, CA 92025</td>
<td>(760) 520-8100</td>
<td>Spanish</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>PATEL, JITENBHAI, MD</td>
<td>MD</td>
<td>100339325006</td>
<td>460 N ELM ST, ESCONDIDO, CA 92025</td>
<td>(760) 520-8100</td>
<td>Farsi, Greek, Spanish</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>PATEL, JITENBHAI, MD</td>
<td>MD</td>
<td>100339325007</td>
<td>728 E VALLEY PKWY, ESCONDIDO, CA 92025</td>
<td>(760) 737-6900</td>
<td>Farsi, Greek, Spanish</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>SCHULTZ, JAMES, MD</td>
<td>MD</td>
<td>100030577028</td>
<td>460 N ELM ST, ESCONDIDO, CA 92025</td>
<td>(760) 520-8100</td>
<td>Farsi, Greek, Spanish</td>
<td>01-JAN-24</td>
</tr>
</tbody>
</table>

*Note: *FQHC CENTRO MEDICO ESCONDIDO, Provider ID: PG0083717004, 1121 E WASHINGTON AVE, ESCONDIDO, CA 92025, (760) 871-0606, Teleservice, Effective as of 01-JAN-24

*Note: *ESCONDIDO FAMILY HEALTH CENTER,
C1. 网络提供者名单
主治医生

Provider ID: PG0125224002
128 N BROADWAY
ESCONDIDO, CA 92025
(619) 515-2474
Effective as of 01-NOV-23

NEIGHBORHOOD
HEALTHCARE ESCONDIDO,
Provider ID: PG0024990052
460 N ELM ST
ESCONDIDO, CA 92025
(760) 520-8100
Teleservice
Effective as of 01-JUL-22

NEIGHBORHOOD
HEALTHCARE PEDIATRICS
AND PRENATAL,
Provider ID: PG00879195004
426 N DATE ST
ESCONDIDO, CA 92025
(760) 690-5900
Effective as of 01-JUL-22

NEIGHBORHOOD
HEALTHCARE VALLEY
PARKWAY,
Provider ID: PG0024990046
728 E VALLEY PKWY
ESCONDIDO, CA 92025
(760) 737-6900
Teleservice
Effective as of 01-JUL-22

PALOMAR FAMILY
COUNSELING SERVICES,
Provider ID: PG0125237002
1002 E GRAND AVE
ESCONDIDO, CA 92025
(760) 741-2660
Effective as of 01-DEC-23

SAN YSIDRO HEALTH
ESCONDIDO FAMILY
MEDICINE,
Provider ID: PG0094132003
704 E GRAND AVE
ESCONDIDO, CA 92025
(619) 662-4100
Effective as of 01-JUN-22

GENERAL PRACTICE
LOPEZ, IRMA, MD†
Provider ID: 100082249016
1035 E GRAND AVE STE 101
ESCONDIDO, CA 92025
(760) 480-4747
Spanish
Effective as of 01-JAN-21

INTERNAL MEDICINE
CARRERA, JORGE, MD†
Provider ID: 100075629010
1328 S MISSION RD
FALLBROOK, CA 92028
(760) 451-4720
Spanish
Effective as of 01-AUG-23

DEEL, MARGARET, MD†
Provider ID: 100027747014
303 S MISSION RD
FALLBROOK, CA 92028
(760) 723-5900
Spanish
Effective as of 01-NOV-20

DEEL, MARGARET, MD†
Provider ID: 100027747016
593 E ELDER ST STE B
FALLBROOK, CA 92028
(760) 723-5900
Spanish
Effective as of 01-MAR-24

CHEN, MARGARET, MD†
Provider ID: 1001844661008
460 N ELM ST
ESCONDIDO, CA 92025
(760) 520-8100
Greek, Spanish
Effective as of 01-SEP-22

DEEL, MARGARET, MD†
C1. 网络提供者名单
主治医生

Provider ID: 100027747012
593 E ELDER ST STE B
FALLBROOK, CA 92028
(760) 723-5900
Spanish
Effective as of 01-AUG-20

DEEL, MARGARET, MD
Provider ID: 100027747004
593 E ELDER ST STE B
FALLBROOK, CA 92028
(760) 723-5900
Spanish
Effective as of 01-AUG-20

MILLER, BRANDON, DO
Provider ID: 100148562018
521 E ELDER ST STE 103
FALLBROOK, CA 92028
(760) 728-8344
Effective as of 01-NOV-20

MILLER, BRANDON, DO
Provider ID: 100148562015
521 E ELDER ST STE 105
FALLBROOK, CA 92028
(760) 728-8344
Effective as of 01-DEC-18

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

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

Teleservice
Effective as of 01-MAR-23

INTERNAL MEDICINE

CVIJANOVIC, GORAN, MD
Provider ID: 100370457002
1328 S MISSION RD
FALLBROOK, CA 92028
(760) 451-4720
Effective as of 01-JUN-21

STRUTZ, PETER, MD
Provider ID: 100092315007
605 E ALVARADO ST STE 100
FALLBROOK, CA 92028
(760) 728-8489
Spanish
Effective as of 01-SEP-21

FAMILY PRACTICE

ARMANIOUS, NANCY, MD
Provider ID: 100379442002
26795 PORTOLA PKWY
FOOTHILL RANCH, CA 92610
(949) 829-9403
Effective as of 01-NOV-21

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

ESKANDARI, HAMID, MD
Provider ID: 100110778016
26730 TOWNE CENTRE DR
STE 102
FOOTHILL RANCH, CA 92610
(949) 559-5153
Farsi
Effective as of 01-NOV-17

ESKANDARI, HAMID, MD
Provider ID: 100110778017
26730 TOWNE CENTRE DR
STE 102
FOOTHILL RANCH, CA 92610
(949) 559-5153
Farsi
Effective as of 01-FEB-21

ESKANDARI, HAMID, MD
Provider ID: 100110778009
26730 TOWNE CENTRE DR
STE 102
FOOTHILL RANCH, CA 92610
(949) 559-5153
Farsi
Effective as of 01-OCT-18

ESKANDARI, HAMID, MD
Provider ID: 100110778010
26730 TOWNE CENTRE DR
STE 102
FOOTHILL RANCH, CA 92610
(949) 559-5153
Farsi
Effective as of 01-JUN-18
C1. 网络提供者名单
主治医生

PATEL, BAKULKUMAR, MD**
Provider ID: 100034722006
26740 TOWNE CENTRE DR
BLDG C
FOOTHILL RANCH, CA 92610
(949) 588-9293
Gujarati, Hindi, Spanish
Effective as of 01-JAN-18

ARIF, MUHAMMAD, MD**
Provider ID: 100114105042
2390 E FLORIDA AVE STE 104
HEMET, CA 92544
(951) 414-4011
Punjabi, Spanish, Urdu
Effective as of 01-OCT-23

ARIF, MUHAMMAD, MD**
Provider ID: 1001113399019
1035 SAINT JOHN PL
HEMET, CA 92543
(951) 223-4833
Spanish
Effective as of 01-SEP-23

PEYMAN, HELYA, DO* F
Provider ID: 100414352003
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
(949) 557-0750
Effective as of 01-SEP-23

VALADEZ, JESUS, MD**
Provider ID: 100098540068
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
(949) 557-0750
Effective as of 01-JAN-21

FAMILY PRACTICE

ANDERSON, ALBERT, MD**
Provider ID: 100079441012
1000 E LATHAM AVE STE G
HEMET, CA 92543
(951) 391-0580
Spanish
Teleservice
Effective as of 01-AUG-22

ARIF, MUHAMMAD, MD****
Provider ID: 100114105043
2390 E FLORIDA AVE STE 104
HEMET, CA 92544
(951) 414-4011

CHAMBI-HERNANDEZ, RUTH, MD* F
Provider ID: 100113399019
1035 SAINT JOHN PL
HEMET, CA 92543
(951) 223-4833
Spanish
Effective as of 01-SEP-23

COMBS, MATTHEW, MD**
Provider ID: 100337168008
3853 W STETSON AVE STE 200
HEMET, CA 92545
(951) 225-6802
Effective as of 01-NOV-20

GANTA, SANYASI, MD****
Provider ID: 100113069005
225 LAURSEN ST
HEMET, CA 92543
(951) 925-6657
Hindi, Spanish, Telugu
Effective as of 01-JAN-17

GANTA, SANYASI, MD****
Provider ID: 100113069011
225 LAURSEN ST
HEMET, CA 92543
(951) 925-6657
Hindi, Spanish, Telugu
Effective as of 01-APR-21

GOHIL, RAJIT, MD****
Provider ID: 100391418004
2390 E FLORIDA AVE STE 104
HEMET, CA 92544
(951) 414-4011
Effective as of 01-OCT-22

GOHIL, RAJIT, MD****
Provider ID: 100391418005
2390 E FLORIDA AVE STE 104

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
HEMET, CA 92544
(951) 414-4011
Effective as of 01-OCT-22

HARRISON, AMY, MD
Provider ID: 100410706005
2390 E FLORIDA AVE STE 104
HEMET, CA 92544
(951) 414-4011
Spanish
Effective as of 01-AUG-23

HARRISON, AMY, MD
Provider ID: 100410706006
2390 E FLORIDA AVE STE 104
HEMET, CA 92544
(951) 414-4011
Spanish
Effective as of 01-AUG-23

HARRISON, AMY, MD
Provider ID: 100047360074
603 E LATHAM AVE
HEMET, CA 92543
(951) 502-3500
German, Russian, Spanish
Effective as of 01-NOV-23

HOWARD, NATHAN, MD
Provider ID: 100053015004
850 E LATHAM AVE
HEMET, CA 92543
(951) 658-7205
Effective as of 01-JUL-23

HUGHES, HEATHER, MD
Provider ID: 100050011003
4020 W FLORIDA AVE
HEMET, CA 92545
(951) 925-9565
Effective as of 01-SEP-09

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

HUNT, TYRELLE, MD
Provider ID: 100417653002
1701 E FLORIDA AVE
HEMET, CA 92544
(951) 658-4486
Spanish
Effective as of 01-OCT-23

MEHARDA, SANJIWANI, MD
Provider ID: 100327486019
255 N GILBERT ST STE C2
HEMET, CA 92543
(951) 694-8549
Hindi, Punjabi, Urdu
Effective as of 01-DEC-23

OBRIEN, KATHARINE, DO
Provider ID: 100319273003
1600 E FLORIDA AVE STE 103
HEMET, CA 92544
(951) 929-8121
Effective as of 01-DEC-17

YUN, JONATHAN, DO
Provider ID: 100025475023
255 N GILBERT ST STE C2
HEMET, CA 92543
(951) 599-8532
Korean, Spanish
Effective as of 01-AUG-20

YUN, JONATHAN, DO
Provider ID: 100025475025
255 N GILBERT ST STE C2
HEMET, CA 92543
(951) 599-8532
Korean, Spanish
Effective as of 01-NOV-20

GENERAL PRACTICE

EL-HENAWI, IGLAL, MD
Provider ID: 100107885007
4020 W FLORIDA AVE
HEMET, CA 92545
(951) 765-5000
Effective as of 01-AUG-20

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

EL-HENAWI, IGLAL, MD
Provider ID: 100107885005
4020 W FLORIDA AVE
HEMET, CA 92545
(951) 765-5000
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Phone</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>BARVE, PRANAV, MD †</td>
<td>Internal Medicine</td>
<td>(951) 414-4011</td>
<td>2390 E FLORIDA AVE STE 104 HEMET, CA 92544</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>BASAK, RYAN, MD ††</td>
<td>Internal Medicine</td>
<td>(951) 414-4011</td>
<td>2390 E FLORIDA AVE STE 104 HEMET, CA 92544</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>Batin, Frances, MD ‡</td>
<td>Internal Medicine</td>
<td>(951) 925-2525</td>
<td>1001 S STATE ST HEMET, CA 92543</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>Choday, Prithi, MD ‡</td>
<td>Internal Medicine</td>
<td>(833) 867-4642</td>
<td>1030 E FLORIDA AVE HEMET, CA 92543</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>Hussain, Abid, MD ‡†</td>
<td>Internal Medicine</td>
<td>(951) 652-0060</td>
<td>255 N GILBERT ST BLDG B4 HEMET, CA 92543</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>Kondapally, Yamuna, MD ‡†</td>
<td>Internal Medicine</td>
<td>(951) 658-4486</td>
<td>1701 E FLORIDA AVE HEMET, CA 92544</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>Saleh, Hana, MD ‡</td>
<td>Internal Medicine</td>
<td>(951) 533-5123</td>
<td>391 N SAN JACINTO ST HEMET, CA 92543</td>
<td>01-SEP-15</td>
</tr>
<tr>
<td>Mapleton, Sharina, DO ‡</td>
<td>Internal Medicine</td>
<td>(951) 658-4486</td>
<td>1030 E FLORIDA AVE HEMET, CA 92543</td>
<td>01-SEP-15</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Phone</th>
<th>Language</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>100306246002</td>
<td>391 N SAN JACINTO ST HEMET, CA 92543</td>
<td>(951) 533-5123</td>
<td>Spanish</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>100226243018</td>
<td>903 E DEVONSHIRE AVE STE D HEMET, CA 92543</td>
<td>(808) 578-3911</td>
<td>Thai</td>
<td>01-APR-21</td>
</tr>
<tr>
<td>100226243017</td>
<td>1023 E FLORIDA AVE HEMET, CA 92543</td>
<td>(951) 599-8403</td>
<td>Arabic</td>
<td>01-MAR-17</td>
</tr>
<tr>
<td>100226243007</td>
<td>850 E LATHAM AVE STE 205 HEMET, CA 92543</td>
<td>(951) 658-7205</td>
<td>Thai</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>100028573009</td>
<td>903 E DEVONSHIRE AVE HEMET, CA 92543</td>
<td>(951) 216-6100</td>
<td>Thai</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>100028573003</td>
<td>750 E LATHAM AVE STE 1 HEMET, CA 92543</td>
<td>(951) 216-6100</td>
<td>Thai</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>PG0005455007</td>
<td>949 PALM AVE IMPERIAL BEACH, CA 91932</td>
<td>(619) 429-3733</td>
<td>Teleservice</td>
<td>01-JUL-20</td>
</tr>
<tr>
<td>100086039033</td>
<td>15825 LAGUNA CANYON RD STE 104 IRVINE, CA 92618</td>
<td>(949) 585-9870</td>
<td>Korean, Spanish</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>100086039013</td>
<td>15825 LAGUNA CANYON RD STE 202 IRVINE, CA 92618</td>
<td>(949) 585-9870</td>
<td>Korean, Spanish</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>100086039015</td>
<td>15825 LAGUNA CANYON RD STE 202 IRVINE, CA 92618</td>
<td>(949) 585-9870</td>
<td>Korean, Spanish</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>100086039014</td>
<td>15825 LAGUNA CANYON RD STE 202 IRVINE, CA 92618</td>
<td>(949) 585-9870</td>
<td>Korean, Spanish</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>100007711005</td>
<td>18 ENDEAVOR STE 203 IRVINE, CA 92618</td>
<td>(949) 733-0168</td>
<td>Chinese, Mandarin, Taiwanese</td>
<td>01-JUL-20</td>
</tr>
</tbody>
</table>
MACAULEY, TODD, DO
Provider ID: 100337131058
8607 IRVINE CENTER DR
IRVINE, CA 92618
(949) 557-0600
Effective as of 01-JAN-21

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

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

SAAM, SHIDA, DO
Provider ID: 100093095029
16300 SAND CANYON AVE
STE 602
IRVINE, CA 92618
(949) 783-1911
Farsi
Effective as of 01-JUN-19

SAAM, SHIDA, DO
Provider ID: 100093095030
16300 SAND CANYON AVE
STE 602
IRVINE, CA 92618
(949) 783-1911
Farsi
Effective as of 01-JUN-19

SAIDAYI, PERRY, DO
Provider ID: 100090804007
18 ENDEAVOR STE 201
IRVINE, CA 92618
(949) 650-5771
Farsi, Persian, Spanish
Effective as of 01-SEP-20

SAIDAYI, PERRY, DO
Provider ID: 100090804015
18 ENDEAVOR STE 201
IRVINE, CA 92618
(949) 650-5771
Farsi, Persian, Spanish
Effective as of 01-MAR-15

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

YACOOB, MARLENE, MD
Provider ID: 100010305009
22 ODYSSEY STE 115
IRVINE, CA 92618
(714) 988-7550
French, Spanish Teleservice
Effective as of 01-OCT-16

YACOOB, MARLENE, MD
Provider ID: 100010305018
### NETWORK PROVIDERS LIST

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Phone Numbers</th>
<th>Language(s)</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL PRACTICE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZAHEDI, MARCO, MD</td>
<td>16520 BAKE PKWY STE 115</td>
<td>(949) 857-4444</td>
<td>Farsi, Spanish</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEHTA, SHILPA, MD</td>
<td>22 ODYSSEY STE 115</td>
<td>(949) 916-9100</td>
<td>Farsi, French, Spanish</td>
<td>01-JUN-19</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td>Teleservice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 100308797011</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 100332508009</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16300 SAND CANYON AVE STE 311</td>
<td>(949) 791-3101</td>
<td></td>
<td>01-JAN-21</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIKHAIL, EMAD, MD</td>
<td>113 WATERWORKS WAY STE 250</td>
<td>(949) 753-1522</td>
<td>Spanish, Urdu</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAISHO, ALBERT, MD</td>
<td>15785 LAGUNA CANYON RD STE 340</td>
<td>(949) 653-5810</td>
<td>Arabic, Farsi</td>
<td>01-JUL-16</td>
</tr>
<tr>
<td></td>
<td>Provider ID: 100036910003</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 100072526014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>22 ODYSSEY STE 140</td>
<td>(949) 988-7550</td>
<td>Farsi</td>
<td>01-APR-24</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 100114265020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 100114265021</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16300 SAND CANYON AVE STE 311</td>
<td>(949) 916-9100</td>
<td></td>
<td>01-JUL-12</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td>Teleservice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000048942004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000048942006</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15775 LAGUNA CANYON RD STE 280</td>
<td>(949) 453-1201</td>
<td>Japanese</td>
<td>01-JUL-12</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000308797011</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000308797010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16520 BAKE PKWY STE 115</td>
<td>(949) 857-4444</td>
<td></td>
<td>01-JUL-12</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td>Farsi, Spanish</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INTERNAL MEDICINE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COUNCELBAUM, NANCY, MD</td>
<td>16300 SAND CANYON AVE STE 311</td>
<td>(949) 791-3101</td>
<td></td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>F*</td>
<td>IRVINE, CA 92618</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEHTA, SHILPA, MD*</td>
<td>22 ODYSSEY STE 115</td>
<td>(949) 916-9100</td>
<td></td>
<td>01-JUN-19</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td>Teleservice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000061502007</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 100332508010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16300 SAND CANYON AVE STE 311</td>
<td>(949) 916-9100</td>
<td></td>
<td>01-JUN-19</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td>Teleservice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 100036910003</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 100072526014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15775 LAGUNA CANYON RD STE 280</td>
<td>(949) 453-1201</td>
<td>Japanese</td>
<td>01-JUL-12</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000048942004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000048942006</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15775 LAGUNA CANYON RD STE 280</td>
<td>(949) 453-1201</td>
<td>Japanese</td>
<td>01-JUL-12</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POURBABAK, SAM, MD</td>
<td>16300 SAND CANYON AVE STE 311</td>
<td>(949) 988-7550</td>
<td></td>
<td>01-APR-24</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td>Farsi, French, Spanish</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 100114265020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 100114265021</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>22 ODYSSEY STE 115</td>
<td>(949) 916-9100</td>
<td></td>
<td>01-JUN-19</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td>Teleservice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000308797011</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000308797010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16520 BAKE PKWY STE 115</td>
<td>(949) 857-4444</td>
<td></td>
<td>01-JUL-12</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td>Farsi, Spanish</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RASHID, AHSAN, MD</strong></td>
<td>113 WATERWORKS WAY STE 250</td>
<td>(949) 753-1522</td>
<td>Spanish, Urdu</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>F**</td>
<td>IRVINE, CA 92618</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIKHAIL, EMAD, MD</td>
<td>15785 LAGUNA CANYON RD STE 340</td>
<td>(949) 653-5810</td>
<td>Arabic, Farsi</td>
<td>01-JUL-16</td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000048942004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000048942006</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15775 LAGUNA CANYON RD STE 280</td>
<td>(949) 453-1201</td>
<td>Japanese</td>
<td>01-JUL-12</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000308797011</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000308797010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16520 BAKE PKWY STE 115</td>
<td>(949) 857-4444</td>
<td></td>
<td>01-JUL-12</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td>Farsi, Spanish</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SAISHO, ALBERT, MD</strong></td>
<td>15785 LAGUNA CANYON RD STE 340</td>
<td>(949) 653-5810</td>
<td>Arabic, Farsi</td>
<td>01-JUL-16</td>
</tr>
<tr>
<td>M*</td>
<td>Provider ID: 1000048942004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000048942006</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15775 LAGUNA CANYON RD STE 280</td>
<td>(949) 453-1201</td>
<td>Japanese</td>
<td>01-JUL-12</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000048942004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: 1000048942006</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15775 LAGUNA CANYON RD STE 280</td>
<td>(949) 453-1201</td>
<td>Japanese</td>
<td>01-JUL-12</td>
</tr>
<tr>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
主治医生

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

SAISHO, ALBERT, MD
Provider ID: 100077651004
15785 LAGUNA CANYON RD STE 340
IRVINE, CA 92618
(949) 262-0080
Japanese
Effective as of 01-OCT-22

SERAG, RANDA, MD
Provider ID: 100136797017
16300 SAND CANYON AVE STE 311
IRVINE, CA 92618
(949) 791-3101
Chinese, Mandarin
Effective as of 01-OCT-22

SHUNE, HONG, MD
Provider ID: 100196968014
16300 SAND CANYON AVE STE 311
IRVINE, CA 92618
(949) 791-3101
Chinese, Mandarin
Effective as of 01-OCT-22

SUN, YEMING, MD
Provider ID: 100022013010
113 WATERWORKS WAY STE 125
IRVINE, CA 92618
(949) 552-6788
Mandarin
Effective as of 01-AUG-20

WANG, WEI, MD
Provider ID: 100345175004
16300 SAND CANYON AVE STE 311
IRVINE, CA 92618
(949) 791-3101
Effective as of 01-JAN-21

PEDIATRICS

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

BILLECI, BARTON, MD
Provider ID: 100022620004
16300 SAND CANYON AVE STE 614
IRVINE, CA 92618
(949) 653-1173
Effective as of 01-OCT-15

FAMILY PRACTICE

AHMED, HEBA, DO
Provider ID: 100405870003
9850 GENEESEE AVE STE 320
LA JOLLA, CA 92037
(858) 450-5900
Russian
Teleservice
Effective as of 01-AUG-23

AHMED, HEBA, DO
Provider ID: 100405870002
9850 GENEESEE AVE STE 320
LA JOLLA, CA 92037
(858) 450-5900
Russian
Teleservice
Effective as of 01-JUL-23

AHMED, HEBA, DO
Provider ID: 100405870001
9850 GENEESEE AVE STE 320
LA JOLLA, CA 92037
(858) 450-5900
Russian
Teleservice
Effective as of 01-JAN-21

AHMED, HEBA, DO
Provider ID: 100405870005
9850 GENEESEE AVE STE 320
LA JOLLA, CA 92037
(858) 554-1212
Hindi, Urdu
Teleservice
Effective as of 01-NOV-23

AHMED, HEBA, DO
Provider ID: 100405870006
9850 GENEESEE AVE STE 320
LA JOLLA, CA 92037
(858) 554-1212
Hindi, Urdu
Teleservice
Effective as of 01-DEC-23

DEMO-SMEATON, ELENA, MD
Provider ID: 100112789010
8950 VILLA LA JOLLA DR STE C129
LA JOLLA, CA 92037
(858) 450-5900
Russian
Teleservice
Effective as of 01-MAY-23

DEMO-SMEATON, ELENA, MD
Provider ID: 100112789011
8950 VILLA LA JOLLA DR STE C129
LA JOLLA, CA 92037
(858) 450-5900
Russian
Teleservice
Effective as of 01-JUL-23
C1. 网络提供者名单
主治医生

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

GOLD, MARGARET, MD
Provider ID: 100231182005
8950 VILLA LA JOLLA DR STE C129
LA JOLLA, CA 92037
Phone: (858) 450-5900
Languages: French, Italian, Spanish
Teleservice
Effective as of 01-APR-24

RIVERA, MIDORI, MD
Provider ID: 100111732028
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 554-1212
Languages: Japanese, Spanish
Effective as of 01-DEC-23

VAZQUEZ-BOJORQUEZ, ALEJANDRA, MD
Provider ID: 100391945014
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 554-1212
Languages: Spanish
Effective as of 01-APR-23

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

WU, ARMANDO, MD
Provider ID: 100381137006
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 864-9800
Languages: French, Italian, Spanish
Teleservice
Effective as of 01-JUL-21

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

WU, ARMANDO, MD
Provider ID: 100381137004
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 864-9800
Languages: French, Italian, Spanish
Teleservice
Effective as of 01-JUL-21

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

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

WU, ARMANDO, MD
Provider ID: 100381137006
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 864-9800
Languages: French, Italian, Spanish
Teleservice
Effective as of 01-APR-24

BADALYAN, SEDA, MD
Provider ID: 100032508021
9850 GENESEE AVE STE 740
LA JOLLA, CA 92037
Phone: (858) 457-5555
Languages: Armenian, Russian
Effective as of 01-DEC-21

BADALYAN, SEDA, MD
Provider ID: 100032508023
9850 GENESEE AVE STE 740
LA JOLLA, CA 92037
Phone: (858) 457-5555
Languages: Armenian, Russian
Effective as of 01-SEP-22

RANA, SHAUNAK, MD
Provider ID: 100194770019
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 554-1212
Effective as of 01-NOV-21

RANA, SHAUNAK, MD
Provider ID: 100194770013
7855 IVANHOE AVE STE 110
Los Angeles, CA 90045
Phone: (310) 764-8277
Languages: Spanish
Teleservice
Effective as of 01-MAR-22

RANA, SHAUNAK, MD
Provider ID: 100194770012
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 554-1212
Languages: Spanish
Effective as of 01-FEB-22

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

AL-SALEH, YADANI, MD
Provider ID: 100358544009
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 864-9800
Languages: Spanish
Effective as of 01-OCT-22

BADALYAN, SEDA, MD
Provider ID: 100032508021
9850 GENESEE AVE STE 740
LA JOLLA, CA 92037
Phone: (858) 457-5555
Languages: Armenian, Russian
Effective as of 01-SEP-22

RANA, SHAUNAK, MD
Provider ID: 100194770019
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 554-1212
Effective as of 01-NOV-21

RANA, SHAUNAK, MD
Provider ID: 100194770013
7855 IVANHOE AVE STE 110
Los Angeles, CA 90045
Phone: (310) 764-8277
Languages: Spanish
Teleservice
Effective as of 01-FEB-22

RANA, SHAUNAK, MD
Provider ID: 100194770012
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 554-1212
Languages: Spanish
Effective as of 01-MAR-22

INTERNAL MEDICINE

AL-SALEH, YADANI, MD
Provider ID: 100358544009
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 864-9800
Languages: Spanish
Effective as of 01-OCT-22

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

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

RIVERA, MIDORI, MD
Provider ID: 100111732028
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 554-1212
Languages: Japanese, Spanish
Effective as of 01-DEC-23

VAZQUEZ-BOJORQUEZ, ALEJANDRA, MD
Provider ID: 100391945014
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 554-1212
Languages: Spanish
Effective as of 01-APR-23

WU, ARMANDO, MD
Provider ID: 100381137006
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 864-9800
Languages: French, Italian, Spanish
Teleservice
Effective as of 01-JUL-21

WU, ARMANDO, MD
Provider ID: 100381137004
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 864-9800
Languages: French, Italian, Spanish
Teleservice
Effective as of 01-FEB-22

GENERAL PRACTICE

WU, ARMANDO, MD
Provider ID: 100381137005
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Phone: (858) 864-9800
Languages: French, Italian, Spanish
Teleservice
Effective as of 01-DEC-21
LA JOLLA, CA 92037
☎ (858) 799-0933
Effective as of 01-JAN-21

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

RANA, SHAUNAK, MD⁰.addObject(6)
Provider ID: 100194770022
✉ 7855 IVANHOE AVE STE 110
LA JOLLA, CA 92037
☎ (858) 799-0933
Effective as of 01-SEP-22

FAMILY PRACTICE
KISKILA, NATHAN, MD
Provider ID: 100138189015
✉ 6136 LAKE MURRAY BLVD
LA MESA, CA 91942
☎ (949) 760-9222
❖ Spanish
Effective as of 01-JAN-24

PATEL, HEMANSHU, MD
Provider ID: 100282252013
✉ 7339 EL CAJON BLVD STE I
LA MESA, CA 91942
☎ (619) 698-0606
❖ Spanish
Effective as of 01-MAR-24

FQHC
LA MESA PEDIATRICS,
Provider ID: PG0092627004
✉ 8881 FLETCHER PKWY STE 200
LA MESA, CA 91942
☎ (619) 464-6434
Effective as of 01-JAN-21

INTERNAL MEDICINE
ALAMAR, ALI, MD
Provider ID: 100106664014
✉ 5565 GROSSMONT CENTER DR BLDG 1 STE 105
LA MESA, CA 91942
☎ (619) 724-6644
❖ Arabic, Spanish
Effective as of 01-SEP-20

Eyskens, Elisabeth, MD
Provider ID: 10009677201B
✉ 5565 GROSSMONT CENTER DR STE 229
LA MESA, CA 91942
☎ (619) 349-3760
❖ Spanish, Vietnamese
Effective as of 01-MAR-24

WAINWRIGHT, MITCHELL, MD
Provider ID: 10009677200B
✉ 333 CORPORATE DR STE 210
LADERA RANCH, CA 92694
☎ (949) 364-3582
❖ Spanish
Effective as of 01-SEP-19

PANITCH, JILL, MD
Provider ID: 10009677200C
✉ 5565 GROSSMONT CENTER DR STE 105
LA MESA, CA 91942
☎ (619) 724-6644
❖ Arabic, Spanish
Effective as of 01-SEP-20

SHAHBAZ, MAJID, MD
Provider ID: 100090790008
✉ 8851 CENTER DR STE 408
LA MESA, CA 91942
☎ (619) 583-1174
❖ Faroese, Farsi, Tagalog
Effective as of 01-MAR-18

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

SZYMANSKI, JARED, DO
Provider ID: 10009677200D
✉ 333 CORPORATE DR STE 210
LADERA RANCH, CA 92694
☎ (949) 364-3582
❖ Spanish
Effective as of 01-SEP-19

DEWING, JANNE, MD
Provider ID: 10009677200E
✉ 31862 COAST HWY STE 200
LAGUNA BEACH, CA 92651
☎ (949) 364-3582
❖ Spanish
Effective as of 01-SEP-19
C1. 网络提供者名单
主治医生

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

FAMILY PRACTICE

CHANG, MICHAEL, DO  
Provider ID: 100294076007  
26538 MOULTON PKWY
STE 38E  
LAGUNA HILLS, CA 92653  
(949) 448-0656  
Effective as of 01-AUG-18

CHANG, MICHAEL, DO  
Provider ID: 100294076006  
26538 MOULTON PKWY
STE 38E  
LAGUNA HILLS, CA 92653  
(949) 448-0656  
Effective as of 01-AUG-18

FOSTER, MARK, MD  
Provider ID: 100108418005  
24411 HEALTH CENTER DR
STE 460  
LAGUNA HILLS, CA 92653  
(949) 373-7799  
Effective as of 01-JAN-18

GEE, KELLY, DO  
Provider ID: 100358387006  
23521 PASEO DE VALENCIA
STE 311  
LAGUNA HILLS, CA 92653  
(949) 305-2660  
Effective as of 01-FEB-22

HICKS, TOMMY, MD  
Provider ID: 100093348004  
23521 PASEO DE VALENCIA
STE 108  
LAGUNA HILLS, CA 92653  
(949) 588-7262  
Effective as of 01-JAN-18

HUYNH, JUDY, DO  
Provider ID: 100065290005  
25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653  
(949) 768-4850  
Effective as of 01-JAN-18

HUYNH, JUDY, DO  
Provider ID: 100065290003  
25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653  
(949) 768-4850  
Effective as of 01-APR-12

IERARDI, STEPHEN, MD  
Provider ID: 100017573010  
23141 MOULTON PKWY STE
102  
LAGUNA HILLS, CA 92653  
(949) 916-9100  
Effective as of 01-APR-22

IERARDI, STEPHEN, MD  
Provider ID: 100017573009  
23141 MOULTON PKWY STE
102  
LAGUNA HILLS, CA 92653  
(949) 916-9100  
Effective as of 01-APR-22

KHOSHREZA, HALEH, MD  
Provider ID: 100383918002  
26538 MOULTON PKWY
STE 38E  
LAGUNA HILLS, CA 92653  
(949) 448-0656  
Farsi, German  
Effective as of 01-MAR-22

LEISH, BRIAN, MD  
Provider ID: 100103119005  
24411 HEALTH CENTER DR
STE 460  
LAGUNA HILLS, CA 92653  
(949) 373-7799

Effective as of 01-JAN-18

MANDEL, RONALD, DO  
Provider ID: 100034539004  
25411 CABOT RD STE 115
LAGUNA HILLS, CA 92653  
(949) 362-2121  
Spanish  
Effective as of 01-JAN-18

MOHINDRA, SUCHITRA, MD  
Provider ID: 100025171005  
26538 MOULTON PKWY
STE 38E  
LAGUNA HILLS, CA 92653  
(949) 448-0656  
Hindi, Hindustani, Punjabi  
Effective as of 01-AUG-18

MUNIB, SABEEN, MD  
Provider ID: 100168805028  
23181 LA CADENA DR STE
101  
LAGUNA HILLS, CA 92653  
(949) 647-5234  
Effective as of 01-OCT-20

MUNIB, SABEEN, MD  
Provider ID: 100168805025  
23181 LA CADENA DR STE
101  
LAGUNA HILLS, CA 92653  
(949) 647-5234  
Effective as of 01-FEB-20

MUNIB, SABEEN, MD  
Provider ID: 100168805030  
23181 LA CADENA DR STE
101  
LAGUNA HILLS, CA 92653  
(949) 647-5234  
Effective as of 01-MAR-21

RIVERO, JORGE, MD  
Provider ID: 100059240008
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

**C1. 网络提供者名单**

**主治医生**

- **SY, JOAN, DO**
  Provider ID: 100090936014
  - 24953 PASEO DE VALENCIA STE 1A
    LAGUNA HILLS, CA 92653
  - (949) 460-9200
  - Effective as of 01-JAN-18

- **SY, JOAN, DO**
  Provider ID: 100090936012
  - 24953 PASEO DE VALENCIA STE 1A
    LAGUNA HILLS, CA 92653
  - (949) 460-9200
  - Effective as of 01-JAN-17

- **YACOOB, MARLENE, MD**
  Provider ID: 100010305019
  - 23141 MOULTON PKWY STE 102
    LAGUNA HILLS, CA 92653
  - (949) 916-9100
  - French, Spanish
  - Teleservice
  - Effective as of 01-JUL-19

- **YACOOB, MARLENE, MD**
  Provider ID: 100010305008
  - 23141 MOULTON PKWY STE 102
    LAGUNA HILLS, CA 92653
  - (949) 916-9100
  - French, Spanish
  - Teleservice
  - Effective as of 01-APR-18

- **COOKE, LAWRENCE, MD**
  Provider ID: 100030436004
  - 23521 PASEO DE VALENCIA
    LAGUNA HILLS, CA 92653
  - (949) 215-1511
  - Spanish
  - Effective as of 01-JAN-18

- **HARMS, MONICA, MD**
  Provider ID: 100088859020
  - 23141 MOULTON PKWY STE 102
    LAGUNA HILLS, CA 92653
  - (949) 916-9100
  - Spanish
  - Effective as of 01-SEP-20

- **HARMS, MONICA, MD**
  Provider ID: 100088859019
  - 23141 MOULTON PKWY STE 102
    LAGUNA HILLS, CA 92653
  - (949) 916-9100
  - Spanish
  - Effective as of 01-JUN-19

- **NAPOLI, LYNN, MD**
  Provider ID: 100069369009
  - 23141 MOULTON PKWY STE 102
    LAGUNA HILLS, CA 92653
  - (949) 916-9100
  - Teleservice
  - Effective as of 01-AUG-18

- **AFSHAR, YAMA, DO**
  Provider ID: 100395461002
  - 24321 AVENIDA DE LA CARLOTA
    LAGUNA HILLS, CA 92653
  - (949) 204-3006
  - Korean
  - Effective as of 01-OCT-22

- **ARTHUR, KRISTINE, MD**
  Provider ID: 100108743004
  - 24268 EL TORO RD
    LAGUNA HILLS, CA 92637
  - (657) 241-8455
  - French
  - Effective as of 01-FEB-20

- **ASHTARI, MOZHGAN, MD**
  Provider ID: 100114417022
  - 23141 MOULTON PKWY STE 202
    LAGUNA HILLS, CA 92653
  - (949) 600-6334
  - Farsi
  - Effective as of 01-JAN-18

- **BANDUKWALA, RAHIL, DO**
  Provider ID: 100036312009
  - 23141 MOULTON PKWY STE 102
    LAGUNA HILLS, CA 92653
  - (949) 916-9100
  - Spanish
  - Effective as of 01-APR-18

- **BANDUKWALA, RAHIL, DO**
  Provider ID: 100036312016
  - 23141 MOULTON PKWY STE 102
    LAGUNA HILLS, CA 92653
  - (949) 916-9100
  - Spanish
  - Effective as of 01-JUN-19

- **BROWN, HOSEA, MD**
  Provider ID: 100036312023
  - 23141 MOULTON PKWY STE 102
    LAGUNA HILLS, CA 92653
  - (949) 916-9100
  - Spanish
  - Effective as of 01-JUN-19

- **INTERNAL MEDICINE**
### C1. 网络提供者名单

**主治医生**

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Phone</th>
<th>Language</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>100017878015</td>
<td>25431 CABOT RD STE 118</td>
<td>(949) 362-8877</td>
<td>Spanish</td>
<td>01-JUN-17</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100017878018</td>
<td>25431 CABOT RD STE 118</td>
<td>(949) 362-8877</td>
<td>Spanish</td>
<td>01-JUN-18</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100017878005</td>
<td>25431 CABOT RD STE 118</td>
<td>(949) 362-8877</td>
<td>Spanish</td>
<td>01-DEC-11</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100017878016</td>
<td>25431 CABOT RD STE 118</td>
<td>(949) 362-8877</td>
<td>Spanish</td>
<td>01-JUN-18</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100017878007</td>
<td>25431 CABOT RD STE 118</td>
<td>(949) 362-8877</td>
<td>Spanish</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100017878010</td>
<td>25401 CABOT RD STE 107</td>
<td>(949) 770-4858</td>
<td>Spanish</td>
<td>01-JUL-14</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100099113005</td>
<td>24221 CALLE DE LA LOUISA STE 200</td>
<td>(949) 588-8700</td>
<td>Spanish</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100083033005</td>
<td>25283 CABOT RD STE 106</td>
<td>(949) 364-9080</td>
<td>Arabic, Hebrew</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100099113006</td>
<td>25283 CABOT RD STE 106</td>
<td>(657) 241-8455</td>
<td>Arabic, Hebrew</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100067842005</td>
<td>24268 EL TORO RD</td>
<td>(657) 241-8455</td>
<td>Spanish</td>
<td>01-MAR-20</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92637</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100063427004</td>
<td>24268 EL TORO RD</td>
<td>(657) 241-8455</td>
<td>Spanish</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92637</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100099113007</td>
<td>24221 CALLE DE LA MAGDALENA STE 429</td>
<td>(949) 452-1930</td>
<td>Spanish</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100067842006</td>
<td>24221 CALLE DE LA LOUISA STE 200</td>
<td>(949) 420-5985</td>
<td>Spanish</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Manasson, Katherine, MD
Provider ID: 100113316013
24422 AVENIDA DE LA CARLOTA STE 272
LAGUNA HILLS, CA 92653
(949) 446-6783
Russian
Effective as of 01-NOV-22

Manasson, Katherine, MD
Provider ID: 100113316014
24422 AVENIDA DE LA CARLOTA STE 272
LAGUNA HILLS, CA 92653
(949) 446-6783
Russian
Effective as of 01-NOV-22

Manasson, Katherine, MD
Provider ID: 100113316016
24422 AVENIDA DE LA CARLOTA STE 272
LAGUNA HILLS, CA 92653
(949) 446-6783
Russian
Effective as of 01-NOV-22

Mehta, Shilpa, MD
Provider ID: 100332508008
2341 Moulton PKWY STE 102
LAGUNA HILLS, CA 92653
(949) 916-9100
Teleservice
Effective as of 01-JUN-19

Pourbabak, Sam, MD
Provider ID: 1000114265008
23141 MOULTON PKWY STE 102
LAGUNA HILLS, CA 92653
(949) 855-2279
Farsi, French, Spanish
Teleservice
Effective as of 01-JUN-19

Pourbabak, Sam, MD
Provider ID: 1000114265007
23141 MOULTON PKWY STE 102
LAGUNA HILLS, CA 92653
(949) 855-2279
Farsi, French, Spanish
Teleservice
Effective as of 01-JUN-19

Pourbabak, Sam, MD
Provider ID: 1000114265016
2341 Moulton PKWY STE 102
LAGUNA HILLS, CA 92653
(949) 916-9100
Teleservice
Effective as of 01-JUN-19

Sadegh Tari, Mahyar, MD
Provider ID: 1000107614005
24411 HEALTH CENTER DR STE 460
LAGUNA HILLS, CA 92653
(949) 334-8200
Farsi, Spanish, Swedish
Effective as of 01-JAN-18

Siu, Curtis, MD
Provider ID: 100082780005
24221 CALLE DE LA LOUISA
C1. 网络提供者名单
主治医生

<table>
<thead>
<tr>
<th>名字</th>
<th>职称</th>
<th>电话</th>
<th>有效日期</th>
<th>言语</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>STALLWORTH, ROXANNE, MD</td>
<td>F*</td>
<td>(949) 204-3006</td>
<td>01-AUG-22</td>
<td>Farsi, Spanish</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>STERNS, DANIEL, MD</td>
<td>M</td>
<td>(949) 373-7799</td>
<td>01-APR-18</td>
<td>Spanish</td>
<td>01-APR-18</td>
</tr>
<tr>
<td>STRODTBECK, PAUL, MD</td>
<td>M</td>
<td>(949) 373-7799</td>
<td>01-JAN-18</td>
<td>Farsi</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>TRAN, CECILIA, MD</td>
<td>F*</td>
<td>(949) 420-5980</td>
<td>01-JAN-18</td>
<td>Vietnamese</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>ZAMANI, MAZIAR, MD</td>
<td>M</td>
<td>(949) 770-2085</td>
<td>01-JAN-18</td>
<td>Farsi</td>
<td>01-JAN-18</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
主治医生

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

HAGHIGHI MOTLAGH,
BEHNAZ, MD
Provider ID: 100197006031
.Provider ID: 27781 LA PAZ RD
LAGUNA NIGUEL, CA 92677
Provider ID: (949) 831-0300
Provider ID: Dutch, Farsi
Effective as of 01-OCT-19

LEE, SUSAN, MD
Provider ID: 100068409006
.Provider ID: 27231 LA PAZ RD STE A
LAGUNA NIGUEL, CA 92677
Provider ID: (949) 643-9111
Effective as of 01-JUL-14

SALL, JEEVAN, MD
Provider ID: 100353204063
.Provider ID: 27231 LA PAZ RD STE A
LAGUNA NIGUEL, CA 92677
Provider ID: (949) 643-9111
Effective as of 01-JUN-22

INTERNAL MEDICINE
BILAL, BASSAM, MD
Provider ID: 100327805022
.Provider ID: 30281 GOLDEN LANTERN
LAGUNA NIGUEL, CA 92677
Provider ID: (949) 495-7144
/provider ID: Arabic, Spanish
Effective as of 01-FEB-19

KELLOGG, CHERYL, MD
Provider ID: 100082360006
.Provider ID: 30131 TOWN CENTER DR
STE 204
LAGUNA NIGUEL, CA 92677
Provider ID: (949) 342-1780
Effective as of 01-JAN-18

KRAFCIK, SONJA, MD
Provider ID: 100056351004
.Provider ID: 25500 RANCHO NIGUEL
RD STE 150
LAGUNA NIGUEL, CA 92677
Provider ID: (949) 831-3686
Effective as of 01-OCT-22

KRAFCIK, SONJA, MD
Provider ID: 100056351002
.Provider ID: 25500 RANCHO NIGUEL
RD STE 150
LAGUNA NIGUEL, CA 92677
Provider ID: (949) 831-3686
Effective as of 01-MAR-13

PEDIATRICS
PATEL, JYOTINKUMAR, MD
Provider ID: 100035402010
.Provider ID: 30281 GOLDEN LANTERN
LAGUNA NIGUEL, CA 92677
Provider ID: (949) 495-7144
.provider ID: Gujarati, Hindi
Effective as of 01-SEP-22

FAMILY PRACTICE
VAN VRANKEN, BRUCE, MD
Provider ID: 100074767005
.Provider ID: 24331 EL TORO RD STE 330
LAGUNA WOODS, CA
Provider ID: (949) 837-7521
Effective as of 01-JAN-18

INTERNAL MEDICINE
ROKHSHADFAR, SAGHI, MD
Provider ID: 100113408009
.Provider ID: 24268 EL TORO RD
LAGUNA WOODS, CA
Provider ID: (657) 241-8455
/provider ID: Farsi
Effective as of 01-JAN-21

ROKHSHADFAR, SAGHI, MD
Provider ID: 100047456004
.Provider ID: 24331 EL TORO RD STE 330
LAGUNA WOODS, CA
Provider ID: (949) 716-0833
Effective as of 01-JAN-18

FAMILY PRACTICE
JACKSON, ANITA, MD
Provider ID: 100060861006
.Provider ID: 31736 MISSION TRL STE G
LAKE ELSINORE, CA 92530
Provider ID: (951) 674-1505
.provider ID: Tagalog
Effective as of 01-NOV-11

TORRES, REBECCA, MD
Provider ID: 100187138015
.Provider ID: 31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Provider ID: (951) 471-1800
.provider ID: Korean, Mandarin, Spanish
Effective as of 01-DEC-14

TORRES, REBECCA, MD
Provider ID: 100187138016
.Provider ID: 31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Provider ID: (951) 471-1800
C1. 网络提供者名单
主治医生

- Korean, Mandarin, Spanish 有效日期：01-DEC-14
- 雅思，Joseph，MD  
  提供者ID：100070994004  
  31571 Canyon Estates Dr  
  Ste 132  
  Lake Elsinore, CA 92532  
  (951) 674-7811  
- 西班牙语，Tagalog 有效日期：01-JUL-22
- Monarrez, David, MD  
  提供者ID：1000102954012  
  31739 Riverside Dr Ste A1  
  Lake Elsinore, CA 92530  
  (951) 245-0505  
- 西班牙语 有效日期：01-Oct-18
- Monarrez, David, MD  
  提供者ID：1000102954016  
  31739 Riverside Dr Ste A1  
  Lake Elsinore, CA 92530  
  (951) 245-0505  
- 西班牙语 有效日期：01-Oct-18
- Oliveira, Thomas, DO  
  提供者ID：100088827007  
  506 W Graham Ave Ste 107  
  Lake Elsinore, CA 92530  
  (951) 471-5116  
- 意大利语，西班牙语 有效日期：01-APR-21
- Internal Medicine
- Bajwa, Saif, MD  
  提供者ID：100113080002  
  16800 Lakeshore Dr Ste 2  
  Lake Elsinore, CA 92530  
  (951) 674-2155  
- 西班牙语，乌尔都语 有效日期：01-APR-17
- Saadat, Farid, MD  
  提供者ID：100013848002  
  425 Diamond Dr Ste 102  
  Lake Elsinore, CA 92530  
  (951) 471-5711  
- 法斯里，波斯语 有效日期：01-DEC-16
- Family Practice
- Ahsan, Nusrat, MD  
  提供者ID：100113788007  
  22621 Lake Forest Dr Ste D1  
  Lake Forest, CA 92630  
  (951) 242-6902  
- 印度语 有效日期：01-MAY-17
- Ali, Mohammed, MD  
  提供者ID：100114282029  
  23672 Birtcher Dr Ste A  
  Lake Forest, CA 92630  
  (949) 770-7301  
- 印度语，泰卢固语，乌尔都语 有效日期：01-JAN-17
- Ali, Mohammed, MD  
  提供者ID：100114282026  
  23672 Birtcher Dr Ste A  
  Lake Forest, CA 92630  
  (949) 770-7301  
- 印度语，泰卢固语，乌尔都语 有效日期：01-JAN-18
- Ali, Mohammed, MD  
  提供者ID：100114282027  
  23672 Birtcher Dr Ste A  
  Lake Forest, CA 92630  
  (949) 770-7301  
- 印度语，泰卢固语，乌尔都语 有效日期：01-DEC-16
- Koumas, John, DO  
  提供者ID：100064961008  
  24401 Muirlands Blvd Ste A  
  Lake Forest, CA 92630  
  (949) 770-1950  
- 印度语，泰卢固语，乌尔都语 有效日期：01-MAR-22
- Koumas, Mary, DO
C1. 网络提供者名单
主治医生

Provider ID: 100089870008
24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
(949) 770-1950
Effective as of 01-MAR-22

INTERNAL MEDICINE
GOVASHIRI, REZA, MD
Provider ID: 100047181008
22621 LAKE FOREST DR STE D1
LAKE FOREST, CA 92630
(949) 242-6902
Farsi, Spanish
Effective as of 01-JUL-19

MUY, MADINETH, MD
Provider ID: 100082949013
22621 LAKE FOREST DR STE D1
LAKE FOREST, CA 92630
(949) 242-6902
Khmer
Effective as of 01-OCT-18

FAMILY PRACTICE
MCHENRY, KATHRYN, DO
Provider ID: 100320650014
10039 VINE ST
LAKESIDE, CA 92040
(619) 390-9975
Spanish
Effective as of 01-FEB-24

PHAM, CHRISTINE, DO
Provider ID: 100397531003
10039 VINE ST
LAKESIDE, CA 92040
(858) 218-3000
Effective as of 01-JAN-23

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

FAMILY PRACTICE
ARIF, MUHAMMAD, MD
Provider ID: 100114105045
29826 HAUN RD STE 200
MENIFEE, CA 92586
(951) 414-4020
Punjabi, Spanish, Urdu
Effective as of 01-JAN-23
Spanish
Effective as of 01-AUG-23

HARRISON, AMY, MD
Provider ID: 100410706003
29826 HAUN RD STE 200
MENIFEE, CA 92586
(951) 414-4020
Spanish
Effective as of 01-AUG-23

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

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

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

ZURITA, DANIELA, MD
Provider ID: 100396617007
26926 CHERRY HILLS BLVD STE B
MENIFEE, CA 92586
(951) 216-2200
Spanish
Effective as of 01-DEC-22

ZURITA, DANIELA, MD
Provider ID: 100396617009
26926 CHERRY HILLS BLVD STE C
MENIFEE, CA 92586
(951) 216-2200
Spanish
Effective as of 01-JUL-23

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

GONZALEZ, PATRICK, MD
Provider ID: 100109580006
29798 HAUN RD STE 106
MENIFEE, CA 92586
(951) 301-3588
Effective as of 01-OCT-10

GONZALEZ, EDIVINA, MD
Provider ID: 100039220005
29826 HAUN RD STE 200
MENIFEE, CA 92586
(951) 301-3588
Spanish, Tagalog
Effective as of 01-JUL-20

BARVE, PRANAV, MD
Provider ID: 100318437034
29826 HAUN RD STE 200
MENIFEE, CA 92586
(951) 414-4020
Hindi, Marathi
Effective as of 01-JUL-23

BARVE, PRANAV, MD
Provider ID: 100318437033
29826 HAUN RD STE 200
MENIFEE, CA 92586
(951) 414-4020
Hindi, Marathi
Effective as of 01-OCT-22

BASAK, RYAN, MD
Provider ID: 100378970015
29826 HAUN RD STE 200
MENIFEE, CA 92586
(951) 301-1100

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

INTERNAL MEDICINE

ARANETA, TOMAS, MD
Provider ID: 100036305006
29826 HAUN RD STE 201
MENIFEE, CA 92586
(951) 301-1100
Spanish, Tagalog
Effective as of 01-OCT-22

GONZALEZ, EDIVINA, MD
Provider ID: 100039220007
29798 HAUN RD STE 106
MENIFEE, CA 92586
(951) 301-3588
Effective as of 01-SEP-10

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

MARTINEZ, JORGE, MD
Provider ID: 100096235010
29826 HAUN RD STE 201
MENIFEE, CA 92586
(951) 301-1100
C1. Network Providers List

- Spanish
  Effective as of 01-JUN-22

**FAMILY PRACTICE**

**BALL-ZONDERSVAN, MONICA, MD**
Provider ID: 100299166013
чки 26732 CROWN VALLEY PKWY STE 170
MISSION VIEJO, CA 92691
(949) 364-7246
Effective as of 01-JUN-22

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

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

**BASICH, CANDACE, MD**
Provider ID: 100073084010
чки 30707 GATEWAY PL STE A2
MISSION VIEJO, CA 92694
(657) 241-8435
Spanish
Effective as of 01-DEC-21

**BASICH, CANDACE, MD**
Provider ID: 100073084008
чки 30707 GATEWAY PL STE A2
MISSION VIEJO, CA 92694
(657) 241-8435
Spanish
Effective as of 01-JUN-21

**BISUNA, BLANCA, MD**
Provider ID: 100199166013
чки 26732 CROWN VALLEY PKWY STE 170
MISSION VIEJO, CA 92691
(949) 364-7246
Effective as of 01-MAR-16

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

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

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

**DELNITZ, DANUTA, MD**
Provider ID: 100109319011
чки 26991 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
(949) 270-2100
Spanish
Effective as of 01-APR-19

**ENDSLEY, DELVIN, MD**
Provider ID: 100086847010
чки 27725 SANTA MARGARITA PKWY
MISSION VIEJO, CA 92691
(949) 582-5430
Spanish
Effective as of 01-JAN-18

**FIGHTLIN, STEFANIE, DO**
Provider ID: 100207722054
чки 27725 SANTA MARGARITA PKWY
MISSION VIEJO, CA 92691
(949) 270-2100
Spanish
Effective as of 01-DEC-19

**FLORES, TERESA, MD**
Provider ID: 100073084010
чки 26991 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
(949) 270-2100
Spanish
Effective as of 01-DEC-19

**FLORES, TERESA, MD**
Provider ID: 100073084008
чки 26991 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
(949) 270-2100
Spanish
Effective as of 01-JUN-19

**GEBHARD, KARL, MD**
Provider ID: 100071312013
чки 26922 OSO PKWY
MISSION VIEJO, CA 92691
(949) 305-0110
Spanish
Effective as of 01-JUN-19

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
GEBHARD, KARL, MD
Provider ID: 100071312004
26922 OSO PKWY STE 380
MISSION VIEJO, CA 92691
(949) 305-0110
Effective as of 01-MAR-16

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

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

GLOBUS, JEFFREY, MD
Provider ID: 100008104009
26902 OSO PKWY STE 140
MISSION VIEJO, CA 92691
(949) 916-8870
Spanish
Effective as of 01-JAN-17

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

GONZALEZ, DAVID, MD
Provider ID: 100096155006
26732 CROWN VALLEY PKWY STE 170
MISSION VIEJO, CA 92691
(949) 364-7246
Effective as of 01-OCT-18

KUMAR, NISHCHAL, MD
Provider ID: 100224908011
23512 MADERO MISSION VIEJO, CA 92691
(949) 583-1600
Hindi, Punjabi, Spanish
Effective as of 01-SEP-15

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

LY, PHUONG, MD
Provider ID: 100354280025
26800 CROWN VALLEY PKWY STE 150
MISSION VIEJO, CA 92691
(949) 276-2111
Vietnamese
Effective as of 01-AUG-22

PEDARSANI, MARJAN, DO
Provider ID: 100113548005
23512 MADERO MISSION VIEJO, CA 92691
(949) 583-1600
Farsi
Effective as of 01-SEP-21

RUTTEN, SONIA, MD
Provider ID: 100414034002
30492 GATEWAY PL STE 110 MISSION VIEJO, CA 92694
(949) 364-7246
Effective as of 01-OCT-18

SAMOORI, RAMA, DO
Provider ID: 100112028003
26732 CROWN VALLEY PKWY STE 170 MISSION VIEJO, CA 92691
(949) 582-5430
Farsi, Spanish
Effective as of 01-SEP-15

SHOAPOUR, CAMELLIA, MD
Provider ID: 100396167003
26991 CROWN VALLEY PKWY STE 100 MISSION VIEJO, CA 92691
(949) 582-5430
Farsi, Persian
Effective as of 01-MAR-23

THOMAS, CHERYL, MD
Provider ID: 100043536017
27725 SANTA MARGARITA PKWY STE 101 MISSION VIEJO, CA 92691
(949) 270-2100
Effective as of 01-AUG-21

THOMAS, CHERYL, MD
Provider ID: 100043536023
27725 SANTA MARGARITA PKWY STE 101 MISSION VIEJO, CA 92691
(949) 270-2100
Effective as of 01-AUG-21
THOMAS, CHERYL, MD
Provider ID: 100043536021
27725 SANTA MARGARITA PKWY STE 101
MISSION VIEJO, CA 92691
(949) 270-2100
Effective as of 01-AUG-21

THOMAS, CHERYL, MD
Provider ID: 100043536022
27725 SANTA MARGARITA PKWY STE 101
MISSION VIEJO, CA 92691
(949) 270-2100
Effective as of 01-AUG-21

THOMAS, CHERYL, MD
Provider ID: 100043536012
27725 SANTA MARGARITA PKWY STE 101
MISSION VIEJO, CA 92691
(949) 270-2100
Effective as of 01-JUL-21

THOMAS, CHERYL, MD
Provider ID: 100043536011
27725 SANTA MARGARITA PKWY STE 101
MISSION VIEJO, CA 92691
(949) 270-2100
Effective as of 01-JUL-21

YAZDANSHENAS, MARYAM, MD
Provider ID: 100224906005
30492 GATEWAY PL STE 110
MISSION VIEJO, CA 92694
(949) 542-7700
Farsi
Effective as of 01-AUG-20

GENERAL PRACTICE
JANISZEWSKI, EVA, MD
Provider ID: 100079209004
24896 CHRISANTA DR STE 130
MISSION VIEJO, CA 92691
(949) 458-2992
Polish, Spanish
Effective as of 01-JAN-18

INTERNAL MEDICINE
ALLAMEHZADEH, REZA, MD
Provider ID: 100114385005
26800 CROWN VALLEY PKWY STE 325
MISSION VIEJO, CA 92691
(949) 364-6000
Farsi, German, Persian
Effective as of 01-JAN-18

BADIE, MEHRNAZ, MD
Provider ID: 100105037005
26800 CROWN VALLEY PKWY STE 325
MISSION VIEJO, CA 92691
(949) 364-6000
Vietnamese
Effective as of 01-NOV-12

BENNER, ERIC, MD
Provider ID: 100074899004
26800 CROWN VALLEY PKWY STE 315
MISSION VIEJO, CA 92691
(949) 364-6000
Gujarati, Urdu
Effective as of 01-SEP-18

COVARRUBIAS, GRACIA, MD
Provider ID: 100109548005
23512 MADERO MISSION VIEJO, CA 92691
(949) 583-1600
Spanish
Effective as of 01-SEP-21

COVARRUBIAS, GRACIA, MD
Provider ID: 100109548011
23512 MADERO MISSION VIEJO, CA 92691
(949) 583-1600
Spanish
Effective as of 01-SEP-18

LU, LESLIE, MD
Provider ID: 100062204006
26800 CROWN VALLEY PKWY STE 315
MISSION VIEJO, CA 92691
(949) 364-6000
Spanish
Effective as of 01-SEP-18

MAYET, KHADIJA, MD
Provider ID: 100062204005
26800 CROWN VALLEY PKWY STE 305
MISSION VIEJO, CA 92691
(949) 364-6000
Gujarati, Urdu
Effective as of 01-SEP-18

NGUYEN, VY, MD
Provider ID: 100050370005
26800 CROWN VALLEY PKWY STE 325
MISSION VIEJO, CA 92691
(949) 364-6000
Vietnamese
Effective as of 01-SEP-18

NIETO, ELIZABETH, MD
Provider ID: 100364838002
26800 CROWN VALLEY PKWY STE 315
MISSION VIEJO, CA 92691
(949) 364-6000
Effective as of 01-AUG-22

NIETO, ELIZABETH, MD
Provider ID: 100364838004
26800 CROWN VALLEY PKWY STE 25
MISSION VIEJO, CA 92691
(949) 364-6000
Effective as of 01-OCT-22

NOORIAN, NADER, MD
Provider ID: 100052175006
26800 CROWN VALLEY PKWY STE 305
MISSION VIEJO, CA 92691
(949) 364-6000
Effective as of 01-NOV-12

PRATT, DONALD, MD
Provider ID: 100088649011
26800 CROWN VALLEY PKWY STE 325
MISSION VIEJO, CA 92691
(949) 364-6000
Effective as of 01-AUG-22

ROKHSHADFAR, SAGHI, MD
Provider ID: 100113408006
23512 MADERO MISSION VIEJO, CA 92691
(949) 583-1600
Farsi
Effective as of 01-MAY-12

ROKHSHADFAR, SAGHI, MD
Provider ID: 100113408005
23512 MADERO MISSION VIEJO, CA 92691
(949) 583-1600
Farsi
Effective as of 01-AUG-20

SELIGSOHN, BRUCE, MD
Provider ID: 100021098007
26302 LA PAZ RD STE 211
MISSION VIEJO, CA 92691
(949) 588-8775
Spanish
Effective as of 01-JAN-18

SERGEYEVA, YELENA, MD
Provider ID: 100403248007
27800 MEDICAL CENTER RD STE 110
MISSION VIEJO, CA 92691
(949) 364-5532
Russian
Teleservice
Effective as of 01-DEC-23

SERGEYEVA, YELENA, MD
Provider ID: 100403248003
27800 MEDICAL CENTER RD STE 110
MISSION VIEJO, CA 92691
(949) 364-5532
Russian
Teleservice
Effective as of 01-MAR-23

SERGEYEVA, YELENA, MD
Provider ID: 100403248005
27800 MEDICAL CENTER RD STE 110
MISSION VIEJO, CA 92691
(949) 364-5532
Russian
Teleservice
Effective as of 01-DEC-23

SERGEYEVA, YELENA, MD
Provider ID: 100403248004
27800 MEDICAL CENTER RD STE 110
MISSION VIEJO, CA 92691
(949) 364-5532
Russian
Teleservice
Effective as of 01-AUG-19

STALLWORTH, ROXANNE, MD
Provider ID: 100185861008
26800 CROWN VALLEY PKWY STE 315
MISSION VIEJO, CA 92691
(949) 364-6000
Farsi, Spanish
Teleservice
Effective as of 01-AUG-14

STAUNTON, MICHELE, MD
Provider ID: 100043245010
26800 CROWN VALLEY PKWY STE 330
MISSION VIEJO, CA 92691
(949) 364-6000
Effective as of 01-AUG-22

STAUNTON, MICHELE, MD
Provider ID: 100043245010
26800 CROWN VALLEY PKWY STE 330
MISSION VIEJO, CA 92691
(949) 364-6000
Effective as of 01-NOV-14

SWADENER, NINA, MD
Provider ID: 100219528002
26800 CROWN VALLEY PKWY STE 305
MISSION VIEJO, CA 92691
(949) 364-6000
Spanish
Effective as of 01-NOV-14

TRUONG, ANDREW, MD
Provider ID: 100344383002
26800 CROWN VALLEY PKWY STE 305
MISSION VIEJO, CA 92691
(949) 364-6000
Vietnamese
Effective as of 01-JUL-19
C1. 网络提供者名单
主治医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Phone</th>
<th>Language(s)</th>
<th>Effective Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSAI, MON TA, MD</td>
<td>100060379006</td>
<td>25982 PALA STE 250, MISSION VIEJO, CA 92691</td>
<td>(949) 588-0051</td>
<td>Chinese, Mandarin, Taiwanese</td>
<td>01-JAN-18</td>
<td>MURRIETA, CA 92562</td>
</tr>
<tr>
<td>WADELL, CHAD, MD</td>
<td>100108309006</td>
<td>26800 CROWN VALLEY PKWY STE 315, MISSION VIEJO, CA 92691</td>
<td>(949) 364-6000</td>
<td></td>
<td>01-NOV-14</td>
<td>MURRIETA, CA 92562</td>
</tr>
<tr>
<td>YAZDI, JANET, MD</td>
<td>100086097007</td>
<td>26800 CROWN VALLEY PKWY STE 305, MISSION VIEJO, CA 92691</td>
<td>(949) 364-6000</td>
<td></td>
<td>01-MAR-13</td>
<td>MURRIETA, CA 92562</td>
</tr>
<tr>
<td>FAMILY PRACTICE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREWER, ANH, DO</td>
<td>100260727002</td>
<td>27722 CLINTON KEITH RD BLDG F, MURRIETA, CA 92562</td>
<td>(951) 878-9820</td>
<td>Vietnamese</td>
<td>01-FEB-16</td>
<td>MURRIETA, CA 92562</td>
</tr>
<tr>
<td>BREWER, ANH, DO</td>
<td>100260727007</td>
<td>27722 CLINTON KEITH RD BLDG F, MURRIETA, CA 92562</td>
<td>(951) 878-9820</td>
<td>Vietnamese</td>
<td>01-NOV-20</td>
<td>MURRIETA, CA 92562</td>
</tr>
<tr>
<td>BRIGGS, BRIDGET, MD</td>
<td>100069323004</td>
<td>25470 MEDICAL CENTER DR STE 102, MURRIETA, CA 92562</td>
<td>(951) 698-6090</td>
<td>Spanish</td>
<td>01-SEP-10</td>
<td>MURRIETA, CA 92562</td>
</tr>
<tr>
<td>MEYER, SALLY, MD</td>
<td>1000327486018</td>
<td>24910 LAS BRISAS RD STE 111, MURRIETA, CA 92562</td>
<td>(951) 694-8549</td>
<td>Hindi, Punjabi, Urdu</td>
<td>01-JUN-03</td>
<td>MURRIETA, CA 92562</td>
</tr>
<tr>
<td>MEHARDA, SANJIWANI, MD</td>
<td>100327486018</td>
<td>24910 LAS BRISAS RD STE 111, MURRIETA, CA 92562</td>
<td>(951) 694-8549</td>
<td></td>
<td>01-JUN-23</td>
<td>MURRIETA, CA 92562</td>
</tr>
<tr>
<td>NGUYEN, BACH, MD</td>
<td>100107585007</td>
<td>41680 IVY ST STE A, MURRIETA, CA 92562</td>
<td>(951) 677-2227</td>
<td>Vietnamese</td>
<td>01-NOV-23</td>
<td>MURRIETA, CA 92562</td>
</tr>
<tr>
<td>NGUYEN, BACH, MD</td>
<td>100107585005</td>
<td>41680 IVY ST STE A, MURRIETA, CA 92562</td>
<td>(951) 677-2227</td>
<td>Vietnamese</td>
<td>01-OCT-22</td>
<td>MURRIETA, CA 92562</td>
</tr>
<tr>
<td>PHILLIPS, LILY, MD</td>
<td>100113116007</td>
<td>27910 LAS BRISAS RD STE 105, MURRIETA, CA 92562</td>
<td>(951) 231-1385</td>
<td>Chinese, Mandarin, Spanish</td>
<td>01-AUG-14</td>
<td>MURRIETA, CA 92562</td>
</tr>
<tr>
<td>PHILLIPS, LILY, MD</td>
<td>100113116009</td>
<td>27910 LAS BRISAS RD STE 105, MURRIETA, CA 92562</td>
<td>(951) 231-1385</td>
<td>Chinese, Mandarin, Spanish</td>
<td>01-AUG-14</td>
<td>MURRIETA, CA 92562</td>
</tr>
<tr>
<td>SOTIS, JAMES, MD</td>
<td>100343557003</td>
<td>38860 SKY CANYON DR BLDG A, MURRIETA, CA 92563</td>
<td>(951) 676-4193</td>
<td></td>
<td>01-AUG-19</td>
<td>MURRIETA, CA 92563</td>
</tr>
<tr>
<td>WALTER, ROME, DO</td>
<td>100198386003</td>
<td>41011 CALIFORNIA OAKS RD STE 103, MURRIETA, CA 92562</td>
<td>(951) 225-6287</td>
<td></td>
<td>01-JUN-19</td>
<td>MURRIETA, CA 92562</td>
</tr>
<tr>
<td>YUN, JONATHAN, DO</td>
<td>100025475024</td>
<td>24910 LAS BRISAS RD STE 111, MURRIETA, CA 92562</td>
<td>(951) 694-8549</td>
<td>Korean, Spanish</td>
<td>01-NOV-20</td>
<td>MURRIETA, CA 92562</td>
</tr>
<tr>
<td>YUN, JONATHAN, DO</td>
<td>100025475022</td>
<td>24910 LAS BRISAS RD STE 111, MURRIETA, CA 92562</td>
<td>(951) 694-8549</td>
<td></td>
<td>01-NOV-20</td>
<td>MURRIETA, CA 92562</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
主治医生

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

**GENERAL PRACTICE**

LULIC, DZENAN, MD
Provider ID: 100283060006
30700 CALIFORNIA OAKS RD STE 206
MURRIETA, CA 92562
(951) 304-3221
Spanish
Effective as of 01-AUG-20

**INTERNAL MEDICINE**

BLACK, JASON, MD
Provider ID: 100073449005
24680 JEFFERSON AVE STE A
MURRIETA, CA 92562
(951) 677-2252
Effective as of 01-MAR-19

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

MARTINEZ, JORGE, MD
Provider ID: 100096235003
3975 MURRIETA HOT SPRINGS RD STE E120
MURRIETA, CA 92563
(951) 461-1331
Effective as of 01-DEC-12

MARTINEZ, JORGE, MD
Provider ID: 100096235010
3975 MURRIETA HOT SPRINGS RD STE E120
MURRIETA, CA 92563
(951) 461-1331
Effective as of 01-FEB-21

GONZALES, PATRICK, MD
Provider ID: 1000109580007
39755 DATE ST STE 103
MURRIETA, CA 92563
(951) 304-3221
Effective as of 01-APR-19

GONZALES, PATRICK, MD
Provider ID: 1000109580008
39755 DATE ST STE 103
MURRIETA, CA 92563
(951) 304-3221
Effective as of 01-APR-19

**FAMILY PRACTICE**

ALGHAMDI, ASMA, MD
Provider ID: 100359014006
2400 E 8TH ST
NATIONAL CITY, CA 91950
(619) 662-4100
Effective as of 01-NOV-21

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

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

CARLSON, ROBERT, MD
Provider ID: 100002398003
36 N EUCLID AVE STE 105
NATIONAL CITY, CA 91950
(619) 255-2950
Spanish, Tagalog
Effective as of 01-SEP-22

CEVALLOS, JAMES, MD
Provider ID: 100079582009
1136 D AVE
NATIONAL CITY, CA 91950
(619) 662-4100
Effective as of 01-APR-23

CEVALLOS, JAMES, MD
Provider ID: 100079582004
1136 D AVE
NATIONAL CITY, CA 91950

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Phone Number</th>
<th>Language</th>
<th>Effective Date</th>
<th>Address</th>
<th>Provider ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDINA, ALEXANDER, MD</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-MAR-16</td>
<td>330 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>100325216002</td>
</tr>
<tr>
<td>KUNIN-RIDA, TERI, MD</td>
<td>(844) 200-2426</td>
<td>Spanish</td>
<td>Effective as of 01-JAN-14</td>
<td>217 HIGHLAND AVE NATIONAL CITY, CA 91950</td>
<td>100064070023</td>
</tr>
<tr>
<td>MEDINA, ALEXANDER, MD</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-FEB-24</td>
<td>610 EUCLID AVE STE 302 NATIONAL CITY, CA 91950</td>
<td>100021162012</td>
</tr>
<tr>
<td>MEDINA, ALEXANDER, MD</td>
<td>(619) 527-7700</td>
<td>Spanish, Tagalog</td>
<td>Effective as of 01-NOV-20</td>
<td>339 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>100325216019</td>
</tr>
<tr>
<td>MEDINA, ALEXANDER, MD</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-APR-23</td>
<td>331 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>100325216017</td>
</tr>
<tr>
<td>MEDINA, ALEXANDER, MD</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-APR-23</td>
<td>332 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>100325216018</td>
</tr>
<tr>
<td>MEDINA, ALEXANDER, MD</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-APR-23</td>
<td>333 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>100325216019</td>
</tr>
<tr>
<td>MEDINA, ALEXANDER, MD</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-APR-23</td>
<td>334 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>100325216020</td>
</tr>
<tr>
<td>MEDINA, ALEXANDER, MD</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-APR-23</td>
<td>335 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>100325216021</td>
</tr>
<tr>
<td>MEDINA, ALEXANDER, MD</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-APR-23</td>
<td>336 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>100325216022</td>
</tr>
<tr>
<td>MEDINA, ALEXANDER, MD</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-APR-23</td>
<td>337 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>100325216023</td>
</tr>
<tr>
<td>NAVARRO, VANESSA, MD</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-APR-23</td>
<td>338 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>100173914003</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
主治医生

NOVENCIDO, JOSEPH, DO**†
Provider ID: 100244053019
610 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
(619) 527-7700
Spanish
Effective as of 01-SEP-20

NOVENCIDO, JOSEPH, DO**†
Provider ID: 100244053014
610 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
(619) 527-7700
Spanish
Effective as of 01-SEP-17

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

ORTIZ ILIZALITURRI, ANA, MD ▲
Provider ID: 100394347015
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
(619) 434-7308
Spanish
Teleservice
Effective as of 01-OCT-23

PATEL, PAAVAN, DO**†
Provider ID: 100413256006
610 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
(619) 527-7700
Effective as of 01-DEC-23

PATEL, PAAVAN, DO**†
Provider ID: 100413256006
610 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
(619) 527-7700
Effective as of 01-DEC-23

ROBERTS, POMAI, MD**†
Provider ID: 100323487002
1136 D AVE
NATIONAL CITY, CA 91950
(619) 662-4100
Spanish
Effective as of 01-SEP-21

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

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

SNOOK, BRIAN, DO**†
Provider ID: 100211994008
2400 E 8TH ST
NATIONAL CITY, CA 91950
(619) 662-4100
Spanish
Effective as of 01-JUN-14

SNOOK, BRIAN, DO**†
Provider ID: 100211994008
2400 E 8TH ST
NATIONAL CITY, CA 91950
(619) 662-4100
Spanish
Effective as of 01-JUN-14

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

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

FQHC
FAMILY HEALTH CTR SD
NATIONAL CITY,
Provider ID: PG0085737003
1000 EUCLID AVE
NATIONAL CITY, CA 91950
(619) 515-2399
Effective as of 01-JAN-21

LA MAESTRA FAMILY CLINIC
INC., †
Provider ID: PG0053396004
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
(619) 434-7308
Effective as of 01-JAN-21
C1. 网络提供者名单
主治医生

NATIONAL C, †
Provider ID: PG0084147004
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
(844) 200-2426
Effective as of 01-JAN-21

OPERATION SAMAHAN
GRANGER SCHOOL BASED,
Provider ID: PG0084288003
2101 GRANGER AVE
NATIONAL CITY, CA 91950
(844) 200-2426
Effective as of 01-JAN-21

SAN YSIDRO HEALTH
NATIONAL CITY,
Provider ID: PG0047542010
1136 D AVE
NATIONAL CITY, CA 91950
(619) 662-4100
Teleservice
Effective as of 01-JAN-21

SAN YSIDRO HEALTH
PARADISE HILLS, †
Provider ID: PG0047542011
2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
(619) 662-4100
Teleservice
Effective as of 01-JAN-21

SAN YSIDRO HEALTH
SOUTH BAY,
Provider ID: PG0077626003
330 E 8TH ST
NATIONAL CITY, CA 91950
(619) 662-4100
Teleservice
Effective as of 01-JAN-21

GENERAL PRACTICE

MEDINA, NATALIE, MD
Provider ID: 100254911004
502 EUCLID AVE STE 306
NATIONAL CITY, CA 91950
(619) 267-1168
Spanish
Effective as of 01-JAN-21

MEDINA, NATALIE, MD
Provider ID: 100254911105
502 EUCLID AVE STE 306
NATIONAL CITY, CA 91950
(619) 267-1168
Spanish
Effective as of 01-MAR-18

MEDINA, NATALIE, MD
Provider ID: 100254911015
502 EUCLID AVE STE 306
NATIONAL CITY, CA 91950
(619) 267-1168
Spanish
Effective as of 01-MAR-21

MEDINA, NATALIE, MD
Provider ID: 100254911014
502 EUCLID AVE STE 306
NATIONAL CITY, CA 91950
(619) 267-1168
Spanish
Effective as of 01-JAN-21

INTERNAL MEDICINE

BRAVERMAN, IRA, MD
Provider ID: 100012010020
610 EUCLID AVE STE 201
NATIONAL CITY, CA 91950
(619) 267-8181
Spanish, Tagalog
Effective as of 01-JAN-21

COMUNALE, RODERICK, MD
Provider ID: 100063923026
502 EUCLID AVE STE 205
NATIONAL CITY, CA 91950
(858) 551-0276
Spanish
Teleservice
Effective as of 01-NOV-23

DELA PAZ, LENNIE, MD
Provider ID: 100007688007
610 EUCLID AVE STE 303
NATIONAL CITY, CA 91950
(619) 475-3600
Spanish, Tagalog
Effective as of 01-JAN-21

EL GHONEIMY, AHMED, MD
Provider ID: 100103500014
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
(619) 434-7308
Arabic
Teleservice
Effective as of 01-AUG-22

HEKMAT, RAZI, MD
Provider ID: 100081732022
610 EUCLID AVE STE 201
NATIONAL CITY, CA 91950
(619) 267-8181
Spanish, Tagalog
Effective as of 01-APR-21

CANTU-REYNA, GUILLERMO,
MD
Provider ID: 100214575010
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
(619) 434-7308
Teleservice
Effective as of 01-JUL-21
C1. 网络提供者名单
主治医生

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

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

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

MEDINA, NATALIE, MD
Provider ID: 100254911013
502 EUCLID AVE STE 306
NATIONAL CITY, CA 91950
(619) 267-1168
Spanish
Effective as of 01-JAN-21

PRATHIPATI, LAKSHMI, MD
Provider ID: 100041945034
502 EUCLID AVE STE 2013
NATIONAL CITY, CA 91950
(619) 267-0553
Spanish, Tagalog, Telugu
Effective as of 01-SEP-22

PRATHIPATI, LAKSHMI, MD
Provider ID: 100041945033
502 EUCLID AVE STE 2013
NATIONAL CITY, CA 91950
(619) 267-0553
Spanish, Tagalog, Telugu
Effective as of 01-JAN-21

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

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

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

KIM, KAREN, DO
Provider ID: 100070645007
1441 AVOCADO AVE STE 503
NEWPORT BEACH, CA 92660
(949) 718-9020
Korean
Effective as of 01-SEP-22

KIM, KAREN, DO
Provider ID: 100070645003
1441 AVOCADO AVE STE 503
NEWPORT BEACH, CA 92660
(949) 718-9020
Korean

FAMILY PRACTICE
<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
<th>Language</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>KIM, KAREN, DO</td>
<td>(949) 718-9020</td>
<td>(949) 557-0830</td>
<td>Korean</td>
<td>01-JUL-12</td>
</tr>
<tr>
<td>MANGOBA, LUTHER, MD</td>
<td>(949) 644-1300</td>
<td>(760) 630-6300</td>
<td>Spanish</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td>MANGOBA, LUTHER, MD</td>
<td>(949) 644-1300</td>
<td>(760) 630-6300</td>
<td>Spanish</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>SPRINGSTUBB, ADITI, MD</td>
<td>(949) 557-0830</td>
<td>(844) 308-5003</td>
<td>Spanish</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>SYED, SAMEENA, DO</td>
<td>(949) 718-9020</td>
<td>(844) 308-5003</td>
<td>Spanish</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>ESPINOSA-SILVA, YAMINAH, DO</td>
<td>(949) 557-0830</td>
<td>(760) 630-6300</td>
<td>Spanish</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>GONZALEZ, MICHELLE, MD</td>
<td>(760) 639-1204</td>
<td>(760) 736-6767</td>
<td>Spanish</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>KURUKULASURIYA, DAYANTHITHI, DO</td>
<td>(760) 736-6767</td>
<td>(844) 308-5003</td>
<td>Spanish</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>MARTINEZ, LESLY, MD</td>
<td>(760) 631-5000</td>
<td>(760) 631-5000</td>
<td>Spanish</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>ESPINOSA-SILVA, YAMINAH, DO</td>
<td>(760) 631-5000</td>
<td>(760) 631-5000</td>
<td>Spanish</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>ESPINOSA-SILVA, YAMINAH, DO</td>
<td>(760) 631-5000</td>
<td>(760) 631-5000</td>
<td>Spanish</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>ESPINOSA-SILVA, YAMINAH, DO</td>
<td>(760) 631-5000</td>
<td>(760) 631-5000</td>
<td>Spanish</td>
<td>01-JAN-24</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
主治医生

- Spanish
  Effective as of 01-JAN-24

**MARTINEZ, LESLY, MD**
Provider ID: 100397984036
- 517 N HORNE ST
  OCEANSIDE, CA 92054
  (760) 631-5000
- Spanish
  Effective as of 01-JAN-24

**VIDAL, MONICA, DO**
Provider ID: 100327876043
- 818 PIER VIEW WAY
  OCEANSIDE, CA 92054
  (844) 308-5003
- Spanish
  Effective as of 01-JAN-24

**VISTA COMMUNITY CLINIC**
Provider ID: PG0084683007
- 818 PIER VIEW WAY
  OCEANSIDE, CA 92054
  (760) 631-5000
  Teleservice
  Effective as of 01-JUL-22

**INTERNAL MEDICINE**

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

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

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

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

**LIZOTTE, PAUL, DO**
Provider ID: 100212648008
- 115 N EL CAMINO REAL STE

- Spanish
  Effective as of 01-JAN-24

**MARTINEZ, LESLY, MD**
Provider ID: 100397984038
- 818 PIER VIEW WAY
  OCEANSIDE, CA 92054
  (760) 631-5000
- Spanish
  Effective as of 01-JAN-24

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

**FQHC**

**TRUECARE,**
Provider ID: PG0092588008
- 2210 MESA DR STE 300
  OCEANSIDE, CA 92054
  (760) 757-5841
  Teleservice
  Effective as of 01-JUL-22

**VISTA COMMUNITY CLINIC**
Provider ID: PG0072409007
- 4700 N RIVER RD
  OCEANSIDE, CA 92057
  (760) 631-5000
  Teleservice
  Effective as of 01-JUL-22

**VISTA COMMUNITY CLINIC**

**HORNE STREET,**
Provider ID: PG0084639007
- 517 N HORNE ST
  OCEANSIDE, CA 92054
  (760) 631-5000
  Teleservice

- Spanish
  Effective as of 01-JAN-24

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

**VISTA COMMUNITY CLINIC**
Provider ID: PG0084683007
- 818 PIER VIEW WAY
  OCEANSIDE, CA 92054
  (760) 631-5000
  Teleservice
  Effective as of 01-JUL-22

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

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

**VIDAL, MONICA, DO**
Provider ID: 100327876045
- 517 N HORNE ST
  OCEANSIDE, CA 92054
  (760) 631-5000
- Spanish
  Effective as of 01-JAN-24

**VISTA COMMUNITY CLINIC**
Provider ID: PG00092588008
- 2210 MESA DR STE 300
  OCEANSIDE, CA 92054
  (760) 757-5841
  Teleservice
  Effective as of 01-JUL-22

**VISTA COMMUNITY CLINIC**
Provider ID: PG0072409007
- 4700 N RIVER RD
  OCEANSIDE, CA 92057
  (760) 631-5000
  Teleservice
  Effective as of 01-JUL-22

**FQHC**

**TRUECARE,**
Provider ID: PG0092588008
- 2210 MESA DR STE 300
  OCEANSIDE, CA 92054
  (760) 757-5841
  Teleservice
  Effective as of 01-JUL-22

**VISTA COMMUNITY CLINIC**
Provider ID: PG0084683007
- 818 PIER VIEW WAY
  OCEANSIDE, CA 92054
  (760) 631-5000
  Teleservice
  Effective as of 01-JUL-22

**VISTA COMMUNITY CLINIC**

**HORNE STREET,**
Provider ID: PG0084639007
- 517 N HORNE ST
  OCEANSIDE, CA 92054
  (760) 631-5000
  Teleservice

- Spanish
  Effective as of 01-JAN-24
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialization</th>
<th>Address</th>
<th>Phone</th>
<th>Language</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MACMURRAY, MICHAEL, MD</td>
<td>FAMILY PRACTICE</td>
<td>16650 HIGHWAY 76 PAUMA VALLEY, CA 92061</td>
<td>(760) 742-9919</td>
<td>Spanish</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MACMURRAY, MICHAEL, MD</td>
<td>FQHC</td>
<td>16650 HIGHWAY 76 PAUMA VALLEY, CA 92061</td>
<td>(760) 742-9919</td>
<td>Spanish</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MACMURRAY, MICHAEL, MD</td>
<td>GENERAL PRACTICE</td>
<td>16650 HIGHWAY 76 PAUMA VALLEY, CA 92061</td>
<td>(760) 742-9919</td>
<td>Spanish</td>
<td>01-APR-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MACMURRAY, MICHAEL, MD</td>
<td>INTERNAL MEDICINE</td>
<td>524 W 4TH ST STE B PERRIS, CA 92570</td>
<td>(951) 355-0030</td>
<td>Spanish</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAMANI, PARGOL, MD</td>
<td>FAMILY PRACTICE</td>
<td>524 W 4TH ST STE B PERRIS, CA 92570</td>
<td>(951) 355-0030</td>
<td>Spanish</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TANKSLEY, SIMON, MD</td>
<td>FQHC</td>
<td>13010 POWAY RD POWAY, CA 92064</td>
<td>(858) 218-3000</td>
<td>Hindi, Urdu</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KAUR, JATINDER, MD</td>
<td>FQHC</td>
<td>13010 POWAY RD POWAY, CA 92064</td>
<td>(858) 218-3000</td>
<td>Hindi, Urdu</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KAUR, JATINDER, MD</td>
<td>FQHC</td>
<td>13010 POWAY RD POWAY, CA 92064</td>
<td>(858) 218-3000</td>
<td>Hindi, Urdu</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KAUR, JATINDER, MD</td>
<td>FQHC</td>
<td>13010 POWAY RD POWAY, CA 92064</td>
<td>(858) 218-3000</td>
<td>Hindi, Urdu</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KAUR, JATINDER, MD</td>
<td>FQHC</td>
<td>13010 POWAY RD POWAY, CA 92064</td>
<td>(858) 218-3000</td>
<td>Hindi, Urdu</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KAUR, JATINDER, MD</td>
<td>FQHC</td>
<td>13010 POWAY RD POWAY, CA 92064</td>
<td>(858) 218-3000</td>
<td>Hindi, Urdu</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAMANI, PARGOL, MD</td>
<td>FQHC</td>
<td>13010 POWAY RD POWAY, CA 92064</td>
<td>(858) 218-3000</td>
<td>Hindi, Urdu</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: The list includes mental health providers as well.*
C1. 网络提供者名单
主治医生

Provider ID: 100202026020
13010 POWAY RD
POWAY, CA 92064
(760) 737-6935
Effective as of 01-OCT-22

RIVERA, MARCELO, MD
Provider ID: 100036662019
13525 MIDLAND RD STE F
POWAY, CA 92064
(858) 486-9100
Spanish, Tagalog
Effective as of 01-SEP-23

WINE, DAVID, MD
Provider ID: 100035139012
15611 POMERADO RD STE 400
POWAY, CA 92064
(858) 675-3100
Effective as of 01-FEB-24

FQHC

RIVERA, MARCELO, MD
Provider ID: 100036662015
13525 MIDLAND RD STE F
POWAY, CA 92064
(858) 486-9100
Spanish, Tagalog
Effective as of 01-JAN-21

INTERNAL MEDICINE

YUNG, DORIS, MD
Provider ID: 100036513005
220 ROTANZI ST
RAMONA, CA 92065
(760) 736-6767
Teleservice
Effective as of 01-JUL-22

KARIMABADI, MARJAN, MD
Provider ID: 100196435002
29472 AVENIDA DE LAS BANDERA
RANCHO SANTA MARGARITA, CA 92688
(949) 459-9968
Farsi
Effective as of 01-OCT-13

GENERAL PRACTICE

RAMIREZ, HECTOR, MD
Provider ID: 100077601004
29833 SANTA MARGARITA PKWY STE 200
RANCHO SANTA MARGARITA, CA 92688
(949) 858-8652
Spanish
Effective as of 01-JAN-18

INTERNAL MEDICINE

GORE, GWENDOLYN, MD
Provider ID: 100057057005
29472 AVENIDA DE LAS BANDERA
RANCHO SANTA MARGARITA, CA 92688
(949) 459-9968
Effective as of 01-MAY-12

GHAZI, FARANAK, MD
Provider ID: 100332514003
29873 SANTA MARGARITA PKWY STE 100
RANCHO SANTA MARGARITA, CA 92688
(949) 709-0988
Effective as of 01-AUG-18

CIANCIOLA, MARK, MD
Provider ID: 1000020754005
29472 AVENIDA DE LAS BANDERA
RANCHO SANTA MARGARITA, CA 92688
(949) 858-8652
Spanish
Effective as of 01-JAN-18

BLUESHIELDCA.COM/FAD
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address and Phone Numbers</th>
<th>Language</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kamarei, Shaparak, MD†</td>
<td>100132319012</td>
<td>29873 Santa Margarita Pkwy Ste 100 RANCHO SANTA MARGARITA, CA 92688 (949) 709-0988</td>
<td>Farsi</td>
<td>Effective as of 01-JAN-18</td>
</tr>
<tr>
<td>Tran, Lilian, MD††</td>
<td>100105534008</td>
<td>29472 Avenida de las Bandera RANCHO SANTA MARGARITA, CA 92688 (949) 459-9968</td>
<td>Vietnamese</td>
<td>Effective as of 01-MAR-15</td>
</tr>
<tr>
<td>Family Practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desilva, Peter, MD¶</td>
<td>100046594003</td>
<td>29809 Santa Margarita Pkwy Ste 300, RANCHO STA MARG, CA 92688 (949) 709-5100</td>
<td></td>
<td>Effective as of 01-JAN-18</td>
</tr>
<tr>
<td>Ali, Mohammed, MD††</td>
<td>100114282008</td>
<td>665 Camino de los Mares Ste 203, San Clemente, CA 92673 (949) 493-9344</td>
<td>Hindi, Telugu, Urdu</td>
<td>Effective as of 01-OCT-15</td>
</tr>
<tr>
<td>Ali, Mohammed, MD††</td>
<td>100114282028</td>
<td>665 Camino de los Mares Ste 203, San Clemente, CA 92673 (949) 493-9344</td>
<td>Hindi, Telugu, Urdu</td>
<td>Effective as of 01-JAN-17</td>
</tr>
<tr>
<td>Ali, Mohammed, MD††</td>
<td>100114282063</td>
<td>665 Camino de los Mares Ste 203, San Clemente, CA 92673 (949) 493-9344</td>
<td>Hindi, Telugu, Urdu</td>
<td>Effective as of 01-JAN-22</td>
</tr>
<tr>
<td>Ali, Mohammed, MD††</td>
<td>100114282052</td>
<td>665 Camino de los Mares Ste 203, San Clemente, CA 92673 (949) 493-9344</td>
<td>Hindi, Telugu, Urdu</td>
<td>Effective as of 01-DEC-18</td>
</tr>
<tr>
<td>Ali, Mohammed, MD††</td>
<td>100077642004</td>
<td>150 Avenida Cabrillo Ste A, San Clemente, CA 92673 (949) 369-6993</td>
<td>Spanish</td>
<td>Effective as of 01-JAN-18</td>
</tr>
<tr>
<td>Ramsey, Kayla, DO</td>
<td>100365540002</td>
<td>1031 Avenida Pico Ste 203, San Clemente, CA 92673 (949) 557-0820</td>
<td></td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chang, Lawrence, MD¶</td>
<td>100045275002</td>
<td>638 Camino de los Mares Ste D4, San Clemente, CA 92673 (949) 542-8865</td>
<td>Chinese, Mandarin</td>
<td>Effective as of 01-DEC-23</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
GARNER, KAREN, MD<sup>†</sup>  
Provider ID: 1000100519023  
831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
(949) 364-5600  
Effective as of 01-NOV-17

MITREVSKI, PREDRAG, MD<sup>‡</sup>  
Provider ID: 100071204007  
675 CAMINO DE LOS MARES STE 200  
SAN CLEMENTE, CA 92673  
(949) 542-8865  
Effective as of 01-JAN-15

ONYEKWULUJE, ANNE, MD<sup>†</sup>  
Provider ID: 100176684006  
638 CAMINO DE LOS MARES STE D4  
SAN CLEMENTE, CA 92673  
(949) 542-8865  
Effective as of 01-APR-24

REXINGER, KENNETH, MD<sup>‡</sup>  
Provider ID: 100058286009  
831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
(949) 364-5600  
Effective as of 01-JAN-15

UNDERWOOD JOLLY, AMY, MD<sup>†</sup>  
Provider ID: 100086849011  
831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
(949) 364-5600  
Effective as of 01-JAN-22

WOOD, YELENA, MD<sup>†</sup>  
Provider ID: 100018427006  
724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
(949) 493-6113  
Effective as of 01-JAN-18

GARNER, KAREN, MD<sup>†</sup>  
831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
(949) 364-5600  
Effective as of 01-NOV-17

MITREVSKI, PREDRAG, MD<sup>‡</sup>  
675 CAMINO DE LOS MARES STE 200  
SAN CLEMENTE, CA 92673  
(949) 542-8865  
Effective as of 01-JAN-15

ONYEKWULUJE, ANNE, MD<sup>†</sup>  
638 CAMINO DE LOS MARES STE D4  
SAN CLEMENTE, CA 92673  
(949) 542-8865  
Effective as of 01-APR-24

REXINGER, KENNETH, MD<sup>‡</sup>  
831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
(949) 364-5600  
Effective as of 01-JAN-15

UNDERWOOD JOLLY, AMY, MD<sup>†</sup>  
831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
(949) 364-5600  
Effective as of 01-JAN-22

BIAK, JESSICA, MD<sup>†</sup>  
Provider ID: 100427411002  
7825 ENGINEER RD STE 101  
SAN DIEGO, CA 92111  
(619) 662-4100  
Effective as of 01-MAY-22

BOYD, JAMES, MD<sup>†</sup>  
Provider ID: 100053030010  
9333 GENESEE AVE STE 250  
SAN DIEGO, CA 92121  
(619) 810-7027  
Effective as of 01-DEC-23

CUTLER, MICHAEL, MD<sup>†</sup>  
Provider ID: 100225708017  
8996 MIRAMAR RD STE 308  
SAN DIEGO, CA 92126  
(858) 335-2670  
Effective as of 01-DEC-23

CUTLER, MICHAEL, MD<sup>†</sup>  
Provider ID: 100225708023  
3802 NATIONAL AVE  
SAN DIEGO, CA 92113  
(619) 264-2591  
Effective as of 01-APR-24

CUTLER, MICHAEL, MD<sup>†</sup>  
Provider ID: 100225708019  
3802 NATIONAL AVE  
SAN DIEGO, CA 92113  
(619) 264-2591  
Effective as of 01-DEC-23

CUTLER, MICHAEL, MD<sup>†</sup>  
Provider ID: 100225708021  
3802 NATIONAL AVE  
SAN DIEGO, CA 92113  
(619) 264-2591  
Effective as of 01-JAN-24

DABO, TARAM, MD<sup>‡</sup>  
Provider ID: 100075261003  
1919 GRAND AVE STE 1E  
SAN DIEGO, CA 92109  
(858) 270-5454  
Effective as of 01-MAR-11

DABO, TARAM, MD<sup>‡</sup>  
Provider ID: 100086849014  
1919 GRAND AVE STE 1E  
SAN DIEGO, CA 92109  
65
C1. 网络提供者名单
主治医生

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

DAO, VIET, MD
Provider ID: 100105020027
- 2363 ULRIC ST STE B
  - SAN DIEGO, CA 92111
- (858) 268-1747
  - Mandarin, Spanish, Vietnamese
  - Effective as of 01-APR-15

DAO, VIET, MD
Provider ID: 100105020066
- 2363 ULRIC ST STE B
  - SAN DIEGO, CA 92111
- (858) 268-1747
  - Mandarin, Spanish, Vietnamese
  - Effective as of 01-JAN-21

DAO, VIET, MD
Provider ID: 100105020035
- 4616 EL CAJON BLVD STE 9
  - SAN DIEGO, CA 92115
- (619) 583-0553
  - Mandarin, Spanish, Vietnamese
  - Effective as of 01-OCT-17

DAO, VIET, MD
Provider ID: 100105020069
- 4616 EL CAJON BLVD STE 9
  - SAN DIEGO, CA 92115
- (619) 583-0553
  - Mandarin, Spanish, Vietnamese
  - Effective as of 01-NOV-20

DAVIS, DEIRDRE, MD
Provider ID: 100375869002
- 950 S EUCLID AVE
  - SAN DIEGO, CA 92114
- (619) 662-4100
  - Spanish
  - Teleservice
  - Effective as of 01-AUG-21

DE ROTH, GEORGINE, MD
Provider ID: 100409222005
- 3750 CONVOY ST STE 118
  - SAN DIEGO, CA 92111
- (760) 741-1224
  - French, Hungarian, Spanish
  - Effective as of 01-AUG-23

DENYSIAK, JACQUELINE, MD
Provider ID: 100363725002
- 3969 4TH AVE STE 203
  - SAN DIEGO, CA 92103
- (619) 294-6500
  - Teleservice
  - Effective as of 01-JAN-21

DENYSIAK, JACQUELINE, MD
Provider ID: 100363725005
- 3969 4TH AVE STE 203
  - SAN DIEGO, CA 92103
- (619) 294-6500
  - Teleservice
  - Effective as of 01-JAN-21

DENYSIAK, JACQUELINE, MD
Provider ID: 100363725007
- 3969 4TH AVE STE 203
  - SAN DIEGO, CA 92103
- (619) 294-6500
  - Teleservice
  - Effective as of 01-NOV-21

DESHPANDE, KAVITA, MD
Provider ID: 100427408004
- 4171 FAIRMOUNT AVE
  - SAN DIEGO, CA 92105
- (619) 269-1269
  - French
  - Teleservice
  - Effective as of 01-APR-24
C1. 网络提供者名单
主治医生

DESHPANDE, KAVITA, MD
Provider ID: 100427408003
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
(619) 255-9155
French
Teleservice
Effective as of 01-APR-24

DIEP, BRIAN, MD
Provider ID: 100324529013
4551 EL CAJON BLVD
SAN DIEGO, CA 92115
(619) 280-7185
Vietnamese
Teleservice
Effective as of 01-OCT-22

DIEP, BRIAN, MD
Provider ID: 100324529011
7345 LINDA VISTA RD STE A
SAN DIEGO, CA 92111
(858) 277-5463
Vietnamese
Teleservice
Effective as of 01-JUN-22

DRZYMALSKI, MONIKA, DO
Provider ID: 100390753004
3180 UNIVERSITY AVE STE 120
SAN DIEGO, CA 92104
(858) 529-7229
Teleservice
Effective as of 01-OCT-22

DRZYMALSKI, MONIKA, DO
Provider ID: 100390753005
3180 UNIVERSITY AVE STE 120
SAN DIEGO, CA 92104
(858) 529-7229
Teleservice
Effective as of 01-NOV-23

DRZYMALSKI, MONIKA, DO
Provider ID: 100390753009
3180 UNIVERSITY AVE STE 120
SAN DIEGO, CA 92104
(858) 529-7229
Teleservice
Effective as of 01-MAR-23

DRZYMALSKI, MONIKA, DO
Provider ID: 100390753002
3180 UNIVERSITY AVE STE 120
SAN DIEGO, CA 92104
(858) 529-7229
Teleservice
Effective as of 01-AUG-22

DUDAREWICZ, TERESA, MD
Provider ID: 100068264017
9909 MIRA MESA BLVD STE 110
SAN DIEGO, CA 92131
(858) 788-7208
French, Polish, Russian
Teleservice
Effective as of 01-OCT-22

FAMBRO, CYNTHIA, MD
Provider ID: 100350838004
950 S EUCLID AVE
SAN DIEGO, CA 92114
(619) 662-4100
Spanish
Teleservice
Effective as of 01-OCT-22

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

GIL, GABRIEL, MD
Provider ID: 100094547010
903 CARDIFF ST
SAN DIEGO, CA 92114
(619) 465-3121
Spanish
Effective as of 01-JAN-21

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

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

Teleservice
Effective as of 01-OCT-22

Teleservice
Effective as of 01-OCT-22

Teleservice
Effective as of 01-OCT-22
<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Address</th>
<th>Phone</th>
<th>Languages</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIL, GABRIEL, MD†</td>
<td>100094547026</td>
<td>903 CARDIFF ST, SAN DIEGO, CA 92114</td>
<td>(619) 465-3121</td>
<td>Spanish</td>
<td>01-NOV-20</td>
</tr>
<tr>
<td>GUTIERREZ, LORAINE, MD†</td>
<td>100334279007</td>
<td>4060 FAIRMOUNT AVE, SAN DIEGO, CA 92105</td>
<td>(619) 255-9155</td>
<td>Teleservice</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>HAMIDI, MAHSHID, MD†</td>
<td>100110351015</td>
<td>5222 BALBOA AVE STE 31, SAN DIEGO, CA 92117</td>
<td>(619) 465-3121</td>
<td>Faroese, Farsi, French</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>HAMIDI, MAHSHID, MD†</td>
<td>100110351017</td>
<td>5222 BALBOA AVE STE 31, SAN DIEGO, CA 92117</td>
<td>(619) 465-3121</td>
<td>Faroese, Farsi, French</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>HAMIDI, MAHSHID, MD†</td>
<td>100110351013</td>
<td>5222 BALBOA AVE STE 31, SAN DIEGO, CA 92117</td>
<td>(619) 465-3121</td>
<td>Faroese, Farsi, French</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>HAMIDI, MAHSHID, MD†</td>
<td>100110351005</td>
<td>5222 BALBOA AVE STE 31, SAN DIEGO, CA 92117</td>
<td>(619) 465-3121</td>
<td>Faroese, Farsi, French</td>
<td>01-NOV-20</td>
</tr>
<tr>
<td>HEIMLER, GRAHAM, MD†</td>
<td>100395560005</td>
<td>9333 GENESEE AVE, SAN DIEGO, CA 92121</td>
<td>(800) 926-8273</td>
<td>Spanish</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>HEINRICI, ALEKA, MD†</td>
<td>100244401008</td>
<td>286 EUCLID AVE STE 302, SAN DIEGO, CA 92114</td>
<td>(619) 662-4100</td>
<td>Teleservice</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>HENRY, REBECCA, MD†</td>
<td>100418054006</td>
<td>6386 ALVARADO CT STE 101, SAN DIEGO, CA 92120</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>01-MAY-21</td>
</tr>
<tr>
<td>HENRY, REBECCA, MD†</td>
<td>100418054002</td>
<td>6386 ALVARADO CT STE 101, SAN DIEGO, CA 92120</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>01-MAY-22</td>
</tr>
<tr>
<td>KAUFTOLD, ANNE, MD†</td>
<td>100086435009</td>
<td>3177 OCEAN VIEW BLVD, SAN DIEGO, CA 92113</td>
<td>(619) 662-4100</td>
<td>Arabic, Spanish</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>KIDDER, BRENDAN, MD†</td>
<td>100334556005</td>
<td>3177 OCEAN VIEW BLVD, SAN DIEGO, CA 92113</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>KIDDER, BRENDAN, MD†</td>
<td>100064070020</td>
<td>4060 FAIRMOUNT AVE, SAN DIEGO, CA 92105</td>
<td>(619) 255-9155</td>
<td>Arabic, Armenian, Spanish</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>Name</td>
<td>ID Number</td>
<td>Address</td>
<td>Phone Number</td>
<td>Language(s)</td>
<td>Effective Date</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------</td>
<td>-----------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>----------------------</td>
</tr>
</tbody>
</table>
| **KUNIN-RIDA, TERI, MD**<sup>†</sup> | 100064070025 | 1032 BROADWAY  
SAN DIEGO, CA 92101 | (619) 795-5991 | Arabic, Armenian, Spanish | Teleservice  
Effective as of 01-NOV-21 |
| **KUNIN-RIDA, TERI, MD**<sup>†</sup> | 100064070026 | 4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105 | (619) 269-1269 | Arabic, Armenian, Spanish | Teleservice  
Effective as of 01-NOV-21 |
| **LEBANO, RICHARD, MD**<sup>‡</sup> | 100340129005 | 10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126 | (844) 200-2426 | Italian, Spanish | Effective as of 01-OCT-23 |
| **LIU, CHIA-LIN, DO**<sup>‡</sup> | 100102354002 | 2185 GARNET AVE  
SAN DIEGO, CA 92109 | (858) 270-9270 | Chinese, Mandarin, Spanish | Effective as of 01-DEC-03 |
| **LIU, CHIA-LIN, DO**<sup>‡</sup> | 100102354004 | 2185 GARNET AVE  
SAN DIEGO, CA 92109 | (858) 270-9270 | Chinese, Mandarin, Spanish | Effective as of 01-APR-23 |
| **LUAN, GORDON, MD**<sup>‡†</sup> | 100012685016 | 4320 GENEESE AVE STE 103  
SAN DIEGO, CA 92117 | (858) 598-6789 | Chinese, Mandarin, Spanish | Effective as of 01-JUN-22 |
| **LUAN, GORDON, MD**<sup>‡†</sup> | 100012685018 | 4320 GENEESE AVE STE 103  
SAN DIEGO, CA 92117 | (858) 598-6789 | Chinese, Mandarin, Spanish | Effective as of 01-NOV-23 |
| **MARQUEZ, LUIS, MD**<sup>‡†</sup> | 100078829006 | 4060 4TH AVE STE 540  
SAN DIEGO, CA 92103 | (619) 236-8796 | Italian, Spanish | Effective as of 01-NOV-21 |
| **MATSON, GARY, DO**<sup>‡†</sup> | 100051901002 | 4501 MISSION BAY DR STE 3E  
SAN DIEGO, CA 92109 | (858) 270-4343 | French, Spanish | Effective as of 01-FEB-07 |
| **MONTENEGRO, CLAUDIA, DO**<sup>‡</sup> | 1000427447003 | 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105 | (619) 255-9155 | Cambodian, Cantonese, Mandarin | Effective as of 01-OCT-23 |
| **MONTENEGRO, CLAUDIA, DO**<sup>‡</sup> | 1000427447004 | 4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105 | (619) 269-1269 | Cambodian, Cantonese, Mandarin | Effective as of 01-APR-24 |
| **NGUYEN, LINHKIEU, MD**<sup>‡</sup> | 100073181012 | 3575 EUCLID AVE STE 100  
SAN DIEGO, CA 92105 | (619) 284-1400 | Cambodian, Cantonese, Mandarin | Effective as of 01-JAN-21 |
| **NGUYEN, HUONG, MD**<sup>‡†</sup> | 100104992018 | 4444 EL CAJON BLVD STE 6  
SAN DIEGO, CA 92115 | (619) 285-1522 | Cambodian, Cantonese, Mandarin | Effective as of 01-APR-24 |
| **NGUYEN, HUONG, MD**<sup>‡†</sup> | 100104992004 | 4444 EL CAJON BLVD STE 6  
SAN DIEGO, CA 92115 | (619) 285-1522 | Cambodian, Cantonese, Mandarin | Effective as of 01-OCT-23 |
Effective as of 01-JAN-14

NGUYEN, LINHKIEU, MD
Provider ID: 100073181014
6905 LINDA VISTA RD
SAN DIEGO, CA 92111
(619) 284-1400
Chinese, Spanish, Tagalog
Effective as of 01-FEB-22

ORTIZ ILIZALITURRI, ANA, MD
Provider ID: 100394347011
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
(619) 280-4213
Spanish
Effective as of 01-OCT-23

RECALDE, FRANCISCO, MD
Provider ID: 100015266018
3811 EL CAJON BLVD
SAN DIEGO, CA 92105
(619) 284-5622
Spanish
Effective as of 01-JAN-21

RECALDE, FRANCISCO, MD
Provider ID: 100015266003
3811 EL CAJON BLVD
SAN DIEGO, CA 92105
(619) 284-5622
Spanish
Effective as of 01-SEP-09

RITTER, STEVEN, DO
Provider ID: 100332302002
950 S EUCLID AVE
SAN DIEGO, CA 92114
(619) 662-4100
Effective as of 01-AUG-18

RODRIGUEZ, SEAN, MD
Provider ID: 100197884009
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
(619) 662-4100
Spanish
Effective as of 01-MAR-21

SALEH, ANDREW, MD
Provider ID: 100293587004
1370 ROSECRANS ST STE A
SAN DIEGO, CA 92106
(619) 223-2668
Arabic, Spanish
Effective as of 01-DEC-23

SÁZEGAR, PAYAM, MD
Provider ID: 100187888011
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
(619) 255-9155
Teleservice
Effective as of 01-JUL-21

SÁZEGAR, PAYAM, MD
Provider ID: 100187888013
4171 FAIRMOUNT AVE
SAN DIEGO, CA 92105
(619) 269-1269
Teleservice
Effective as of 01-JUL-21

SCOTT, LAGINA, MD
Provider ID: 100363586003
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
(619) 662-4100
Teleservice
Effective as of 01-MAR-21

SHAMANI, AZAM, MD
Provider ID: 100132296021
5555 RESERVOIR DR STE 312
SAN DIEGO, CA 92120
(619) 639-7285
Faroese, Farsi, Spanish
Effective as of 01-JAN-21

SHAMANI, AZAM, MD
Provider ID: 100132296023
5555 RESERVOIR DR STE 312
SAN DIEGO, CA 92120
(619) 639-7285
Faroese, Farsi, Spanish
Effective as of 01-SEP-22

SHAMANI, AZAM, MD
Provider ID: 100132296015
5555 RESERVOIR DR STE 312
SAN DIEGO, CA 92120
(619) 639-7285
Faroese, Farsi, Spanish
Effective as of 01-APR-18

SINGER, JACOB, MD
Provider ID: 100340992007
4320 GENESEE AVE
SAN DIEGO, CA 92117
(858) 598-6789
Effective as of 01-DEC-23

SIVA, TENAYA, MD
Provider ID: 100418703003
5555 RESERVOIR DR STE 312
SAN DIEGO, CA 92120
(619) 639-7285
Faroese, Farsi, Spanish
Effective as of 01-OCT-23

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
主治医生

SNYDER, CHRISTOPHER, DO
Provider ID: 100024789053
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
(619) 662-4100
Teleservice
Effective as of 01-NOV-23

STONES, RACHEL, MD
Provider ID: 100387928007
4690 EL CAJON BLVD
SAN DIEGO, CA 92115
(619) 662-4100
Teleservice
Effective as of 01-MAR-22

STONES, RACHEL, MD
Provider ID: 100387928008
4171 FAIRMOUNT AVE
SAN DIEGO, CA 92105
(619) 269-1269
Teleservice
Effective as of 01-MAY-22

SZMIDT, MARIA, MD
Provider ID: 100108398011
12395 EL CAMINO REAL STE 100
SAN DIEGO, CA 92130
(858) 259-5655
Polish, Russian, Spanish
Effective as of 01-JAN-21

VILLA, MARIA, MD
Provider ID: 100111602016
655 SATURN BLVD STE J
SAN DIEGO, CA 92154
(619) 575-4442
Spanish, Tagalog
Effective as of 01-NOV-23

VO, PHU LUONG, DO
Provider ID: 100415527003
4690 EL CAJON BLVD
SAN DIEGO, CA 92115
(619) 662-4100
Spanish, Vietnamese
Teleservice
Effective as of 01-NOV-23

VOURLITIS, MELISSA, DO
Provider ID: 100090572016
9800 GLEN CENTER DR
SAN DIEGO, CA 92131
(858) 832-2500
Teleservice
Effective as of 01-NOV-23

WONG, CALVIN, MD
Provider ID: 100095226007
444 W C ST STE 185
SAN DIEGO, CA 92101
(619) 232-6262
Chinese, Spanish
Effective as of 01-JUN-11

YUEN, SELENE, MD
Provider ID: 100246155015
4320 GENESEE AVE STE 103
SAN DIEGO, CA 92117
(858) 598-6789
Chinese
Teleservice
Effective as of 01-JUN-22
C1. 网络提供者名单
主治医生

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

ZINK, IRENE, MD††
Provider ID: 100324255006
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
(619) 662-4100
German
Teleservice
Effective as of 01-APR-23

FQHC
DIAMOND NEIGHBORHOODS
FAMILY HLTH CTRS INC,
Provider ID: PG0025044041
4725 MARKET ST
SAN DIEGO, CA 92102
(619) 515-2560
Effective as of 01-JAN-21

DOWNTOWN FAMILY CTR AT
CONNECTIONS, †
Provider ID: PG0084437004
1250 6TH AVE STE 100
SAN DIEGO, CA 92101
(619) 515-2430

FAMILY HEALTH CTR IBARRA, †
Provider ID: PG0084517004
4874 POLK AVE
SAN DIEGO, CA 92105
(619) 515-2426
Effective as of 01-JAN-21

FAMILY HEALTH CTR OF SD-ELM ST, †
Provider ID: PG0083911003
140 ELM ST
SAN DIEGO, CA 92101
(619) 515-2520
Effective as of 01-JAN-21

FAMILY HEALTH CTR SAN
DIEGO-OAK PARK,
Provider ID: PG0084522003
5160 FEDERAL BLVD
SAN DIEGO, CA 92105
(619) 515-2454
Effective as of 01-JAN-21

FAMILY HEALTH CTR SAN
DIEGO- CITY COLLEGE,
Provider ID: PG0085338003
1550 BROADWAY STE 2
SAN DIEGO, CA 92101
(619) 515-2525
Effective as of 01-JAN-21

FAMILY HLTH CTR SAN
DIEGO-BEACH AREA,
Provider ID: PG0083156003
3705 MISSION BLVD
SAN DIEGO, CA 92109
(619) 515-2444
Effective as of 01-JAN-21

FAMILY HLTH CTR SAN
DIEGO-BEACH AREA,
Provider ID: PG0083156003
3705 MISSION BLVD
SAN DIEGO, CA 92109
(619) 515-2444
Effective as of 01-JAN-21

FAMILY HLTH CTR SD
HILLCREST, †
Provider ID: PG0084516014
4094 4TH AVE
SAN DIEGO, CA 92103
(619) 515-2545
Effective as of 01-JAN-21

KING CHAVEZ HEALTH
CENTER, †
Provider ID: PG0047560014
950 S EUCLID AVE
SAN DIEGO, CA 92114
(619) 662-4100
Teleservice
Effective as of 01-JAN-21

LA MAESTRA FAMILY CLINIC
INC, †
Provider ID: PG0053396003
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
(619) 280-4213
Teleservice
Effective as of 01-JAN-21

LINDA VISTA HEALTH CARE
CTR,
Provider ID: PG0024858005
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
(858) 279-0925  
Teleservice  
Effective as of 01-JUL-22

LOGAN HEIGHTS FAMILY HEALTH CENTER,  
Provider ID: PG0025044044  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113  
(619) 515-2355  
Effective as of 01-JAN-21

LOGAN HEIGHTS FAMILY HEALTH CENTER,  
Provider ID: PG0025044036  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
(619) 515-2300  
Effective as of 01-JAN-21

MID-CITY COMMUNITY CLINIC,  
Provider ID: PG0049261010  
4290 POLK AVE  
SAN DIEGO, CA 92105  
(619) 563-0250  
Teleservice  
Effective as of 01-JUL-22

MID-CITY COMMUNITY CLINIC,  
Provider ID: PG0049261008  
4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
(619) 280-2058  
Effective as of 01-JUL-22

NESTOR COMMUNITY HEALTH CENTER,  
Provider ID: PG0031643004  
1016 OUTER RD  
SAN DIEGO, CA 92154  
(619) 429-3733  
Teleservice  
Effective as of 01-JUL-22

NORTH PARK FAMILY HEALTH CENTERS,  
Provider ID: PG0084186003  
3514 30TH ST  
SAN DIEGO, CA 92104  
(619) 515-2424  
Effective as of 01-JAN-21

NORTH PARK FAMILY HEALTH CENTERS,  
Provider ID: PG0025044037  
3544 30TH ST  
SAN DIEGO, CA 92104  
(619) 515-2424  
Effective as of 01-JAN-21

OPERATION SAMAHAN - MIRA MESA,  
Provider ID: PG0083606006  
9855 ERMA RD STE 105  
SAN DIEGO, CA 92131  
(844) 200-2426  
Effective as of 01-JAN-21

OPERATION SAMAHAN - MIRA MESA,  
Provider ID: PG0083606005  
10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
(844) 200-2426  
Effective as of 01-JAN-21

OPERATION SAMAHAN RANCHO PENASQUITOS,  
Provider ID: PG0083903005  
9995 CARMEL MOUNTAIN RD STE B10 AND B11  
SAN DIEGO, CA 92129  
(844) 200-2426  
Effective as of 01-JAN-21

SAN DIEGO AMERICAN INDIAN HEALTH CENTER,  
Provider ID: PG0025869017  
2630 1ST AVE  
SAN DIEGO, CA 92103  
(619) 234-2158  
Teleservice  
Effective as of 01-JUL-22

Indian Health Services: Y

SAN DIEGO FAMILY CARE,  
Provider ID: PG0092672004  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
(858) 810-8700  
Teleservice  
Effective as of 01-JUL-22

SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,  
Provider ID: PG0094135003  
316 25TH ST  
SAN DIEGO, CA 92102  
(619) 238-5551  
Effective as of 01-JAN-21

SAN YSIDRO HEALTH CHC - OCEAN VIEW,  
Provider ID: PG0047560013  
3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
(619) 662-4100  
Teleservice  
Effective as of 01-JAN-21

SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,  
Provider ID: PG0094138003  
4690 EL CAJON BLVD  
SAN DIEGO, CA 92115  
(619) 662-4100
C1. 网络提供者名单
主治医生

Teleservice
Effective as of 01-JAN-21

SAN YSIDRO HEALTH
PRECISION PARK,
Provider ID: PG0128177002

1666 PRECISION PARK LN
SAN DIEGO, CA 92173
(619) 662-4100
Effective as of 01-APR-24

SHERMAN HEIGHTS FAMILY
HLTH CTRS INC,
Provider ID: PG0082766003

2391 ISLAND AVE
SAN DIEGO, CA 92102
(619) 515-2435
Effective as of 01-JAN-21

ST VINCENT DE PAUL VILLAGE
FAMILY HEALTH CENTER, †
Provider ID: PG0086361006

1501 IMPERIAL AVE
SAN DIEGO, CA 92101
(619) 233-8500
Teleservice
Effective as of 01-JUL-22

GENERAL PRACTICE

BORRERO, MARCOS, MD†
Provider ID: 100104392015

3490 PALM AVE
SAN DIEGO, CA 92154
(619) 423-5616
Spanish
Teleservice
Effective as of 01-JAN-21

BORRERO, MARCOS, MD†
Provider ID: 100104392018

3490 PALM AVE
SAN DIEGO, CA 92154
(619) 423-5616
Spanish
Teleservice
Effective as of 01-JUN-23

DABROWSKI, THOMAS, MD
Provider ID: 100343180011

3900 5TH AVE STE 110
SAN DIEGO, CA 92103
(858) 554-1212
Japanese
Effective as of 01-MAY-22

DENYSIAK, JACQUELINE, MD†
Provider ID: 100363725030

555 W C ST STE 102
SAN DIEGO, CA 92101
(858) 277-9669
Japanese
Effective as of 01-JUL-23

GUEFEN, URI, MD
Provider ID: 100072802030

5222 BALBOA AVE STE 31
SAN DIEGO, CA 92117
(858) 277-9669
Effective as of 01-JUN-20

KIDOKORO, YASUKO, MD†
Provider ID: 100075657018

5222 BALBOA AVE STE 31
SAN DIEGO, CA 92117
(858) 277-9669
Japanese
Effective as of 01-MAY-22

KIDOKORO, YASUKO, MD†
Provider ID: 100075657010

5222 BALBOA AVE STE 31
SAN DIEGO, CA 92117
(858) 277-9669
Japanese
Effective as of 01-JUN-20

MIRKARIMI, MORTEZA, MD†
Provider ID: 100084653009

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
主治医生

3863 CLAIREMONT DR
SAN DIEGO, CA 92117
(858) 483-5570
- Faroese, Farsi, Spanish
Effective as of 01-AUG-20

MIRKARIMI, MORTEZA, MD
Provider ID: 100084653010
3863 CLAIREMONT DR
SAN DIEGO, CA 92117
(858) 483-5570
- Faroese, Farsi, Spanish
Effective as of 01-JAN-21

MIRKARIMI, MORTEZA, MD
Provider ID: 100084653003
3863 CLAIREMONT DR
SAN DIEGO, CA 92117
(858) 483-5570
- Faroese, Farsi, Spanish
Effective as of 01-DEC-12

NGUYEN, HUONG, MD
Provider ID: 100104992007
4444 EL CAJON BLVD STE 6
SAN DIEGO, CA 92115
(619) 285-1522
- Cambodian, Cantonese, Mandarin
Effective as of 01-MAR-18

NGUYEN, HUONG, MD
Provider ID: 100104992014
4444 EL CAJON BLVD STE 6
SAN DIEGO, CA 92115
(619) 285-1522
- Cambodian, Cantonese, Mandarin
Effective as of 01-AUG-20

RECALDE, FRANCISCO, MD
Provider ID: 100015266020
3811 EL CAJON BLVD
SAN DIEGO, CA 92105
(619) 284-5622
- Spanish
Effective as of 01-AUG-20

RECALDE, FRANCISCO, MD
Provider ID: 1000152660017
3811 EL CAJON BLVD
SAN DIEGO, CA 92105
(619) 284-5622
- Spanish
Effective as of 01-JAN-21

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

INTERNAL MEDICINE

AL-SALEH, YADANI, MD
Provider ID: 100358544019
3737 MORAGA AVE STE B103
SAN DIEGO, CA 92117
(619) 284-5622
- Spanish
Effective as of 01-SEP-22

AL-SALEH, YADANI, MD
Provider ID: 100358544012
3737 MORAGA AVE STE B103
SAN DIEGO, CA 92117
(858) 799-0855
- Spanish
Effective as of 01-FEB-24

AL-SALEH, YADANI, MD
Provider ID: 100358544020
3737 MORAGA AVE STE B103
SAN DIEGO, CA 92117
(858) 799-0855
- Spanish
Effective as of 01-DEC-22

CARRPBAS, CLARITA, MD
Provider ID: 100070756004
9190 MIRA MESA BLVD
SAN DIEGO, CA 92126
(858) 689-1814
- Tagalog
Effective as of 01-SEP-22

DE CARVALHO, CARLOS, MD
Provider ID: 100077227047
2939 BEYER BLVD
SAN DIEGO, CA 92154
(619) 423-0343
- Portuguese, Spanish, Tagalog
Teleservice
Effective as of 01-JAN-21

DE CARVALHO, CARLOS, MD
Provider ID: 100077227054
2939 BEYER BLVD
SAN DIEGO, CA 92154
(619) 423-0343
- Portuguese, Spanish,
网络提供者名单
主治医生

Tagalog
Teleservice
Effective as of 01-SEP-22

DE CARVALHO, CARLOS, MD
Provider ID: 100077227048
2939 BEYER BLVD
SAN DIEGO, CA 92154
(619) 423-0343
Portuguese, Spanish, Tagalog
Teleservice
Effective as of 01-SEP-20

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

EL GHONEIMY, AHMED, MD
Provider ID: 100103500012
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
(619) 255-9155
Arabic
Teleservice
Effective as of 01-AUG-22

ELIAS, RAMIZ, MD
Provider ID: 100105850036
7695 CARDINAL CT STE 370-375
SAN DIEGO, CA 92123
(858) 384-7072
Spanish
Effective as of 01-MAR-18

ELIAS, RAMIZ, MD
Provider ID: 100105850039
7695 CARDINAL CT STE 370-375
SAN DIEGO, CA 92123
(858) 384-7072
Spanish
Effective as of 01-MAY-23

FAKHRRO, SAMEEH, MD
Provider ID: 100379921002
3490 PALM AVE
SAN DIEGO, CA 92154
(619) 423-5616
Effective as of 01-JUN-23

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

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

FRANK, STEWART, MD
Provider ID: 100018840004
4060 4TH AVE STE 605
SAN DIEGO, CA 92103
(619) 298-1318
Spanish
Effective as of 01-FEB-07

GAVRILYUK, IGOR, MD
Provider ID: 100107169005
4060 4TH AVE STE 100
SAN DIEGO, CA 92103
(619) 718-9444
Russian, Ukrainian
Effective as of 01-SEP-09

GREEN, BILLIE, MD

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Effective as of 01-APR-24

MOSSON, MARK, MD
Provider ID: 100176768003
4060 4TH AVE STE 505
SAN DIEGO, CA 92103
(619) 298-1318
Effective as of 01-AUG-13

NAJAR, FAUZI, MD
Provider ID: 100390568002
3490 PALM AVE
SAN DIEGO, CA 92154
(619) 423-5616
Effective as of 01-AUG-13

Effects as of 01-SEP-23

SHAJAN, JOSHAN, MD
Provider ID: 100422554002
3863 CLAIREMONT DR
SAN DIEGO, CA 92117
(858) 483-5570
Effective as of 01-AUG-23

Effective as of 01-SEP-23

SHI, RONG, MD
Provider ID: 100084488006
3969 4TH AVE STE 207
SAN DIEGO, CA 92103
(619) 543-0042
Effective as of 01-NOV-23

Spanish, Telugu
Effective as of 01-NOV-17

RIADH, MAYSAM, MD
Provider ID: 100152413026
9909 MIRA MESA BLVD
SAN DIEGO, CA 92131
(858) 554-1212
Effective as of 01-APR-24

OLIVER, DEANNA, MD
Provider ID: 100328564033
995 GATEWAY CENTER WAY
SAN DIEGO, CA 92102
(619) 264-1935
Effective as of 01-SEP-22

QUINONEZ, JOSE, MD
Provider ID: 100085905004
250 MARKET ST
SAN DIEGO, CA 92101
(619) 239-9675
Effective as of 01-FEB-24

RAMINENI, NEELAKANTAN, MD
Provider ID: 100051318002
4537 COLLEGE AVE
SAN DIEGO, CA 92115
(619) 265-0504
Effective as of 01-FEB-07

Effective as of 01-SEP-22

RAMINENI, NEELAKANTAN, MD
Provider ID: 100051318005
4537 COLLEGE AVE
SAN DIEGO, CA 92115
(619) 265-0504

Effective as of 01-SEP-23

Shi, Rong, MD
Provider ID: 100084488006
3969 4TH AVE STE 207
SAN DIEGO, CA 92103
(619) 543-0042
Effective as of 01-NOV-18

Effective as of 01-JUL-04

TESSIER, ADLA, MD
Provider ID: 100077390010
C1. 网络提供者名单
主治医生

- **VILLA, MARIA, MD**
  - Provider ID: 10011602014
  - Address: 655 SATURN BLVD STE J
  - City, State: SAN DIEGO, CA 92154
  - Phone: (619) 575-4442
  - Languages: Spanish, Tagalog
  - Effective as of 01-JAN-21

- **WAGNER, PAUL, MD**
  - Provider ID: 100088692006
  - Address: 4060 4TH AVE STE 100
  - City, State: SAN DIEGO, CA 92103
  - Phone: (619) 718-9444
  - Languages: Spanish
  - Effective as of 01-JAN-08

- **WATTS, ELI, MD**
  - Provider ID: 100384223003
  - Address: 292 EUCLID AVE STE 210
  - City, State: SAN DIEGO, CA 92114
  - Phone: (619) 662-4100
  - Languages: Spanish
  - Effective as of 01-JAN-08

- **WILLING, STEFAN, MD**
  - Provider ID: 100106507003
  - Address: 4060 4TH AVE STE 505
  - City, State: SAN DIEGO, CA 92103
  - Phone: (619) 298-1318
  - Language: German
  - Effective as of 01-FEB-07

- **WILLIAMS, HOWARD, MD**
  - Provider ID: 100070298003
  - Address: 4060 4TH AVE STE 505
  - City, State: SAN DIEGO, CA 92103
  - Phone: (619) 298-1318
  - Language: Spanish
  - Effective as of 01-FEB-07

- **WOODALL, GARY, MD**
  - Provider ID: 100096806003
  - Address: 2970 5TH AVE STE 140
  - City, State: SAN DIEGO, CA 92103
  - Phone: (619) 260-3456
  - Languages: Spanish
  - Effective as of 01-FEB-07

- **NGUYEN, HUONG, MD**
  - Provider ID: 100104992017
  - Address: 4444 EL CAJON BLVD STE 6
  - City, State: SAN DIEGO, CA 92115
  - Phone: (619) 285-1522
  - Languages: Cambodian, Cantonese, Mandarin
  - Effective as of 01-APR-21

- **ASHIZAWA, JAMES, MD**
  - Provider ID: 100056553008
  - Address: 31001 RANCHO VIEJO RD STE 200
  - City, State: SAN JUAN CAPISTRANO, CA 92675
  - Phone: (949) 489-0773
  - Languages: Farsi, French, Spanish
  - Teleservice
  - Effective as of 01-MAY-21

- **HONG, ANDREW, MD**
  - Provider ID: 100043550008
  - Address: 30448 RANCHO VIEJO RD STE 150
  - City, State: SAN JUAN CAPISTRANO, CA 92675
  - Phone: (949) 661-9600
  - Languages: Farsi, French, Spanish
  - Teleservice
  - Effective as of 01-OCT-15

- **NAFICY, K, MD**
  - Provider ID: 100104435016
  - Address: 30448 RANCHO VIEJO RD STE 150
  - City, State: SAN JUAN CAPISTRANO, CA 92675
  - Phone: (949) 489-0773
  - Languages: Farsi, French, Spanish
  - Teleservice
  - Effective as of 01-MAY-21

- **NAFICY, K, MD**
  - Provider ID: 100104435018
  - Address: 30448 RANCHO VIEJO RD STE 150
  - City, State: SAN JUAN CAPISTRANO, CA 92675
  - Phone: (949) 489-0773
  - Languages: Farsi, French, Spanish
  - Teleservice
  - Effective as of 01-JUL-21

- **NAFICY, K, MD**
  - Provider ID: 100104435017
  - Address: 30448 RANCHO VIEJO RD STE 150
  - City, State: SAN JUAN CAPISTRANO, CA 92675
  - Phone: (949) 489-0773
  - Languages: Farsi, French, Spanish
  - Teleservice
  - Effective as of 01-JUL-21

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Address</th>
<th>Phone Number</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>PANDY, LIZANDER, DO**†</td>
<td>-</td>
<td>31001 RANCHO VIEJO RD STE 200</td>
<td>(949) 661-9600</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATH, DEVARSHI, MD**</td>
<td>INTERNAL MEDICINE</td>
<td>150 VALPREDIA RD</td>
<td>(760) 736-6767</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN MARCOS, CA 92069</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WILLIE, KADEN, DO**</td>
<td>FQHC</td>
<td>150 VALPREDIA RD</td>
<td>(760) 736-6767</td>
<td>01-APR-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN MARCOS, CA 92069</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FORTMANN, DANIEL, MD**</td>
<td>FAMILY PRACTICE</td>
<td>32281 CAMINO CPSTRN C102</td>
<td>(949) 493-7981</td>
<td>01-APR-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUECARE,</td>
<td>FAMILY PRACTICE</td>
<td>1595 GRAND AVE STE 106</td>
<td>(760) 736-6767</td>
<td>01-APR-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN MARCOS, CA 92078</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGUYEN, THUYTRANG, MD**†</td>
<td>FQHC</td>
<td>30300 CAMINO CAPISTRANO</td>
<td>(949) 240-2272</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUECARE,</td>
<td>INTERNAL MEDICINE</td>
<td>150 VALPREDIA RD</td>
<td>(760) 736-6767</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN MARCOS, CA 92069</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUECARE,</td>
<td>INTERNAL MEDICINE</td>
<td>1595 GRAND AVE STE 106</td>
<td>(760) 736-6767</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN MARCOS, CA 92078</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HALIM, NEIL, MD**</td>
<td>FAMILY PRACTICE</td>
<td>1030 LA BONITA DR STE 316</td>
<td>(760) 744-9626</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN MARCOS, CA 92078</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PONIACHIK, SAMUEL, MD**†</td>
<td>INTERNAL MEDICINE</td>
<td>150 VALPREDIA RD</td>
<td>(760) 736-6767</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN MARCOS, CA 92069</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FQHC</td>
<td>1595 GRAND AVE STE 106</td>
<td>(760) 736-6767</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN MARCOS, CA 92078</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

C1. 网络提供者名单
主治医生

WITCZAK, IZABELA, MD
Provider ID: 100036527006
150 VALPREDA RD
SAN MARCOS, CA 92069
(760) 736-6767
Polish
Effective as of 01-APR-24

ARRIETA, NOEMI, DO
Provider ID: 100214881011
4004 BEYER BLVD
SAN YSIDRO, CA 92173
(619) 662-4100
Spanish
Effective as of 01-APR-23

CARRIEDO CENICEROS, MARIA, MD
Provider ID: 100066452012
4004 BEYER BLVD
SAN YSIDRO, CA 92173
(619) 662-4100
Spanish
Effective as of 01-JAN-21

ALGHAMDI, ASMA, MD
Provider ID: 1000359014004
1666 PRECISION PARK LN
SAN YSIDRO, CA 92173
(619) 662-4100
Effective as of 01-AUG-22

CUTLER, MICHAEL, MD
Provider ID: 100225708022
4630 BORDER VILLAGE RD
SAN YSIDRO, CA 92173
(619) 264-2591
Russian, Spanish
Effective as of 01-APR-24

ALGHAMDI, ASMA, MD
Provider ID: 100080408013
3364 BEYER BLVD
SAN YSIDRO, CA 92173
(619) 662-4100
Effective as of 01-JAN-21

HERNANDEZ, RALPH, MD
Provider ID: 100080408021
1666 PRECISION PARK LN
SAN YSIDRO, CA 92173
(619) 662-4100
Spanish
Effective as of 01-AUG-22

LEE, JOSEPH, MD
Provider ID: 100367090004
3364 BEYER BLVD
SAN YSIDRO, CA 92173
(619) 662-4100
Teleservice
Effective as of 01-AUG-21

LEPEZ, DAVID, MD
Provider ID: 100255267002
4004 BEYER BLVD
SAN YSIDRO, CA 92173
(619) 662-4100
Spanish
Effective as of 01-NOV-15

LEPEZ, DAVID, MD
Provider ID: 100255267005
4630 BORDER VILLAGE RD
SAN YSIDRO, CA 92173
(619) 264-2591
Spanish
Effective as of 01-APR-24
<table>
<thead>
<tr>
<th>Network Provider</th>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Phone</th>
<th>Language</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>Moya, Mary, MD</td>
<td>100099596010</td>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>Navarro, Vanessa, MD</td>
<td>100173914012</td>
<td>3364 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Filipino, Spanish, Tagalog</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>Ortega, Luis, MD</td>
<td>100394387002</td>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-OCT-22</td>
</tr>
<tr>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>Ortiz Ilizaliturri, Ana, MD</td>
<td>100394347003</td>
<td>4050 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Teleservice</td>
<td>Effective as of 01-OCT-22</td>
</tr>
<tr>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>Snyder, Christopher, DO</td>
<td>100024789042</td>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>Staley, Michaela, MD</td>
<td>100359422003</td>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Filipino, Spanish, Tagalog</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>Talavera, Gregory, MD</td>
<td>100334847007</td>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-OCT-22</td>
</tr>
<tr>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>FQHC</td>
<td>100334847007</td>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Teleservice</td>
<td>Effective as of 01-OCT-22</td>
</tr>
<tr>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>San Ysidro Health Maternal and Child Health CTR, †</td>
<td>100334847007</td>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>Promer, Katherine, MD</td>
<td>100357070007</td>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Teleservice</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>Rajaipour, Negin, MD</td>
<td>100300998007</td>
<td>3364 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Farsi</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>4050 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>Snyder, Christopher, DO</td>
<td>100024789042</td>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>4050 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>Staley, Michaela, MD</td>
<td>100359422003</td>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>3364 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>Talavera, Gregory, MD</td>
<td>100334847007</td>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-OCT-22</td>
</tr>
<tr>
<td>3364 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>FQHC</td>
<td>100334847007</td>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Teleservice</td>
<td>Effective as of 01-OCT-22</td>
</tr>
<tr>
<td>3364 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>San Ysidro Health Maternal and Child Health CTR, †</td>
<td>100334847007</td>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Spanish</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>Promer, Katherine, MD</td>
<td>100357070007</td>
<td>4004 BEYER BLVD SAN YSIDRO, CA 92173</td>
<td>(619) 662-4100</td>
<td>Teleservice</td>
<td>Effective as of 01-JAN-21</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
主治医生

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

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

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

- AFFLALO, SUZANNE, MD
  Provider ID: 100402675004
  10225 AUSTIN DR STE 105
  SPRING VALLEY, CA 91978
  (858) 648-0755
  Teleservice
  Effective as of 01-SEP-23

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

- GUERRA, JACQUELINE, MD
  Provider ID: 100324693006
  120 TOWN CENTER PKWY
  SANTEE, CA 92071
  (619) 873-3476
  Teleservice
  Effective as of 01-MAR-21

- VOURLITIS, MELISSA, DO
  Provider ID: 100090572017
  850 DEL MAR DOWNS RD
  SOLANA BEACH, CA 92075
  (858) 832-2500
  Teleservice
  Effective as of 01-NOV-23

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

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

- GANTA, SANYASI, MD
  Provider ID: 100113069009
  26960 CHERRY HILLS BLVD STE A
  SUN CITY, CA 92586
  (951) 672-2856
C1. 网络提供者名单
主治医生

- Hindi, Spanish, Telugu Teleservice
  Effective as of 01-NOV-17

**GANTA, SANYASI, MD**
Provider ID: 100113069012
�� 26960 CHERRY HILLS BLVD STE A
�� SUN CITY, CA 92586
�� (951) 672-2856
�� Hindi, Spanish, Telugu Teleservice
Effective as of 01-APR-21

**STANFORD, DAVID, MD**
Provider ID: 100030388002
�� 29798 HAUN RD STE 308
�� SUN CITY, CA 92586
�� (951) 301-7611
Effective as of 01-SEP-09

**FAMILY PRACTICE**

**AKLADEOS, NERMEEN, MD**
Provider ID: 100399707003
�� 28780 SINGLE OAK DR STE 160
�� TEMECULA, CA 92590
�� (951) 676-4193
�� Arabic
Teleservice
Effective as of 01-AUG-23

**AYON MARTINEZ, CARLOS, MD**
Provider ID: 100152029004
�� 41715 WINCHESTER RD
�� TEMECULA, CA 92590
�� (951) 694-9449
�� Spanish
Effective as of 01-SEP-20

**INTERIOR MEDICINE**

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

**NGUYEN, DAVID, MD**
Provider ID: 100152029002
�� 41840 ENTERPRISE CIR N
�� TEMECULA, CA 92590
�� (951) 676-4713
�� Vietnamese
Effective as of 01-NOV-12

**BAILEY, CRISTINA, MD**
Provider ID: 100060834004
�� 28780 SINGLE OAK DR STE 160
�� TEMECULA, CA 92590
�� (951) 676-4193
�� Spanish
Effective as of 01-NOV-20

**BERNARDO, STACEY, DO**
Provider ID: 1000377889003
�� 28780 SINGLE OAK DR STE 160
�� TEMECULA, CA 92590
�� (951) 676-4193
�� Teleservice
Effective as of 01-JUN-04

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

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

**CAMARILLO, DANIEL, MD**
Provider ID: 1000660834008
�� 28780 SINGLE OAK DR STE 160
�� TEMECULA, CA 92590
�� (951) 676-4193
�� Spanish
Effective as of 01-NOV-20
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Effective Date</th>
<th>Address</th>
<th>Phone</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>100110735016</td>
<td>CAMARILLO, DANIEL, MD</td>
<td>01-MAR-12</td>
<td>28780 SINGLE OAK DR STE 160 TEMECULA, CA 92590</td>
<td>(951) 676-4193</td>
<td>Spanish</td>
</tr>
<tr>
<td>100350271003</td>
<td>COBIAN, VANESSA, MD</td>
<td>01-NOV-20</td>
<td>41840 ENTERPRISE CIR N TEMECULA, CA 92590</td>
<td>(951) 225-6400</td>
<td>Spanish</td>
</tr>
<tr>
<td>100085605005</td>
<td>COMBS, WALTER, MD</td>
<td>01-NOV-20</td>
<td>28780 SINGLE OAK DR STE 160 TEMECULA, CA 92590</td>
<td>(951) 252-8650</td>
<td>Spanish</td>
</tr>
<tr>
<td>100039015004</td>
<td>IM, TAE WOONG, MD</td>
<td>01-MAR-22</td>
<td>28780 SINGLE OAK DR STE 160 TEMECULA, CA 92590</td>
<td>(951) 676-4193</td>
<td>Spanish</td>
</tr>
<tr>
<td>100085605012</td>
<td>COMBS, MATTHEW, MD</td>
<td>01-DEC-18</td>
<td>28780 SINGLE OAK DR STE 160 TEMECULA, CA 92590</td>
<td>(951) 252-8650</td>
<td>Spanish</td>
</tr>
<tr>
<td>100060861005</td>
<td>MCDONALD, MARY, MD</td>
<td>01-OCT-09</td>
<td>31493 RANCHO PUEBLO RD STE 107 TEMECULA, CA 92592</td>
<td>(951) 303-3337</td>
<td>Spanish</td>
</tr>
<tr>
<td>100093825003</td>
<td>MCDONALD, ROBERT, MD</td>
<td>01-NOV-11</td>
<td>31493 RANCHO PUEBLO RD STE 107 TEMECULA, CA 92592</td>
<td>(951) 303-3337</td>
<td>Spanish</td>
</tr>
<tr>
<td>100077741014</td>
<td>MADRID, RICHARD, MD</td>
<td>01-OCT-11</td>
<td>28780 SINGLE OAK DR STE 160 TEMECULA, CA 92590</td>
<td>(951) 676-4193</td>
<td>Spanish</td>
</tr>
<tr>
<td>100077741005</td>
<td>MADRID, RICHARD, MD</td>
<td>01-OCT-05</td>
<td>28780 SINGLE OAK DR STE 160 TEMECULA, CA 92590</td>
<td>(951) 676-4193</td>
<td>Spanish</td>
</tr>
<tr>
<td>100422004002</td>
<td>DORR, KASIE, DO</td>
<td>01-JAN-24</td>
<td>31720 TEMECULA PKWY STE 200 TEMECULA, CA 92592</td>
<td>(760) 520-8100</td>
<td>Korean, Spanish</td>
</tr>
<tr>
<td>100400487003</td>
<td>ELKAYAM, ISAK, MD</td>
<td>01-MAR-23</td>
<td>41840 ENTERPRISE CIR N TEMECULA, CA 92590</td>
<td>(951) 676-4193</td>
<td>Spanish</td>
</tr>
<tr>
<td>100039015013</td>
<td>KURAISHI, AQDAS, MD</td>
<td>01-FEB-21</td>
<td>31720 TEMECULA PKWY STE 203 TEMECULA, CA 92592</td>
<td>(951) 302-4700</td>
<td>Spanish</td>
</tr>
<tr>
<td>Name</td>
<td>Specialization</td>
<td>ID Number</td>
<td>Address</td>
<td>Phone Number</td>
<td>Language(s)</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------------------</td>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>MILLER, BRANDON, DO</td>
<td>N/A</td>
<td>100148562007</td>
<td>28780 SINGLE OAK DR STE 160 TEMECULA, CA 92590</td>
<td>(951) 676-4193</td>
<td>Arabic</td>
</tr>
<tr>
<td>NWOSU, MICHAEL, MD</td>
<td>N/A</td>
<td>100367685005</td>
<td>41840 ENTERPRISE CIR N TEMECULA, CA 92590</td>
<td>(951) 225-6400</td>
<td>Spanish</td>
</tr>
<tr>
<td>PHILLIPS, LILY, MD</td>
<td>N/A</td>
<td>100113116012</td>
<td>31565 RANCHO PUEBLO RD STE 102B TEMECULA, CA 92592</td>
<td>(951) 231-1385</td>
<td>Chinese, Mandarin, Spanish</td>
</tr>
<tr>
<td>POSTE, ALETHEA, MD</td>
<td>N/A</td>
<td>100418802002</td>
<td>28780 SINGLE OAK DR STE 160 TEMECULA, CA 92590</td>
<td>(951) 676-4193</td>
<td></td>
</tr>
<tr>
<td>ZEBARJADI, OMID, DO</td>
<td>N/A</td>
<td>100379100008</td>
<td>27699 JEFFERSON AVE STE 305 TEMECULA, CA 92590</td>
<td>(951) 503-8730</td>
<td>Farsi, Spanish</td>
</tr>
<tr>
<td>ZEBRACK, DAVID, DO</td>
<td>N/A</td>
<td>100064903010</td>
<td>40285 WINCHESTER RD STE 103 TEMECULA, CA 92591</td>
<td>(951) 296-5844</td>
<td>Spanish</td>
</tr>
<tr>
<td>ZEBRACK, DAVID, DO</td>
<td>N/A</td>
<td>100064903006</td>
<td>40285 WINCHESTER RD STE 103 TEMECULA, CA 92591</td>
<td>(951) 296-5844</td>
<td>Spanish</td>
</tr>
<tr>
<td>ZURITA, DANIELA, MD</td>
<td>N/A</td>
<td>100396617008</td>
<td>41840 ENTERPRISE CIR N TEMECULA, CA 92590</td>
<td>(951) 216-2200</td>
<td>Spanish</td>
</tr>
</tbody>
</table>

**INTERNAL MEDICINE**

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialization</th>
<th>ID Number</th>
<th>Address</th>
<th>Phone Number</th>
<th>Language(s)</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASCH, MICHAEL, MD</td>
<td>N/A</td>
<td>100011399007</td>
<td>41593 WINCHESTER RD STE 101 TEMECULA, CA 92590</td>
<td>(951) 719-1111</td>
<td>Arabic, Spanish</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td>BLOSSER, NICHELE, DO</td>
<td>N/A</td>
<td>100411369003</td>
<td>28780 SINGLE OAK DR STE 160 TEMECULA, CA 92590</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>ID Number</td>
<td>Address</td>
<td>Phone</td>
<td>Language</td>
<td>Effective Date</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------</td>
<td>----------------------------------------------</td>
<td>------------------------</td>
<td>--------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td><strong>Gisi, Sylvia, MD</strong></td>
<td>1000100126002</td>
<td>31493 Rancho Pueblo Rd Ste 206</td>
<td>(951) 676-4193</td>
<td>Spanish</td>
<td>01-NOV-23</td>
<td></td>
</tr>
<tr>
<td><strong>Kim, Irene, DO</strong></td>
<td>100380710003</td>
<td>28780 Single Oak Dr Ste 160</td>
<td>(951) 676-4193</td>
<td>Spanish</td>
<td>01-NOV-21</td>
<td></td>
</tr>
<tr>
<td><strong>Mapleton, Sharina, DO</strong></td>
<td>100384944005</td>
<td>41840 Enterprise Cir N</td>
<td>(951) 225-6400</td>
<td>Farsi, Greek, Spanish</td>
<td>01-FEB-24</td>
<td></td>
</tr>
<tr>
<td><strong>Salas, Ernesto, MD</strong></td>
<td>100093444002</td>
<td>27699 Jefferson Ave Ste 311</td>
<td>(951) 693-1159</td>
<td>Spanish, Tagalog</td>
<td>01-NOV-00</td>
<td></td>
</tr>
<tr>
<td><strong>Herman, Sam, MD</strong></td>
<td>100414181005</td>
<td>1954 Via Ctr Ste B</td>
<td>(949) 557-0890</td>
<td></td>
<td>01-SEP-23</td>
<td></td>
</tr>
<tr>
<td><strong>Clark, Ma Belen, MD</strong></td>
<td>100015309003</td>
<td>1954 Via Ctr Ste B</td>
<td>(760) 529-9700</td>
<td></td>
<td>01-DEC-15</td>
<td></td>
</tr>
<tr>
<td><strong>Donnell, Marti, MD</strong></td>
<td>100049875024</td>
<td>134 Grapevine Rd</td>
<td>(844) 308-5003</td>
<td>Spanish</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td><strong>Donnell, Marti, MD</strong></td>
<td>100049875023</td>
<td>1000 Vale Terrace Dr</td>
<td>(760) 631-5000</td>
<td>Spanish</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td><strong>Espinosa-Silva, Yamina, DO</strong></td>
<td>100035880014</td>
<td>1000 Vale Terrace Dr</td>
<td>(760) 631-5000</td>
<td>Spanish</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td><strong>Castrejon, Joseph, MD</strong></td>
<td>100097250007</td>
<td>2023 W Vista Way Ste K</td>
<td>(760) 806-1406</td>
<td>Spanish</td>
<td>01-SEP-21</td>
<td></td>
</tr>
<tr>
<td>Provider ID</td>
<td>Name</td>
<td>Address</td>
<td>Phone</td>
<td>Languages</td>
<td>Effective Dates</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------</td>
<td>--------------------------------</td>
<td>--------------</td>
<td>---------------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>100391207008</td>
<td>HIKES, RYAN, MD</td>
<td>1926 VIA CTR</td>
<td>(760) 940-7000</td>
<td>Spanish</td>
<td>01-SEP-21</td>
<td></td>
</tr>
<tr>
<td>100391207004</td>
<td>HIKES, RYAN, MD</td>
<td>1926 VIA CTR</td>
<td>(760) 631-5000</td>
<td>Spanish</td>
<td>01-AUG-23</td>
<td></td>
</tr>
<tr>
<td>100391207006</td>
<td>HIKES, RYAN, MD</td>
<td>1000 VALE TERRACE DR</td>
<td>(760) 940-7000</td>
<td>Spanish</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>100391207008</td>
<td>HIKES, RYAN, MD</td>
<td>1000 VALE TERRACE DR</td>
<td>(760) 631-5000</td>
<td>Spanish</td>
<td>01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>100054491003</td>
<td>HURD, MELISSA, MD</td>
<td>161 THUNDER DR STE 103</td>
<td>(760) 758-1988</td>
<td>Filipino, Spanish,</td>
<td>01-JUL-13</td>
<td></td>
</tr>
<tr>
<td>100278907004</td>
<td>LEONARD, LISA, MD</td>
<td>1000 VALE TERRACE DR</td>
<td>(760) 631-5000</td>
<td>French, Spanish</td>
<td>01-OCT-21</td>
<td></td>
</tr>
<tr>
<td>100397984035</td>
<td>MARTINEZ, LESLY, MD</td>
<td>134 GRAPEVINE RD</td>
<td>(760) 631-5000</td>
<td>Spanish</td>
<td>01-DEC-23</td>
<td></td>
</tr>
<tr>
<td>100093766013</td>
<td>NOVAK, LOREN, DO</td>
<td>1926 VIA CENTRE DRIVE A</td>
<td>(760) 940-7000</td>
<td></td>
<td>01-SEP-21</td>
<td></td>
</tr>
<tr>
<td>10033027006</td>
<td>ONG, DONALD, MD</td>
<td>1000 VALE TERRACE DR</td>
<td>(760) 631-5000</td>
<td></td>
<td>01-NOV-22</td>
<td></td>
</tr>
<tr>
<td>100021772013</td>
<td>POP, SIMONA, MD</td>
<td>145 THUNDER DR</td>
<td>(760) 941-9002</td>
<td></td>
<td>01-NOV-22</td>
<td></td>
</tr>
<tr>
<td>100111732027</td>
<td>RIVERA, MIDORI, MD</td>
<td>204 S SANTA FE AVE</td>
<td>(858) 554-1212</td>
<td>Japanese, Spanish</td>
<td>01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>100325638002</td>
<td>TRAN, DAO, DO</td>
<td>134 GRAPEVINE RD</td>
<td>(760) 631-5000</td>
<td>Vietnamese</td>
<td>01-JUL-19</td>
<td></td>
</tr>
<tr>
<td>100325638002</td>
<td>TRAN, DAO, DO</td>
<td>134 GRAPEVINE RD</td>
<td>(760) 631-5000</td>
<td>Vietnamese</td>
<td>01-MAR-20</td>
<td></td>
</tr>
<tr>
<td>100325638009</td>
<td>TRAN, DAO, DO</td>
<td>1000 VALE TERRACE DR</td>
<td>(760) 631-5000</td>
<td>Vietnamese</td>
<td>01-MAR-20</td>
<td></td>
</tr>
<tr>
<td>100327876041</td>
<td>VIDAL, MONICA, DO</td>
<td>134 GRAPEVINE RD</td>
<td>(844) 308-5003</td>
<td>Spanish</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
主治医生

Effective as of 01-JAN-24
VIDAL, MONICA, DO
Provider ID: 100327876045
1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000
Spanish
Effective as of 01-JAN-24

FQHC
VCC DURIAN, 
Provider ID: PG0083886011
105 DURIAN ST STE A
VISTA, CA 92083
(844) 308-5003
Effective as of 01-JUL-22

VISTA COMMUNITY CLINIC
GRAPEVINE,
Provider ID: PG0085050004
134 GRAPEVINE RD
VISTA, CA 92083
(760) 631-5000
Teleservice
Effective as of 01-JUL-22

GENERAL PRACTICE
OLIVA, CARLOS, MD
Provider ID: 100102198008
969 S SANTA FE AVE STE A
VISTA, CA 92083
(760) 941-7050
Spanish
Effective as of 01-SEP-22

OLIVA, CARLOS, MD
Provider ID: 100102198003
969 S SANTA FE AVE STE A
VISTA, CA 92083
(760) 941-7050
Spanish
Effective as of 01-DEC-17

ONG, DONALD, MD
Provider ID: 100033027003
1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000
Filipino, Spanish, Tagalog
Effective as of 01-DEC-10

ONG, DONALD, MD
Provider ID: 100033027005
1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000
Filipino, Spanish, Tagalog
Effective as of 01-MAR-20

SMITH, GREGORY, MD
Provider ID: 100062596003
161 THUNDER DR STE 207
VISTA, CA 92083
(760) 598-8410
Effective as of 01-DEC-06

INTERNAL MEDICINE
BOQUIN, ENRIQUE, MD
Provider ID: 100062596003
161 THUNDER DR STE 207
VISTA, CA 92083
(760) 598-8410
Effective as of 01-DEC-06

BOQUIN, ENRIQUE, MD
Provider ID: 100062596005
1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000
Spanish
Effective as of 01-NOV-20

BOQUIN, ENRIQUE, MD
Provider ID: 100062596003
161 THUNDER DR STE 207
VISTA, CA 92083
(760) 598-8410
Effective as of 01-DEC-06

DAO, MARC, MD
Provider ID: 100307890016
1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000
French, Vietnamese
Effective as of 01-JAN-24

DAO, MARC, MD
Provider ID: 100307890010
1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000
French, Vietnamese
Effective as of 01-FEB-23

DAO, MARC, MD
Provider ID: 100307890014
1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000
Spanish
Effective as of 01-JAN-24

BOQUIN, ENRIQUE, MD
Provider ID: 100062596003
161 THUNDER DR STE 207
VISTA, CA 92083
(760) 598-8410
Effective as of 01-DEC-06

1. Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
主治医生

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

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

  **MOASIS, KAREEM, MD**
  Provider ID: 100379398004
  - 145 THUNDER DR STE 1
  - VISTA, CA 92083
  - (760) 941-9002
  - Arabic
  - Effective as of 01-JAN-24

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

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

  **RUTMAN, MICHAEL, DO**
  Provider ID: 100024612005
  - 2355 S MELROSE DR
  - VISTA, CA 92081
  - (760) 598-0088
  - Effective as of 01-OCT-00

  **SHALI, REYZAN, MD**
  Provider ID: 100113968008
  - 1926 VIA CTR STE A
  - VISTA, CA 92083
  - (760) 940-7000
  - Arabic, Hebrew
  - Effective as of 01-SEP-21

  **BONNICI, MARCELLA, MD**
  Provider ID: 100072106002
  - 36320 INLAND VALLEY DR STE 201
  - VISTA, CA 92084
  - (951) 816-3233
  - Effective as of 01-OCT-16

  **PATEL, REENABEN, MD**
  Provider ID: 100380064004
  - 36243 INLAND VALLEY DR STE 160
  - WILDOMAR, CA 92595
  - (951) 698-8821
  - Effective as of 01-JAN-22

**FAMILY PRACTICE**

**RUTMAN, MICHAEL, DO**
Provider ID: 100024612005
- 2355 S MELROSE DR
  - VISTA, CA 92081
  - (760) 598-0088
  - Effective as of 01-OCT-00

**SHALI, REYZAN, MD**
Provider ID: 100113968008
- 1926 VIA CTR STE A
  - VISTA, CA 92083
  - (760) 940-7000
  - Arabic, Hebrew
  - Effective as of 01-SEP-21

**BONNICI, MARCELLA, MD**
Provider ID: 100072106002
- 36320 INLAND VALLEY DR STE 201
  - VISTA, CA 92084
  - (951) 816-3233
  - Effective as of 01-OCT-16

**INTERNAL MEDICINE**

**PATEL, REENABEN, MD**
Provider ID: 100380064004
- 36243 INLAND VALLEY DR STE 160
  - WILDOMAR, CA 92595
  - (951) 698-8821
  - Effective as of 01-JAN-22
C1. 网络提供者名单
专科护理医生

**CERTIFIED NURSE PRACTITIONER**

**WONG, KRISTLE, NP**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 202
ALISO VIEJO, CA 92656
Effective as of 01-NOV-23

**DERMATOLOGY**

**LANDER, JEFFREY, MD**
Provider ID: N/A
 سبيل: 24541 PACIFIC PARK DR STE 103
ALISO VIEJO, CA 92656
Effective as of 01-DEC-22

**LANDER, JEFFREY, MD**
Provider ID: N/A
 سبيل: 24541 PACIFIC PARK DR STE 103
ALISO VIEJO, CA 92656
Effective as of 01-OCT-23

**DEVELOPMENTAL BEHAVIORAL PEDIATRICS**

**FELDMAN, GARY, MD**
Provider ID: N/A
 سبيل: 11 MAREBLU STE 200
ALISO VIEJO, CA 92656
Effective as of 01-JAN-23

**ENDOCRINOLOGY**

**NADEAU, DANIEL, MD**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 205
ALISO VIEJO, CA 92656
Effective as of 01-JUN-23

**NEUROLOGY**

**BIXBY, MINDY, DO**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-JAN-23

**INFECTION DISEASE**

**BAILEY, CHARLES, MD**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 301
ALISO VIEJO, CA 92656
Effective as of 01-APR-23

**BAILEY, CHARLES, MD**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 301
ALISO VIEJO, CA 92656
Effective as of 01-APR-23

**PROFESSIONAL PROVIDERS**

**ROBERTSON, ASHA, MD**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 205
ALISO VIEJO, CA 92656
Effective as of 01-JUN-23

**ROBERTSON, ASHA, MD**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 205
ALISO VIEJO, CA 92656
Effective as of 01-JUN-23

**NADEAU, DANIEL, MD**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 205
ALISO VIEJO, CA 92656
Effective as of 01-JUN-23

**IYER, LAXMI, MD**
Provider ID: N/A
 سبيل: 2 JOURNEY STE 201
ALISO VIEJO, CA 92656
Effective as of 01-NOV-21

**IYER, LAXMI, MD**
Provider ID: N/A
 سبيل: 2 JOURNEY STE 201
ALISO VIEJO, CA 92656
Effective as of 01-NOV-21

**POW-ANPONGKUL, PETE, MD**
Provider ID: N/A
 سبيل: 2 JOURNEY STE 201
ALISO VIEJO, CA 92656
Effective as of 01-NOV-21

**INFECTIOUS DISEASE**

**BAILEY, CHARLES, MD**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 301
ALISO VIEJO, CA 92656
Effective as of 01-APR-23

**BAILEY, CHARLES, MD**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 301
ALISO VIEJO, CA 92656
Effective as of 01-APR-23

**NEUROLOGY**

**BIXBY, MINDY, DO**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-JAN-23

**BIXBY, MINDY, DO**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-JAN-23

**INFECTIOUS DISEASE**

**BAILEY, CHARLES, MD**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 301
ALISO VIEJO, CA 92656
Effective as of 01-APR-23

**BAILEY, CHARLES, MD**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 301
ALISO VIEJO, CA 92656
Effective as of 01-APR-23

**NEUROLOGY**

**BIXBY, MINDY, DO**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-JAN-23

**BIXBY, MINDY, DO**
Provider ID: N/A
 سبيل: 26671 ALISO CREEK RD STE 203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-JAN-23
LUDEMA, THOMAS, MD†
Provider ID: N/A
15 MAREBLU STE 250
ALISO VIEJO, CA 92656
Effective as of 01-OCT-18

MARTINEZ, KENNETH, MD
Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

YANNI, ELIZABETH, MD²
Provider ID: N/A
26671 ALISO CREEK RD STE 200
ALISO VIEJO, CA 92656
Effective as of 01-JAN-17

PHYSICIANS ASSISTANT

GREEN, TRAVIS, PA
Provider ID: N/A
26671 ALISO CREEK RD STE 203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-FEB-23

203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-JAN-23

BIXBY, MINDY, DO
Provider ID: N/A
26671 ALISO CREEK RD STE 203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-FEB-23

BIXBY, MINDY, DO
Provider ID: N/A
26671 ALISO CREEK RD STE 203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-FEB-23

BIXBY, MINDY, DO
Provider ID: N/A
26671 ALISO CREEK RD STE 203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-FEB-23

BIXBY, MINDY, DO
Provider ID: N/A
26671 ALISO CREEK RD STE 203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-FEB-23

BIXBY, MINDY, DO
Provider ID: N/A
26671 ALISO CREEK RD STE 203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-FEB-23

ALSIO VIEJO, CA 92656
Teleservice
Effective as of 01-NOV-14

SALEHI, HAMID, MD†
Provider ID: N/A
26895 ALISO CREEK RD STE B302
ALISO VIEJO, CA 92656
Effective as of 01-JAN-18

OPTOMETRIST

NGUYEN, LETHUY, OD²
Provider ID: N/A
27001 MOULTON PKWY STE A100
ALISO VIEJO, CA 92656
Effective as of 01-JAN-18

PEDIATRICS

FELDMAN, GARY, MD†
Provider ID: N/A
11 MAREBLU STE 200
ALISO VIEJO, CA 92656
Effective as of 01-FEB-23

FELDMAN, GARY, MD†
Provider ID: N/A
11 MAREBLU STE 200
ALISO VIEJO, CA 92656
Effective as of 01-NOV-18

SALEHI, HAMID, MD†
Provider ID: N/A
26895 ALISO CREEK RD STE B302
ALISO VIEJO, CA 92656
Effective as of 01-JAN-18

PHYSICIANS ASSISTANT

GREEN, TRAVIS, PA
Provider ID: N/A
26671 ALISO CREEK RD STE 203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-FEB-23
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

**PODIATRIST**

ENG, STEVE, DPM
Provider ID: N/A
101
ALISO VIEJO, CA 92656
Effective as of 01-MAY-23

HEHE, KYLE, DPM
Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-JUL-21

**PSYCHIATRY**

MARTINEZ, KENNETH, MD
Provider ID: N/A
PSYCHIATRY
15 MAREBLU STE 240
ALISO VIEJO, CA 92656
Effective as of 01-AUG-23

MARTINEZ, KENNETH, MD
Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

MARTINEZ, KENNETH, MD
Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-JAN-17

MARTINEZ, KENNETH, MD
Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

MARTINEZ, KENNETH, MD
Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

MARTINEZ, KENNETH, MD
Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

MARTINEZ, KENNETH, MD
Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-APR-23

MARTINEZ, KENNETH, MD
Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

MARTINEZ, KENNETH, MD
Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

**PULMONARY DISEASES**

GALKO, BARBARA, MD
Provider ID: N/A
11 MAREBLU STE 200
ALISO VIEJO, CA 92656
Effective as of 01-NOV-23

Effective as of 01-NOV-14

GALKO, BARBARA, MD
Provider ID: N/A
11 MAREBLU STE 200
ALISO VIEJO, CA 92656
Effective as of 01-NOV-23
C1. 网络提供者名单
专科护理医生

**SHAHINIAN, GEORGE, MD**
Provider ID: N/A
- 11 MAREBLU STE 200
- ALISO VIEJO, CA 92656
  Effective as of 01-NOV-23

**SHAHINIAN, GEORGE, MD**
Provider ID: N/A
- 11 MAREBLU STE 200
- ALISO VIEJO, CA 92656
  Effective as of 01-NOV-23

**SHAHINIAN, GEORGE, MD**
Provider ID: N/A
- 11 MAREBLU STE 200
- ALISO VIEJO, CA 92656
  Effective as of 01-MAR-24

**SURGERY GENERAL**

**RUSSO, MICHAEL, MD†**
Provider ID: N/A
- 11 MAREBLU STE 200
- ALISO VIEJO, CA 92656
  Effective as of 01-FEB-24

**FAMILY PRACTICE**

**VAN HOLLEBEKE, RACHEL, MD**
Provider ID: N/A
- 1620 ALPINE BLVD
- ALPINE, CA 91901
  Effective as of 01-JUN-23

**LICENSED CLINICAL SOCIAL WORKER**

**KHALEEL, AMMAR, LCSW**
Provider ID: N/A
- 1620 ALPINE BLVD
- ALPINE, CA 91901
  Effective as of 01-NOV-22

**OPHTHALMOLOGY**

**BINDER, NICHOLAS, MD†**
Provider ID: N/A
- 1620 ALPINE BLVD STE 117
- ALPINE, CA 91901
  Effective as of 01-JAN-21

**BINDER, NICHOLAS, MD†**
Provider ID: N/A
- 1620 ALPINE BLVD STE 117
- ALPINE, CA 91901
  Effective as of 01-SEP-22

**CHIROPRACTOR**

**KELCHNER, MATTHEW, DC†**
Provider ID: N/A
- 1620 ALPINE BLVD STE 110
- ALPINE, CA 91901
  Effective as of 01-JAN-21

**CHANG, TOM, MD†**
Provider ID: N/A
- 1620 ALPINE BLVD STE 117
- ALPINE, CA 91901
  Effective as of 01-SEP-22

**PATEL, SARJAN, MD†**
Provider ID: N/A
- 1620 ALPINE BLVD STE 117
- ALPINE, CA 91901
### C1. 网络提供者名单

专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Provider ID</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effective as of 01-SEP-22</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PATEL, GITANE, MD</strong></td>
<td>1620 ALPINE BLVD STE 117 ALPINE, CA 91901</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td><strong>PATEL, GITANE, MD</strong></td>
<td>1620 ALPINE BLVD STE 117 ALPINE, CA 91901</td>
<td>N/A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td><strong>PATEL, GITANE, MD</strong></td>
<td>1620 ALPINE BLVD STE 117 ALPINE, CA 91901</td>
<td>N/A</td>
<td>01-MAR-18</td>
</tr>
<tr>
<td><strong>OPTOMETRIST</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HOLMSTROM, STEVEN, OD</strong></td>
<td>31722 RAILROAD CANYON RD CANYON LAKE, CA 92587</td>
<td>N/A</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>ANESTHESIOLOGY PAIN MANAGEMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MADHAV, SANDIP, MD</strong></td>
<td>6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011</td>
<td>N/A</td>
<td>01-JAN-20</td>
</tr>
<tr>
<td><strong>MADHAV, SANDIP, MD</strong></td>
<td>6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011</td>
<td>N/A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td><strong>PRASAD, RUPA, MD</strong></td>
<td>6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011</td>
<td>N/A</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td><strong>PRASAD, RUPA, MD</strong></td>
<td>6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011</td>
<td>N/A</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td><strong>TORRES, RANDALL, PSYD</strong></td>
<td>1620 ALPINE BLVD STE 117 ALPINE, CA 91901</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Effective as of 01-NOV-23

**AUDIOLOGIST**

HORNER, HEATHER, AuD†
Provider ID: N/A
📍 1820 MARRON RD STE 102
   CARLSBAD, CA 92008
   Teleservice
   Effective as of 01-JUN-22

SILVERSTEIN, KAYLI, AuD
Provider ID: N/A
📍 2390 FARADAY AVE
   CARLSBAD, CA 92008
   Teleservice
   Effective as of 01-AVR-24

**CERTIFIED NURSE PRACTITIONER**

BINAVI, HOWNAZ, NP†
Provider ID: N/A
📍 6010 HIDDEN VALLEY RD
   STE 120
   CARLSBAD, CA 92011
   Effective as of 01-SEP-22

BISHOP, LESLIE, NP†
Provider ID: N/A
📍 6010 HIDDEN VALLEY RD
   STE 200
   CARLSBAD, CA 92011
   Teleservice
   Effective as of 01-JAN-21

BISHOP, LESLIE, NP†
Provider ID: N/A
📍 6010 HIDDEN VALLEY RD
   STE 200
   CARLSBAD, CA 92011
   Teleservice
   Effective as of 01-JAN-21

HALPERN, DAVID, NP†
Provider ID: N/A
📍 1905 CALLE BARCELONA
   STE 211
   CARLSBAD, CA 92009
   Teleservice
   Effective as of 01-OCT-22

HOOPER, BONNIE, NP†
Provider ID: N/A
📍 6010 HIDDEN VALLEY RD
   STE 120
   CARLSBAD, CA 92011
   Effective as of 01-JAN-21

HOOPER, BONNIE, NP†
Provider ID: N/A
📍 6010 HIDDEN VALLEY RD
   STE 120
   CARLSBAD, CA 92011
   Effective as of 01-JAN-21

POLIZZI, BRITTANY, NP†
Provider ID: N/A
📍 6010 HIDDEN VALLEY RD
   STE 120
   CARLSBAD, CA 92011
   Effective as of 01-SEP-22

POLIZZI, BRITTANY, NP†
Provider ID: N/A
📍 6010 HIDDEN VALLEY RD
   STE 120
   CARLSBAD, CA 92011
   Effective as of 01-SEP-22

RICE, ELIZABETH, NP
Provider ID: N/A
📍 6010 HIDDEN VALLEY RD
   STE 200
   CARLSBAD, CA 92011
   Effective as of 01-MAR-24

SOLIC, DIANE, NP
Provider ID: N/A
📍 1905 CALLE BARCELONA
   STE 211
   CARLSBAD, CA 92009
   Effective as of 01-FEB-18

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider</th>
<th>Specialty</th>
<th>ID</th>
<th>Address</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALASANTRO, LORI, PhD</strong>†</td>
<td></td>
<td>N/A</td>
<td>6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td><strong>ANGRA, KUNAL, MD</strong>†</td>
<td>DERMATOLOGY</td>
<td>N/A</td>
<td>6010 HIDDEN VALLEY RD STE 120 CARLSBAD, CA 92011</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td><strong>RILEY, JESSICA, DO</strong>†</td>
<td></td>
<td>N/A</td>
<td>6010 HIDDEN VALLEY RD STE 120 CARLSBAD, CA 92011</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td><strong>RILEY, JESSICA, DO</strong>†</td>
<td></td>
<td>N/A</td>
<td>6010 HIDDEN VALLEY RD STE 120 CARLSBAD, CA 92011</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td><strong>BUSCH, HEIDI, MD</strong>†</td>
<td></td>
<td>N/A</td>
<td>6010 HIDDEN VALLEY RD STE 120 CARLSBAD, CA 92011</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td><strong>BUSCH, HEIDI, MD</strong>†</td>
<td></td>
<td>N/A</td>
<td>6010 HIDDEN VALLEY RD STE 120 CARLSBAD, CA 92011</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td><strong>BUSCH, HEIDI, MD</strong>†</td>
<td></td>
<td>N/A</td>
<td>6010 HIDDEN VALLEY RD STE 120 CARLSBAD, CA 92011</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td><strong>BUSCH, HEIDI, MD</strong>†</td>
<td></td>
<td>N/A</td>
<td>6010 HIDDEN VALLEY RD STE 120 CARLSBAD, CA 92011</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td><strong>ZUBAIR, RAHEEL, MD</strong></td>
<td></td>
<td>N/A</td>
<td>6010 HIDDEN VALLEY RD STE 120 CARLSBAD, CA 92011</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td><strong>ZUBAIR, RAHEEL, MD</strong></td>
<td></td>
<td>N/A</td>
<td>6010 HIDDEN VALLEY RD STE 120 CARLSBAD, CA 92011</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td><strong>MADHAV, KINJAL, MD</strong>†</td>
<td>FAMILY PRACTICE</td>
<td>N/A</td>
<td>6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td><strong>DAVIS, KELLE, MA</strong>†</td>
<td>HEARING AID DEALER / SUPPLIER</td>
<td>N/A</td>
<td>1820 MARRON RD CARLSBAD, CA 92008</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td><strong>DAVIS, KELLE, MA</strong>†</td>
<td></td>
<td>N/A</td>
<td>1820 MARRON RD STE 102 CARLSBAD, CA 92008</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td><strong>SAVANI, AMAN, MD</strong></td>
<td>NEPHROLOGY</td>
<td>N/A</td>
<td>6010 HIDDEN VALLEY RD CARLSBAD, CA 92011</td>
<td>01-MAR-24</td>
</tr>
</tbody>
</table>
### Neurology

**BAKER, DAVID, DO**  
Provider ID: N/A  
6010 Hidden Valley Rd  
Ste 200  
Carlsbad, CA 92011  
Effective as of 01-JAN-24

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DELANEY, MICHAEL, MD†</td>
<td>N/A</td>
<td>6010 Hidden Valley Rd Ste 200</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carlsbad, CA 92011</td>
<td></td>
</tr>
<tr>
<td>FARNSWORTH, WILLIAM, MD†</td>
<td>N/A</td>
<td>6010 Hidden Valley Rd Ste 200</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carlsbad, CA 92011</td>
<td></td>
</tr>
<tr>
<td>FRISHBERG, BENJAMIN, MD†</td>
<td>N/A</td>
<td>6010 Hidden Valley Rd Ste 200</td>
<td>01-FEB-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carlsbad, CA 92011</td>
<td></td>
</tr>
</tbody>
</table>

*Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.*
C1. 网络提供者名单
专科护理医生

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

FRISHBERG, BENJAMIN, MD†
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-SEP-22

HALL, JACOB, MD†
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-FEB-21

HALL, JACOB, MD†
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-SEP-22

HALL, JACOB, MD†
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-SEP-22

HO, GILBERT, MD
Provider ID: N/A
5814 VAN ALLEN WAY STE 209
CARLSBAD, CA 92008
Effective as of 01-JAN-21

LANE, RICHARD, MD†
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Teleservice
Effective as of 01-LAN-23

LUHAR, RIYA, DO
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Teleservice
Effective as of 01-AUG-23

NIELSEN, AMY, DO†
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-MAR-21

NIELSEN, AMY, DO†
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-SEP-21

NIELSEN, AMY, DO†
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-SEP-21

NIELSEN, AMY, DO†
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-SEP-21

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>ID</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIELSEN, AMY, DO</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-JAN-16</td>
</tr>
<tr>
<td>OH, IRENE, MD</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>OH, IRENE, MD</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>OH, IRENE, MD</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-FEB-16</td>
</tr>
<tr>
<td>OLU, ARTHUR, DO</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>PADUGA, REMIA, MD</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>PADUGA, REMIA, MD</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-FEB-16</td>
</tr>
<tr>
<td>QUESNELL, TARA, DO</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>QUESNELL, TARA, DO</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>QUESNELL, TARA, DO</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>SADOFF, MARK, MD</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-FEB-16</td>
</tr>
<tr>
<td>SADOFF, MARK, MD</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>SADOFF, MARK, MD</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-FEB-16</td>
</tr>
<tr>
<td>SADOFF, MARK, MD</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>SCHIM, JACK, MD</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-FEB-16</td>
</tr>
<tr>
<td>SCHIM, JACK, MD</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>SAVANI, AMAN, MD</td>
<td>6010 HIDDEN VALLEY RD STE 200</td>
<td>N/A</td>
<td>01-NOV-23</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Effective as of 01-JAN-21

SCHIM, JACK, MD
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-FEB-16

WANG, ANCHI, MD
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-JAN-21

WANG, CHUNYANG, MD
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-SEP-21

WANG, ANCHI, MD
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-JAN-21

WANG, CHUNYANG, MD
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-AUG-23

WRIGHT, BRENTON, MD
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-JAN-21

YOSHII-CONTRERAS, JUNE, MD
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-JAN-23

PADUGA, REMIA, MD
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-NOV-23

ABDOU, RAMI, MD
Provider ID: N/A
2390 FARADAY AVE
CARLSBAD, CA 92008
Effective as of 01-AUG-22

CALZADA, AUDREY, MD
Provider ID: N/A
2390 FARADAY AVE
CARLSBAD, CA 92008
Effective as of 01-OCT-22

CHANG, EDWARD, MD
Provider ID: N/A
2390 FARADAY AVE
CARLSBAD, CA 92008
Teleservice
Effective as of 01-MAR-24

DATE, AMIT, MD
Provider ID: N/A
2390 FARADAY AVE
CARLSBAD, CA 92008
Teleservice
Effective as of 01-MAY-23

DONALDSON, CHADWICK, MD
Provider ID: N/A
2390 FARADAY AVE
CARLSBAD, CA 92008
Teleservice
Effective as of 01-JAN-21

NEUROPHYSIOLOGY
CLINICAL
<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>2390 FARADAY AVE</th>
<th>CARLSBAD, CA 92008</th>
<th>Teleservice</th>
<th>Effective as of 01-JAN-21</th>
</tr>
</thead>
</table>

**GOLDSZTEIN, HERNAN, MD†**
Provider ID: N/A
2390 FARADAY AVE
CARLSBAD, CA 92008
Teleservice
Effective as of 01-JAN-21

**PAUL, SUPRITI, MD†**
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 210
CARLSBAD, CA 92011
Teleservice
Effective as of 01-FEB-18

**SALGADO, MOSES, MD**
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 210
CARLSBAD, CA 92011
Teleservice
Effective as of 01-FEB-18

**TIAN, QING, MD†**
Provider ID: N/A
2390 FARADAY AVE
CARLSBAD, CA 92008
Teleservice
Effective as of 01-JAN-21

**TIAN, QING, MD†**
Provider ID: N/A
2390 FARADAY AVE
CARLSBAD, CA 92008
Teleservice
Effective as of 01-JAN-21

**PHYSICAL MEDICINE / REHABILITATION**

<table>
<thead>
<tr>
<th>DRAZET, MARTHA, PA</th>
<th>Provider ID: N/A</th>
<th>6121 PASEO DEL NORTE STE 200</th>
<th>CARLSBAD, CA 92011</th>
<th>Teleservice</th>
<th>Effective as of 01-SEP-21</th>
</tr>
</thead>
</table>

**PAUL, SUPRITI, MD†**
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 210
CARLSBAD, CA 92011
Teleservice
Effective as of 01-FEB-22

**HELMER, SANDIP, MD†**
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Teleservice
Effective as of 01-OCT-22

**TIAN, QING, MD†**
Provider ID: N/A
2390 FARADAY AVE
CARLSBAD, CA 92008
Teleservice
Effective as of 01-JAN-21

**PHYSICIANS ASSISTANT**

<table>
<thead>
<tr>
<th>DE VERA, SARAH, PA</th>
<th>Provider ID: N/A</th>
<th>2659 GATEWAY RD STE 106</th>
<th>CARLSBAD, CA 92009</th>
<th>Teleservice</th>
<th>Effective as of 01-OCT-22</th>
</tr>
</thead>
</table>

**FANNIN, HANAH, PA**
Provider ID: N/A
2659 GATEWAY RD STE 106
CARLSBAD, CA 92009
Teleservice
Effective as of 01-APR-24

**HERMANSON, KATHERLEEN, PA†**
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Teleservice
Effective as of 01-SEP-22

**HERMANSON, KATHERLEEN, PA†**
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 210
CARLSBAD, CA 92011
Teleservice
Effective as of 01-JAN-21

**HUANG, STEPHANIE, PA†**
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Teleservice
Effective as of 01-APR-24

**INOCELDA, ANDREW, PA†**
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Teleservice
Effective as of 01-MAR-23

**INOCELDA, ANDREW, PA†**
Provider ID: N/A
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Teleservice
Effective as of 01-SEP-22
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011 Effective as of 01-JAN-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEGALI, NICOLE, PA</td>
<td>Provider ID: N/A 6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011 Teleservice Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>REUSCH, KEVIN, PA</td>
<td>Provider ID: N/A 6121 PASEO DEL NORTE CARLSBAD, CA 92011 Teleservice Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>PSYCHIATRY</td>
<td></td>
</tr>
<tr>
<td>CAI, SHEILA, MD‡</td>
<td>Provider ID: N/A 6010 HIDDEN VALLEY RD STE 115 CARLSBAD, CA 92011 Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>PAULITSCH-BUCKINGHAM, ANDREA, MD‡</td>
<td>Provider ID: N/A 6010 HIDDEN VALLEY RD STE 115 CARLSBAD, CA 92011 Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>PAULITSCH-BUCKINGHAM, ANDREA, MD‡</td>
<td>Provider ID: N/A 6010 HIDDEN VALLEY RD STE 115 CARLSBAD, CA 92011 Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>PAULITSCH-BUCKINGHAM, ANDREA, MD‡</td>
<td>Provider ID: N/A 6010 HIDDEN VALLEY RD STE 115 CARLSBAD, CA 92011 Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>PAULITSCH-BUCKINGHAM, ANDREA, MD‡</td>
<td>Provider ID: N/A 6010 HIDDEN VALLEY RD STE 115 CARLSBAD, CA 92011 Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>PAULITSCH-BUCKINGHAM, ANDREA, MD‡</td>
<td>Provider ID: N/A 6010 HIDDEN VALLEY RD STE 115 CARLSBAD, CA 92011 Effective as of 01-OCT-23</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

**PSYCHIATRY CHILD**

CAI, SHEILA, MD†
Provider ID: N/A

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

CAI, SHEILA, MD†
Provider ID: N/A

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

CAI, SHEILA, MD†
Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 115
CARLSBAD, CA 92011
Effective as of 01-SEP-22

CAI, SHEILA, MD†
Provider ID: N/A

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

KAUP, ALLISON, PhD†
Provider ID: N/A

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

KAUP, ALLISON, PhD†
Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-NOV-23

KAUP, ALLISON, PhD†
Provider ID: N/A

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

KAUP, ALLISON, PhD†
Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-NOV-23

NOEL, NANCY, PhD
Provider ID: N/A

6768 PASEO DEL VIS
CARLSBAD, CA 92009
Effective as of 01-FEB-23

NOEL, NANCY, PhD
Provider ID: N/A

6768 PASEO DEL VIS
CARLSBAD, CA 92009
Effective as of 01-FEB-23

ROSEN, JAY, PhD†
Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-SEP-22

ROSEN, JAY, PhD†
Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-SEP-22

ROSEN, JAY, PhD†
Provider ID: N/A

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

ROSEN, JAY, PhD†
Provider ID: N/A

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

AMBROSE, CHRISTOPHER, PT
Provider ID: N/A

3070 MADISON ST
CARLSBAD, CA 92008
Effective as of 01-JAN-21

**PSYCHOLOGIST**
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOUTELLE, DAVID, PT</td>
<td>PT</td>
<td>N/A</td>
<td>3070 MADISON ST CARLSBAD, CA 92008</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>BOUTELLE, BARBARA, PT</td>
<td>PT</td>
<td>N/A</td>
<td>3070 MADISON ST CARLSBAD, CA 92008</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>DOULL, MATTHEW, PT</td>
<td>PT</td>
<td>N/A</td>
<td>6121 PASEO DEL NORTE CARLSBAD, CA 92011</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>GARBER, MARC, PT</td>
<td>PT</td>
<td>N/A</td>
<td>6121 PASEO DEL NORTE CARLSBAD, CA 92011</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>MCGEE, JACQUELINE, PT</td>
<td>PT</td>
<td>N/A</td>
<td>3070 MADISON ST CARLSBAD, CA 92008</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>TAMAYO, SYDNE, PT</td>
<td>PT</td>
<td>N/A</td>
<td>6121 PASEO DEL NORTE CARLSBAD, CA 92011</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>MADHAV, KINJAL, MD†</td>
<td>MD</td>
<td>N/A</td>
<td>6010 HIDDEN VALLEY RD CARLSBAD, CA 92011</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MADHAV, KINJAL, MD†</td>
<td>MD</td>
<td>N/A</td>
<td>6010 HIDDEN VALLEY RD CARLSBAD, CA 92011</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>ALLERGY IMMUNOLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHARMA, KUSUM, MD</td>
<td>MD</td>
<td>N/A</td>
<td>765 MEDICAL CENTER CT STE 216 CHULA VISTA, CA 91911</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>ANESTHESIOLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLASSER, MARGA, MD†</td>
<td>MD</td>
<td>N/A</td>
<td>2452 FENTON ST STE C101 CHULA VISTA, CA 91914</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>GLASSER, MARGA, MD†</td>
<td>MD</td>
<td>N/A</td>
<td>2452 FENTON ST STE C203 CHULA VISTA, CA 91914</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>GLASSER, MARGA, MD†</td>
<td>MD</td>
<td>N/A</td>
<td>2452 FENTON ST STE C101 CHULA VISTA, CA 91914</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>MACCHIO, GREGORY, MD†</td>
<td>MD</td>
<td>N/A</td>
<td>2452 FENTON ST STE C101 CHULA VISTA, CA 91914</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>2452 FENTON ST STE C101</td>
<td>CHULA VISTA, CA 91914</td>
<td>Effective as of 01-JUL-22</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------</td>
<td>-----------------------</td>
<td>---------------------------</td>
<td></td>
</tr>
<tr>
<td>ROMERO, KENNETH, MD†</td>
<td>Provider ID: N/A</td>
<td>752 MEDICAL CENTER CT STE 206</td>
<td>CHULA VISTA, CA 91911</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>THOMPSON, SANDRA, MD†</td>
<td>Provider ID: N/A</td>
<td>786 3RD AVE STE B</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>ANESTHESIOLOGY CRITICAL CARE MEDICINE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MACCHIO, GREGORY, MD†</td>
<td>Provider ID: N/A</td>
<td>2452 FENTON ST STE C101</td>
<td>CHULA VISTA, CA 91914</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>MACCHIO, GREGORY, MD†</td>
<td>Provider ID: N/A</td>
<td>2452 FENTON ST STE C203</td>
<td>CHULA VISTA, CA 91914</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>ANESTHESIOLOGY PAIN MANAGEMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BROWNLOW, ROY, MD</td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HORNER, HEATHER, AuD†</td>
<td>Provider ID: N/A</td>
<td>310 3RD AVE STE B21</td>
<td>CHULA VISTA, CA 91910</td>
<td>Teleservice</td>
</tr>
<tr>
<td>JESPERSEN, RHONDA, AuD</td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

106
310 3RD AVE STE B21
CHULA VISTA, CA 91910
Effective as of 01-JAN-23

CARDIAC ELECTROPHYSIOLOGY

ATHILL, CHARLES, MD
Provider ID: N/A
890 EASTLAKE PKWY STE 205
CHULA VISTA, CA 91914
Effective as of 01-JAN-21

BERMAN, BRETT, MD
Provider ID: N/A
321 E ST STE A
CHULA VISTA, CA 91910
Effective as of 01-MAR-16

DAWOOD, FARAH, MD
Provider ID: N/A
752 MEDICAL CENTER CT STE 207
CHULA VISTA, CA 91911
Effective as of 01-DEC-20

LERNER, JONATHAN, MD
Provider ID: N/A
765 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911
Effective as of 01-JUL-23

LERNER, JONATHAN, MD
Provider ID: N/A
865 3RD AVE STE 133
CHULA VISTA, CA 91911
Effective as of 01-JUL-23

PUGH, MATTHEW, DO
Provider ID: N/A
765 MEDICAL CENTER CT STE 205
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-NOV-21

PUGH, MATTHEW, DO
Provider ID: N/A
765 MEDICAL CENTER CT STE 205
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-SEP-21

SHAH, ABHISHEK, MD
Provider ID: N/A
765 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-SEP-22

SHAH, ABHISHEK, MD
Provider ID: N/A
865 3RD AVE STE 133
CHULA VISTA, CA 91911
Effective as of 01-JAN-23

CARDIOVASCULAR DISEASE

ABELHAD, NADIA, MD
Provider ID: N/A
765 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-APR-21

AIZIN, VITALI, MD
Provider ID: N/A
751 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911
Effective as of 01-JUL-23

AIZIN, VITALI, MD
Provider ID: N/A
321 E ST STE A
CHULA VISTA, CA 91910
Effective as of 01-MAR-21

AIZIN, VITALI, MD
Provider ID: N/A
890 EASTLAKE PKWY STE 205
CHULA VISTA, CA 91914
Effective as of 01-JAN-14

AIZIN, VITALI, MD
Provider ID: N/A
321 E ST STE A
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

BERMAN, BRETT, MD
Provider ID: N/A
321 E ST STE A
CHULA VISTA, CA 91910
Effective as of 01-FEB-21

CARLSON, STEVEN, MD
Provider ID: N/A
765 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-APR-21

CARLSON, STEVEN, MD
Provider ID: N/A
751 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

CEPIN, DANIEL, MD
Provider ID: N/A
890 EASTLAKE PKWY STE 205
CHULA VISTA, CA 91914
Effective as of 01-JAN-14

107
CEPIN, DANIEL, MD†
Provider ID: N/A
752 MEDICAL CENTER CT
STE 207
CHULA VISTA, CA 91911
Effective as of 01-AUG-21

COX, JUSTIN, MD†
Provider ID: N/A
890 EASTLAKE PKWY STE 205
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-SEP-23

DAWOOD, FARAH, MD†
Provider ID: N/A
752 MEDICAL CENTER CT
STE 207
CHULA VISTA, CA 91911
Effective as of 01-AUG-22

DO, HULBERT, MD
Provider ID: N/A
752 MEDICAL CENTER CT
STE 207
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

KIM, JAMES, MD†
Provider ID: N/A
754 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-JUN-21

LY, NANCY, MD†
Provider ID: N/A
754 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JUN-23

LY, NANCY, MD†
Provider ID: N/A
754 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-NOV-23

MEHTA, HIRSCH, MD†
Provider ID: N/A
890 EASTLAKE PKWY STE 205
CHULA VISTA, CA 91914
Effective as of 01-JAN-21

MOHAMEDALI, BURHAN, MD†
Provider ID: N/A
754 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

MONDRAGON, GUSTAVO, MD
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
855 THIRD AVE
STE 2230
CHULA VISTA, CA 91911
Effective as of 01-MAR-23

MONDRAGON, GUSTAVO, MD
Provider ID: N/A
855 THIRD AVE
STE 2230
CHULA VISTA, CA 91911
Effective as of 01-OCT-23

MONDRAGON, GUSTAVO, MD
Provider ID: N/A
480 4TH AVE STE 500
CHULA VISTA, CA 91910
Effective as of 01-NOV-20

NAGHI, JESSE, MD
Provider ID: N/A
752 MEDICAL CENTER CT
STE 207
CHULA VISTA, CA 91911
Effective as of 01-AUG-21

NARAYANAN, MEENA, MD
Provider ID: N/A
765 MEDICAL CENTER CT
STE 211
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

NARAYANAN, MEENA, MD
Provider ID: N/A
765 MEDICAL CENTER CT
STE 211
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

NISHIMURA, MARIN, MD
Provider ID: N/A
890 EASTLAKE PKWY STE 205
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-SEP-21

PONCE, SONIA, MD
Provider ID: N/A
890 EASTLAKE PKWY STE 205
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-SEP-22

PONCE, SONIA, MD
Provider ID: N/A
480 4TH AVE STE 401
CHULA VISTA, CA 91910
Effective as of 01-AUG-20

PONCE, SONIA, MD
Provider ID: N/A
340 4TH AVE STE 11
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-APR-21

PONCE, SONIA, MD
Provider ID: N/A
340 4TH AVE STE 11
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-APR-21

PONCE, SONIA, MD
Provider ID: N/A
890 EASTLAKE PKWY STE 205
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-SEP-22

PONCE, SONIA, MD
Provider ID: N/A
340 4TH AVE STE 11
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JAN-21

PONCE, SONIA, MD
Provider ID: N/A
340 4TH AVE STE 11
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-MAR-24

ROUGH, STEVEN, MD
Provider ID: N/A
754 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-MAR-23

SARSAM, LUAY, MD
专科护理医生

C1. 网络提供者名单

<table>
<thead>
<tr>
<th>网络提供者名单</th>
<th>专科护理医生</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: N/A</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>765 MEDICAL CENTER CT STE 211 CHULA VISTA, CA 91911</td>
<td>752 MEDICAL CENTER CT STE 207 CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td>Effective as of 01-JUL-23</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>SARSAM, LUAY, MD</td>
<td>SHEREV, DIMITRI, MD†</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>765 MEDICAL CENTER CT STE 211 CHULA VISTA, CA 91911</td>
<td>340 FOURTH AVE STE 4 CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-JUL-23</td>
<td>Effective as of 01-SEP-23</td>
</tr>
<tr>
<td>SARSAM, LUAY, MD</td>
<td>SHEREV, DIMITRI, MD</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>865 3RD AVE STE 133 CHULA VISTA, CA 91911</td>
<td>765 MEDICAL CENTER CT STE 211 CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td>Effective as of 01-JUL-23</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>SARSAM, LUAY, MD</td>
<td>SUDHAKAR, DEEPTHI, MD†</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>865 3RD AVE STE 133 CHULA VISTA, CA 91911</td>
<td>765 MEDICAL CENTER CT STE 211 CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td>Effective as of 01-JUL-23</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>SHAH, KULIN, MD†</td>
<td>SUDHAKAR, DEEPTHI, MD†</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>865 3RD AVE STE 133 CHULA VISTA, CA 91911</td>
<td>865 3RD AVE STE 133 CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td>Effective as of 01-JUL-23</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>SHAH, ABHISHEK, MD†</td>
<td>WYSOCZANSKI, MARIUSZ, MD†</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>765 MEDICAL CENTER CT STE 211 CHULA VISTA, CA 91911</td>
<td>754 MEDICAL CENTER CT STE 101 CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td>Effective as of 01-SEP-22</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>SHAH, KULIN, MD†</td>
<td>WYSOCZANSKI, MARIUSZ, MD†</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>765 MEDICAL CENTER CT STE 211 CHULA VISTA, CA 91911</td>
<td>754 MEDICAL CENTER CT STE 101 CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td>Effective as of 01-JAN-23</td>
<td>Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>WYSOCZANSKI, MARIUSZ, MD†</td>
<td>WYSOCZANSKI, MARIUSZ, MD†</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>754 MEDICAL CENTER CT STE 101 CHULA VISTA, CA 91911</td>
<td>754 MEDICAL CENTER CT STE 101 CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td>Effective as of 01-SEP-21</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>YAU, STEPHEN, MD†</td>
<td>WILCOX, WENONAH, LAC†</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>429 BROADWAY CHULA VISTA, CA 91910</td>
<td>786 3RD AVE STE B CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Teleservice</td>
<td>Teleservice</td>
</tr>
<tr>
<td>Effective as of 01-AUG-21</td>
<td>Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>YAU, STEPHEN, MD†</td>
<td>ZAVARO, SUHAIL, MD</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>429 BROADWAY CHULA VISTA, CA 91910</td>
<td>890 EASTLAKE PKWY STE 205 CHULA VISTA, CA 91914</td>
</tr>
<tr>
<td>Teleservice</td>
<td>Teleservice</td>
</tr>
<tr>
<td>Effective as of 01-AUG-22</td>
<td>Effective as of 01-FEB-23</td>
</tr>
<tr>
<td>CERTIFIED ACUPUNCTURIST</td>
<td>LAM, KHANH, LAC†</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>340 4TH AVE STE 19 CHULA VISTA, CA 91910</td>
<td>754 MEDICAL CENTER CT STE 211 CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td>Teleservice</td>
<td>Teleservice</td>
</tr>
<tr>
<td>Effective as of 01-MAR-23</td>
<td>Effective as of 01-SEP-21</td>
</tr>
<tr>
<td>WILCOX, WENONAH, LAC†</td>
<td>WILCOX, WENONAH, LAC†</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>786 3RD AVE STE B CHULA VISTA, CA 91910</td>
<td>754 MEDICAL CENTER CT STE 211 CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td>Teleservice</td>
<td>Teleservice</td>
</tr>
<tr>
<td>Effective as of 01-FEB-23</td>
<td>Effective as of 01-JUN-23</td>
</tr>
</tbody>
</table>

您的primary care提供者的医疗机构可能有心理健康提供者的网络。请参阅下表。

您可能直接联系这些提供者。请留意，某些服务可能需要心理健康提供者从Blue Shield获得预先授权，以便能够覆盖。

访问心理健康提供者在线列表，请访问blueshieldca.com/fad。
C1. 网络提供者名单
专科护理医生

BRAYTENBAH, MELANIE, NP
Provider ID: N/A
752 MEDICAL CENTER CT
STE 302
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-SEP-22

BRAYTENBAH, MELANIE, NP
Provider ID: N/A
752 MEDICAL CENTER CT
STE 302
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-JAN-21

BURKE, ALICIA, NP
Provider ID: N/A
765 3RD AVE STE 100
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-DEC-22

CARRION GELABERT, ANA,
NPF
Provider ID: N/A
450 FOURTH AVE
STE 215
CHULA VISTA, CA 91910
Effective as of 01-NOV-23

CORREA, CARINA, NP
Provider ID: N/A
299 J ST
CHULA VISTA, CA 91910
Effective as of 01-AUG-22

HALE, EMILY, NPF
Provider ID: N/A
344 F ST STE 203
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-MAY-23

JOHNSON, KIMBERLY, NP
Provider ID: N/A
429 BROADWAY
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-AUG-21

KANTAS, PARIS, NP
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-AUG-22

KELLER, YESения, NP
Provider ID: N/A
340 FOURTH AVE
STE 11
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JUL-23

KELLER, YESения, NP
Provider ID: N/A
340 FOURTH AVE
STE 11
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-MAY-21

MAGANDA, JESSICA, NP
Provider ID: N/A
340 FOURTH AVE
STE 11
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-APR-24

MAYOYO, MARIlyNN, NP
Provider ID: N/A
890 EASTLAKE PKWY STE
205
CHULA VISTA, CA 91914
Effective as of 01-MAR-23

OLESCO, JENNIFER, NP
Provider ID: N/A
752 MEDICAL CENTER CT
STE 302
CHULA VISTA, CA 91911
Effective as of 01-NOV-22

PANTOJA, DANICA-ELLA, NP
Provider ID: N/A
340 FOURTH AVE
STE 9
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-MAR-24

ROSS, CRYSTAL, NP
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-MAY-21

SICKLES, MAGGIE, NP
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-DEC-21

SPaulding, ENJOLI, NP
Provider ID: N/A
786 3RD AVE STE B
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

TOMICICH, STEPHANIE, NP
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

YALDO, ATHMAR, NP
Provider ID: N/A
429 BROADWAY
C1. 网络提供者名单
专科护理医生

CHULA VISTA, CA 91910
Teleservice
Effective as of 01-DEC-21

CERTIFIED REGISTERED
NURSE MIDWIFE

MARTINEZ, NANCY, CRNM
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

CHIROPRACTOR

WENDEL, TREvor, DC
Provider ID: N/A
535 H ST
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

DERMATOLOGY

ANGRA, KunAL, MD†
Provider ID: N/A
2300 BOSWELL RD STE 130
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-DEC-22

BARNARD, CHRISTOPHER, MD
Provider ID: N/A
2300 BOSWELL RD STE 130
CHULA VISTA, CA 91914
Effective as of 01-MAR-24

BARNARD, CHRISTOPHER, MD
Provider ID: N/A
2300 BOSWELL RD STE 130
CHULA VISTA, CA 91914
Effective as of 01-MAR-24

MCKESEY, JACQUELINE, MD
Provider ID: N/A

RULLAN, Peter, MD†
Provider ID: N/A
256 LANDIS AVE FL 3
CHULA VISTA, CA 91910
Effective as of 01-FEB-23

RULLAN, JENNIFER, MD†
Provider ID: N/A
256 LANDIS AVE STE 300
CHULA VISTA, CA 91910
Effective as of 01-SEP-15

STEIN, ALEXANDER, MD†
Provider ID: N/A
340 4TH AVE STE 14
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

STEIN, ALEXANDER, MD†
Provider ID: N/A
340 4TH AVE STE 14
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

STEIN, ALEXANDER, MD†
Provider ID: N/A
2300 BOSWELL RD STE 130
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-DEC-22

TOMPKINS, STACY, MD†
Provider ID: N/A
333 H ST STE 1080
CHULA VISTA, CA 91910
Effective as of 01-AUG-22

TOMPKINS, STACY, MD†
Provider ID: N/A
2300 BOSWELL RD STE 130
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-DEC-22

TOMPKINS, STACY, MD†
Provider ID: N/A
2300 BOSWELL RD STE 130
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-NOV-23

ZALESKI LARSEN, LISA, DO
Provider ID: N/A
2300 BOSWELL RD STE 130
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-NOV-23

ZALESKI LARSEN, LISA, DO
Provider ID: N/A
2300 BOSWELL RD STE 130
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-MAY-23

ZALESKI LARSEN, LISA, DO
Provider ID: N/A
2300 BOSWELL RD STE 130
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-JAN-24

EMERGENCY MEDICINE

AZAM, ARSALAN, MD
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
C1. 网络提供者名单
专科护理医生

Effective as of 01-FEB-24

**BRODAK, DANIKA, MD**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-FEB-24

**DILLMAN, ARIANA, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

**DILLMAN, ARIANA, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

**EINSTEIN, ERIC, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

**FRENCH, TONIANNE, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

**FRENCH, TONIANNE, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

**GALASSO, MADISON, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

**GALASSO, MADISON, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-FEB-24

**GALASSO, MADISON, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

**GALASSO, MADISON, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

**GRIESINGER, MICHAEL, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

**GRIESINGER, MICHAEL, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

**HARE, MARC, MD†**
Provider ID: N/A
1111 BROADWAY STE 305
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-APR-23

**HARE, MARC, MD†**
Provider ID: N/A
1111 BROADWAY STE 305
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-DEC-21

**HARRELL-BURDER, BEVERLY, MD†**
Provider ID: N/A
333 H ST STE 280
CHULA VISTA, CA 91910
Effective as of 01-FEB-21

**JOUDAIN, VICTOR, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

**JOUDAIN, VICTOR, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-FEB-21

**MC MILLAN, MONICA, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

**NARDI, SEAN, DO†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

**PORTILLO, TANIA, MD†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

**QUENZER, FAITH, DO†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

**QUENZER, FAITH, DO†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

**REARDON, JACQUELINE, DO†**
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Effective as of 01-JUL-22

REARDON, JACQUELINE, DO†
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

ROXAS, ROGER, MD†
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

ARGOUD, GEORGES, MD†
Provider ID: N/A
340 4TH AVE STE 7A
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

THOMAS, CAROL, MD†
Provider ID: N/A
1000 5TH AVE
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

SBIROLO, EMILY, MD†
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

CARRILLO, MARITZA, MD†
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JUL-22

TRESENIRTER, MEGAN, MD†
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

TRESENIRTER, MEGAN, MD†
Provider ID: N/A
333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

CARRILLO, MARITZA, MD†
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JUL-22

* Effective as of 01-JUL-22

** Effective as of 01-JUL-22

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>303 H ST STE 103</th>
<th>CHULA VISTA, CA 91910</th>
</tr>
</thead>
<tbody>
<tr>
<td>VINCENT, LAUREN, MD†</td>
<td>678 3RD AVE</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-AUG-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VINCENT, LAUREN, MD†</td>
<td>678 3RD AVE</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-JAN-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VINCENT, LAUREN, MD†</td>
<td>678 3RD AVE</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-JUL-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GASTROENTEROLOGY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALAYO, ERICK, MD†</td>
<td>400 E ST</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-OCT-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALAYO, ERICK, MD†</td>
<td>587 3RD AVE</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-DEC-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAIG, NABIL, DO†</td>
<td>303 H ST STE 103</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-OCT-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUQUE, JOHN, MD†</td>
<td>480 4TH AVE STE 316</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-JAN-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUQUE, JOHN, MD†</td>
<td>480 4TH AVE STE 316</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-SEP-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUQUE, JOHN, MD†</td>
<td>480 4TH AVE STE 316</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-SEP-15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUQUE, JOHN, MD†</td>
<td>480 4TH AVE STE 316</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-JAN-14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUQUE, JOHN, MD†</td>
<td>480 4TH AVE STE 316</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-JUL-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HASSANEIN, TAREK, MD†</td>
<td>303 H ST STE 103</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Teleservice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HASSANEIN, TAREK, MD†</td>
<td>256 LANDIS AVE STE 202</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-MAR-18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HASSANEIN, TAREK, MD†</td>
<td>480 4TH AVE STE 316</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HASSANEIN, TAREK, MD†</td>
<td>256 LANDIS AVE STE 202</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Effective as of 01-MAR-18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

Visit blueshieldca.com/fad to access a listing of mental health providers online.
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hassanein, Tarek, MD ²</td>
<td>256 Landis Ave Ste 204</td>
<td>01-Sep-15</td>
</tr>
<tr>
<td></td>
<td>Chula Vista, CA 91910</td>
<td></td>
</tr>
<tr>
<td>Hassanein, Tarek, MD ²</td>
<td>256 Landis Ave Ste 202</td>
<td>01-Sep-22</td>
</tr>
<tr>
<td></td>
<td>Chula Vista, CA 91910</td>
<td></td>
</tr>
<tr>
<td>Hassanein, Tarek, MD ²</td>
<td>303 H St Ste 103</td>
<td>01-Jan-14, 01-Jan-21</td>
</tr>
<tr>
<td></td>
<td>Chula Vista, CA 91910</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td>Hassanein, Tarek, MD ²</td>
<td>303 H St Ste 103</td>
<td>01-Sep-22</td>
</tr>
<tr>
<td></td>
<td>Chula Vista, CA 91910</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td>Hassanein, Tarek, MD ²</td>
<td>1323 3rd Ave</td>
<td>01-Oct-23</td>
</tr>
<tr>
<td></td>
<td>Chula Vista, CA 91911</td>
<td></td>
</tr>
<tr>
<td>Korn, Errol, MD</td>
<td>769 Medical Center Ct Ste 303</td>
<td>01-Jan-21, 01-Apr-21</td>
</tr>
<tr>
<td></td>
<td>Chula Vista, CA 91911</td>
<td></td>
</tr>
<tr>
<td>Korn, Errol, MD</td>
<td>769 Medical Center Ct Ste 303</td>
<td>01-May-22</td>
</tr>
<tr>
<td></td>
<td>Chula Vista, CA 91911</td>
<td></td>
</tr>
<tr>
<td>Novo, Megan, MD</td>
<td>296 H St Ste 301</td>
<td>01-Sep-13, 01-Sep-15</td>
</tr>
<tr>
<td></td>
<td>Chula Vista, CA 91910</td>
<td></td>
</tr>
<tr>
<td>Sweet, Patrick, MD ²</td>
<td>750 Medical Center Ct Ste 14</td>
<td>01-Sep-22</td>
</tr>
<tr>
<td></td>
<td>Chula Vista, CA 91911</td>
<td></td>
</tr>
<tr>
<td>Thomas, Carlton, MD ²</td>
<td>353 Church Ave Ste A</td>
<td>01-May-22</td>
</tr>
<tr>
<td></td>
<td>Chula Vista, CA 91910</td>
<td></td>
</tr>
<tr>
<td>Wiener, Gregory, MD ²</td>
<td>353 Church Ave Ste A</td>
<td>01-Jan-14, 01-Jan-21</td>
</tr>
<tr>
<td></td>
<td>Chula Vista, CA 91910</td>
<td></td>
</tr>
<tr>
<td>ANDERSON, ELAINE, MA ²</td>
<td>310 3rd Ave Ste B21/C11</td>
<td>01-Jan-14</td>
</tr>
<tr>
<td></td>
<td>Chula Vista, CA 91910</td>
<td></td>
</tr>
<tr>
<td>Davis, Kelle, MA ²</td>
<td>310 3rd Ave Ste C11</td>
<td>01-Sep-22</td>
</tr>
<tr>
<td></td>
<td>Chula Vista, CA 91910</td>
<td></td>
</tr>
<tr>
<td>ANDREY, JEFFREY, MD ²</td>
<td>353 Church Ave Ste A</td>
<td>01-Sep-15</td>
</tr>
<tr>
<td></td>
<td>Chula Vista, CA 91910</td>
<td></td>
</tr>
<tr>
<td>Hematology / Oncology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANDREY, JEFFREY, MD ²</td>
<td>450 4th Ave Ste 311</td>
<td>01-Sep-22, 01-Sep-22</td>
</tr>
</tbody>
</table>
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

BASERI, BABAK, MD†
Provider ID: N/A
450 4TH AVE STE 311
CHULA VISTA, CA 91910
Effective as of 01-DEC-23

BASERI, BABAK, MD†
Provider ID: N/A
450 4TH AVE STE 311
CHULA VISTA, CA 91910
Effective as of 01-FEB-24

BASERI, BABAK, MD†
Provider ID: N/A
450 4TH AVE STE 311
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

ITURBE-ALESSIO, IGNACIO, MD†
Provider ID: N/A
855 3RD AVE STE 3330
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-JAN-23

ITURBE-ALESSIO, IGNACIO, MD†
Provider ID: N/A
855 3RD AVE STE 3330
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-FEB-22

JOHNSON, KENNETH, MD†
Provider ID: N/A
769 MEDICAL CENTER CT
STE 202
CHULA VISTA, CA 91911
Effective as of 01-MAY-15

MARJON, PHILIP, MD†
Provider ID: N/A
450 4TH AVE STE 311
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

MOOLANI, RAMESH, MD†
Provider ID: N/A
855 3RD AVE STE 3330
CHULA VISTA, CA 91911
Effective as of 01-APR-23

MOOLANI, RAMESH, MD†
Provider ID: N/A
855 3RD AVE STE 3330
CHULA VISTA, CA 91911
Effective as of 01-FEB-22

NAIDZIONAK, ULADZISLAU, MD†
Provider ID: N/A
750 MEDICAL CENTER CT
STE 9
CHULA VISTA, CA 91911
Effective as of 01-JUL-22

NORTON, MARILYN, MD†
Provider ID: N/A
769 MEDICAL CENTER CT
STE 202
CHULA VISTA, CA 91911
Effective as of 01-MAY-15

NORTON, MARILYN, MD†
Provider ID: N/A
769 MEDICAL CENTER CT
STE 202
CHULA VISTA, CA 91911
Effective as of 01-FEB-22

QUIROZ, ELISA, MD†
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-OCT-21

SAUNDERS, PHILLIP, DO†
Provider ID: N/A
450 4TH AVE STE 311
CHULA VISTA, CA 91910
Effective as of 01-NOV-22

SCHWERKOSKE, JOHN, MD†
Provider ID: N/A
450 4TH AVE STE 311
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

SCHWERKOSKE, JOHN, MD†
Provider ID: N/A
450 4TH AVE STE 311
CHULA VISTA, CA 91910
Effective as of 01-MAY-22

SONG, SEUNG-YIL, MD†
Provider ID: N/A
750 MEDICAL CENTER CT
STE 9
CHULA VISTA, CA 91911
Effective as of 01-JUL-22

INTERNAL MEDICINE

BALDERAS-MAGALLANES, RODOLFO, MD
Provider ID: N/A
678 THIRD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-APR-24

CHITKARA, PUJA, MD†
Provider ID: N/A
765 MEDICAL CENTER CT
STE 216
CHULA VISTA, CA 91911
Effective as of 01-JAN-21

JAIN, SUPRABHA, MD
Provider ID: N/A
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Title</th>
<th>Specialty</th>
<th>Network Site</th>
<th>Address</th>
<th>City, State Zip Code</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>LIRA, JOSE, MD²</td>
<td>Specialty</td>
<td>765 3RD AVE STE 10</td>
<td>CHULA VISTA, CA 91910</td>
<td>Teleservice</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>N/A</td>
<td>LIU, ANDREW, MD</td>
<td>Specialty</td>
<td>841 KUHN DR STE 200</td>
<td>CHULA VISTA, CA 91914</td>
<td></td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>N/A</td>
<td>MEYER, JILL, MD²</td>
<td>Specialty</td>
<td>752 MEDICAL CENTER CT STE 302</td>
<td>CHULA VISTA, CA 91911</td>
<td></td>
<td>01-MAY-24</td>
</tr>
<tr>
<td>N/A</td>
<td>MEYER, JILL, MD²</td>
<td>Specialty</td>
<td>340 4TH AVE STE 4</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td>01-MAY-24</td>
</tr>
<tr>
<td>N/A</td>
<td>MEYER, JILL, MD²</td>
<td>Specialty</td>
<td>752 MEDICAL CENTER CT STE 302</td>
<td>CHULA VISTA, CA 91911</td>
<td></td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>N/A</td>
<td>MOOLANI, UJJALA, MD</td>
<td>Specialty</td>
<td>890 EASTLAKE PKWY STE 205</td>
<td>CHULA VISTA, CA 91914</td>
<td></td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>N/A</td>
<td>MOOLANI, UJJALA, MD²</td>
<td>Specialty</td>
<td>340 4TH AVE STE 4</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>N/A</td>
<td>MOOLANI, UJJALA, MD²</td>
<td>Specialty</td>
<td>272 CHURCH AVE STE 1</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>NARULA, ARVIN, MD²</td>
<td>Specialty</td>
<td>340 4TH AVE STE 4</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>OLIVER, DEANNA, MD²</td>
<td>Specialty</td>
<td>303 H ST STE 103</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td>01-MAY-21</td>
</tr>
<tr>
<td>N/A</td>
<td>OLIVER, DEANNA, MD²</td>
<td>Specialty</td>
<td>303 H ST STE 103</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>N/A</td>
<td>PATEL, AMAR, MD²</td>
<td>Specialty</td>
<td>340 4TH AVE STE 4</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>PONCE, SONIA, MD²</td>
<td>Specialty</td>
<td>429 BROADWAY</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>REDDY, SMITHA, MD²</td>
<td>Specialty</td>
<td>272 CHURCH AVE STE 1</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>REDDY, SMITHA, MD²</td>
<td>Specialty</td>
<td>272 CHURCH AVE STE 1</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td>01-SEP-22</td>
</tr>
</tbody>
</table>

*INTERVENTIONAL CARDIOLOGY*

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Title</th>
<th>Specialty</th>
<th>Network Site</th>
<th>Address</th>
<th>City, State Zip Code</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>AIZIN, VITALI, MD²</td>
<td>Specialty</td>
<td>321 E ST STE A</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td>01-FEB-16</td>
</tr>
<tr>
<td>N/A</td>
<td>BARVALIA, MIHIR, MD²</td>
<td>Specialty</td>
<td>752 MEDICAL CENTER CT STE 207</td>
<td>CHULA VISTA, CA 91911</td>
<td></td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>N/A</td>
<td>BERMAN, BRETT, MD²</td>
<td>Specialty</td>
<td>321 E ST STE A</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>N/A</td>
<td>BERMAN, BRETT, MD²</td>
<td>Specialty</td>
<td>321 E ST STE A</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td>01-MAR-16</td>
</tr>
<tr>
<td>N/A</td>
<td>BERMAN, BRETT, MD²</td>
<td>Specialty</td>
<td>321 E ST STE A</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td>01-SEP-22</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>754 MEDICAL CENTER CT STE 101</th>
<th>CHULA VISTA, CA 91911</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-NOV-23</td>
<td></td>
</tr>
<tr>
<td>ROUGH, STEVEN, MD Provider ID: N/A</td>
<td>754 MEDICAL CENTER CT STE 101</td>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>RUBIO GARCIA, MANOLO, MD† Provider ID: N/A</td>
<td>754 MEDICAL CENTER CT STE 101</td>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>RUBIO GARCIA, MANOLO, MD† Provider ID: N/A</td>
<td>754 MEDICAL CENTER CT STE 101</td>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>RUBIO GARCIA, MANOLO, MD† Provider ID: N/A</td>
<td>754 MEDICAL CENTER CT STE 101</td>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>SHAH, KULIN, MD† Provider ID: N/A</td>
<td>754 MEDICAL CENTER CT STE 101</td>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>754 MEDICAL CENTER CT STE 101</td>
<td>CHULA VISTA, CA 91911</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-APR-23</td>
<td></td>
</tr>
<tr>
<td>SHARF, ALBERT, MD Provider ID: N/A</td>
<td>1310 3RD AVE STE B4</td>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>SHEREV, DIMITRI, MD† Provider ID: N/A</td>
<td>754 MEDICAL CENTER CT STE 101</td>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>SHEREV, DIMITRI, MD† Provider ID: N/A</td>
<td>754 MEDICAL CENTER CT STE 101</td>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>SUDHAKAR, DEEPTHI, MD† Provider ID: N/A</td>
<td>754 MEDICAL CENTER CT STE 101</td>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>SUDHAKAR, DEEPTHI, MD† Provider ID: N/A</td>
<td>754 MEDICAL CENTER CT STE 101</td>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>WYSOCZANSKI, MARIUSZ, MD† Provider ID: N/A</td>
<td>754 MEDICAL CENTER CT STE 101</td>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-APR-23</td>
<td></td>
</tr>
<tr>
<td>WYSOCZANSKI, MARIUSZ, MD† Provider ID: N/A</td>
<td>754 MEDICAL CENTER CT STE 101</td>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-APR-23</td>
<td></td>
</tr>
<tr>
<td>754 MEDICAL CENTER CT STE 101</td>
<td>CHULA VISTA, CA 91911</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-APR-23</td>
<td></td>
</tr>
<tr>
<td>CAMARGO, SANDRA, MFT Provider ID: N/A</td>
<td>880 3RD AVE STE A</td>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-APR-24</td>
<td></td>
</tr>
<tr>
<td>CASTELLANOS, GRACIELA, MFT† Provider ID: N/A</td>
<td>1061 TIERRA DEL REY STE 303</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-DEC-21</td>
<td></td>
</tr>
<tr>
<td>CASTELLANOS, GRACIELA, MFT† Provider ID: N/A</td>
<td>1061 TIERRA DEL REY STE 303</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-DEC-21</td>
<td></td>
</tr>
<tr>
<td>CASTELLANOS, GRACIELA, MFT† Provider ID: N/A</td>
<td>1061 TIERRA DEL REY STE 303</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-DEC-21</td>
<td></td>
</tr>
<tr>
<td>SHIELDS, SEBASTIAN, MFT Provider ID: N/A</td>
<td>678 3RD AVE</td>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-DEC-21</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

**CHULA VISTA, CA 91910**
Teleservice
Effective as of 01-JUN-23

**NEPHROLOGY**

AL-DAHHAN, ZAID, MD
Provider ID: N/A
340 4TH AVE STE 4
CHULA VISTA, CA 91910
Effective as of 01-MAY-23

FERNANDEZ, RODRIGO, MD†
Provider ID: N/A
450 4TH AVE STE 201
CHULA VISTA, CA 91910
Effective as of 01-MAY-21

HOREISH, ADAM, MD†
Provider ID: N/A
340 4TH AVE STE 4
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

HOREISH, ADAM, MD†
Provider ID: N/A
340 4TH AVE STE 4
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

KAYAL, ANAS, MD†
Provider ID: N/A
296 H ST STE 304
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-SEP-22

KHAING, KATHY, MD†
Provider ID: N/A
340 4TH AVE STE 4
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

KHAING, KATHY, MD†
Provider ID: N/A
340 4TH AVE STE 4
CHULA VISTA, CA 91910
Effective as of 01-JUL-21

KHAING, KATHY, MD†
Provider ID: N/A
340 4TH AVE STE 4
CHULA VISTA, CA 91910
Effective as of 01-APR-19

KHAING, KATHY, MD†
Provider ID: N/A
340 4TH AVE STE 4
CHULA VISTA, CA 91910
Effective as of 01-JUL-21

LOZADA-PASTORIO, ELIZABETH, MD†
Provider ID: N/A
340 4TH AVE STE 4
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

LOZADA-PASTORIO, ELIZABETH, MD†
Provider ID: N/A
340 4TH AVE STE 14
CHULA VISTA, CA 91910
Effective as of 01-SEP-20

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

LOZADA-PASTORIO, ELIZABETH, MD†
Provider ID: N/A
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911
Effective as of 01-JAN-21

LOZADA-PASTORIO, ELIZABETH, MD†
Provider ID: N/A
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911
Effective as of 01-NOV-16

LOZADA-PASTORIO, ELIZABETH, MD†
Provider ID: N/A
340 4TH AVE STE 4
CHULA VISTA, CA 91910
Effective as of 01-JAN-21
C1. 网络提供者名单
专科护理医生

- MEYER, JILL, MD
  Provider ID: N/A
  Effective as of 01-JUL-22

- MOOLANI, UJJALA, MD
  Provider ID: N/A
  Effective as of 01-JUL-22

- MEYER, JILL, MD
  Provider ID: N/A
  Effective as of 01-JAN-14

- MOOLANI, UJJALA, MD
  Provider ID: N/A
  Effective as of 01-OCT-22

- MEYER, JILL, MD
  Provider ID: N/A
  Effective as of 01-JUL-22

- MOOLANI, UJJALA, MD
  Provider ID: N/A
  Effective as of 01-JUL-22

- MEYER, JILL, MD
  Provider ID: N/A
  Effective as of 01-AUG-14

- MOOLANI, UJJALA, MD
  Provider ID: N/A
  Effective as of 01-JUL-22

- MEYER, JILL, MD
  Provider ID: N/A
  Effective as of 01-JUL-22

- MOOLANI, UJJALA, MD
  Provider ID: N/A
  Effective as of 01-JUL-22

- MEYER, JILL, MD
  Provider ID: N/A
  Effective as of 01-JUL-22

- MOOLANI, UJJALA, MD
  Provider ID: N/A
  Effective as of 01-JUL-22

122

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
123
C1. 网络提供者名单

专科护理医生

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

HUISA-GARATE, BRANKO, MD†
Provider ID: N/A
450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

MAREK, MAKSYM, MD
Provider ID: N/A
450 FOURTH AVE
STE 215
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-FEB-24

MAREK, MAKSYM, MD
Provider ID: N/A
450 FOURTH AVE
STE 215
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JAN-21

MAREK, MAKSYM, MD
Provider ID: N/A
750 MEDICAL CENTER CT
STE 6
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

MOHAMMAD, AHMAD SHAH, MD†
Provider ID: N/A
750 MEDICAL CENTER CT
STE 6
CHULA VISTA, CA 91911
Effective as of 01-JAN-21

MOHAMMAD, AHMAD SHAH, MD†
Provider ID: N/A
450 4TH AVE STE 215
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-FEB-24

SILVER, BRENT, MD†
Provider ID: N/A
450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-DEC-22

SILVER, BRENT, MD†
Provider ID: N/A
450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-NOV-22

SORIA LOPEZ, JOSE, MD†
Provider ID: N/A
450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-SEP-21

SORIA LOPEZ, JOSE, MD†
Provider ID: N/A
450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-MAR-24

NEUROLOGY CHILD

OLENSKI, KLARI, DO†
Provider ID: N/A
450 4TH AVE
STE 215
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-NOV-21

OBSTETRICS / GYNECOLOGY

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

PHAM, ALISE, DO
Provider ID: N/A
450 FOURTH AVE
STE 215
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-MAY-22

PHAM, ALISE, DO
Provider ID: N/A
340 FOURTH AVE
STE 4
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-MAR-24
ATIGA, SCHUBERT, MD\textsuperscript{†}
Provider ID: N/A
765 MEDICAL CENTER CT
STE 209
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

CHAC, RICK, MD\textsuperscript{†}
Provider ID: N/A
660 OLD TELEGRAPH
CANYON RD
CHULA VISTA, CA 91910
Effective as of 01-SEP-20

HUGHES, ELISA, OT\textsuperscript{†}
Provider ID: N/A
880 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JUN-22

LOPEZ, ALYSSA-NICOLE, OT
Provider ID: N/A
88 E BONITA RD STE C
CHULA VISTA, CA 91910
Effective as of 01-OCT-23

MENDEZ, DIEGO, MD\textsuperscript{†}
Provider ID: N/A
660 OLD TELEGRAPH
CANYON RD
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

CHAC, RICK, MD\textsuperscript{†}
Provider ID: N/A
660 OLD TELEGRAPH
CANYON RD
CHULA VISTA, CA 91910
Effective as of 01-SEP-16

LOPEZ, ALYSSA-NICOLE, OT
Provider ID: N/A
88 E BONITA RD STE C
CHULA VISTA, CA 91910
Effective as of 01-DEC-23

ATIGA, SCHUBERT, MD\textsuperscript{†}
Provider ID: N/A
752 MEDICAL CENTER CT
STE 106
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

CHAC, RICK, MD\textsuperscript{†}
Provider ID: N/A
660 OLD TELEGRAPH
CANYON RD
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

MORRIS, SHEILA, OT\textsuperscript{†}
Provider ID: N/A
1020 TIERRA DEL REY STE
A-1
CHULA VISTA, CA 91910
Effective as of 01-AUG-20

ATIGA, SCHUBERT, MD\textsuperscript{†}
Provider ID: N/A
752 MEDICAL CENTER CT
STE 106
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

SHORT, ABIADE, MD\textsuperscript{†}
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-NOV-21

PORTER, EILEEN, OT
Provider ID: N/A
88 E BONITA RD STE C
CHULA VISTA, CA 91910
Effective as of 01-JAN-22

ATIGA, SCHUBERT, MD\textsuperscript{†}
Provider ID: N/A
752 MEDICAL CENTER CT
STE 106
CHULA VISTA, CA 91911
Effective as of 01-AUG-20

MORRIS, SHEILA, OT\textsuperscript{†}
Provider ID: N/A
1020 TIERRA DEL REY STE
A-1
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

PORTER, EILEEN, OT
Provider ID: N/A
88 E BONITA RD STE C
CHULA VISTA, CA 91910
Effective as of 01-AUG-23

CHAC, RICK, MD\textsuperscript{†}
Provider ID: N/A
660 OLD TELEGRAPH
CANYON RD
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

PORTER, EILEEN, OT
Provider ID: N/A
88 E BONITA RD STE C
CHULA VISTA, CA 91910
Effective as of 01-OCT-23

CHAC, RICK, MD\textsuperscript{†}
Provider ID: N/A
660 OLD TELEGRAPH
CANYON RD
CHULA VISTA, CA 91910
Effective as of 01-AUG-20

OPHTHALMOLOGY

BRYANT, DUANE, MD\textsuperscript{†}
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JAN-21
BRYANT, DUANE, MD
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JAN-21

BRYANT, DUANE, MD
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JUL-22

BRYANT, DUANE, MD
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-OCT-19

BRYANT, DUANE, MD
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JUN-19

CARRABY, ARNETT, MD
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-AUG-20

COCKERHAM, KIMBERLY, MD
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Effective as of 01-DEC-23

DELENGOCKY, TAYSON, DO
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JUL-22

MANI, MAJID, MD
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

CARRABY, ARNETT, MD
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JUL-22

CARRABY, ARNETT, MD
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JAN-21

CARRABY, ARNETT, MD
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-AUG-20

MANI, NASRIN, MD
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JUL-22

MANI, NASRIN, MD
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

MASLIN, JESSICA, MD
Provider ID: N/A
311 DEL MAR AVE
CHULA VISTA, CA 91910
Effective as of 01-FEB-23

MASLIN, JESSICA, MD
Provider ID: N/A
480 FOURTH AVE
STE 201
CHULA VISTA, CA 91910
Effective as of 01-AUG-23

MCDONNELL, EMMA, MD
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-APR-23
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
SKAF, AYHAM, MD†
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JAN-21

STAINER, GREGORY, MD†
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JAN-21

ZABANEH, ALEXANDER, MD†
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Effective as of 01-JUL-20

ZABANEH, ALEXANDER, MD†
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Effective as of 01-JAN-24

ZABANEH, ALEXANDER, MD†
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Effective as of 01-NOV-23

ZABANEH, ALEXANDER, MD†
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Effective as of 01-NOV-20

ZABANEH, ALEXANDER, MD†
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Effective as of 01-NOV-23

OPTOMETRIST
CHAIN, PEI CHI, OD
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Effective as of 01-APR-23

EL-MOGHRABI, ROULA, OD†
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JAN-21

EL-MOGHRABI, NANCY, OD†
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JAN-21

KOO, ANITA, OD
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

KOO, ANITA, OD
Provider ID: N/A
835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-NOV-23

KOO, ANITA, OD
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-FEB-24

MASCARENO, EFRAIN, OD†
Provider ID: N/A
440 4TH AVE STE 9
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

MASCARENO, EFRAIN, OD†
Provider ID: N/A
2260 OTAY LAKES RD STE 111
CHULA VISTA, CA 91915
Effective as of 01-SEP-22

NGUYEN, THU, OD†
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

NGUYEN, THU, OD†
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

SCOVILL, ALEXANDRA, OD†
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

SCOVILL, ALEXANDRA, OD†
Provider ID: N/A
342 F ST
CHULA VISTA, CA 91910
Effective as of 01-NOV-20

MASCARENO, EFRAIN, OD†
Provider ID: N/A
440 4TH AVE STE 9
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

MASCARENO, EFRAIN, OD†
Provider ID: N/A
440 4TH AVE STE 9
CHULA VISTA, CA 91910
Effective as of 01-APR-23

OTOLARYNGOLOGY
ABDOU, RAMI, MD†
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
577 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-AUG-22

BANTHIA, VISHAL, MD†
Provider ID: N/A
577 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-SEP-21

BANTHIA, VISHAL, MD†
Provider ID: N/A
577 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-AUG-21

BANTHIA, VISHAL, MD†
Provider ID: N/A
577 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JAN-22

CALZADA, AUDREY, MD†
Provider ID: N/A
577 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-OCT-22

CHANG, EDWARD, MD
Provider ID: N/A
577 THIRD AVE
CHULA VISTA, CA 91910
Effective as of 01-MAR-24

JIMENEZ, CARLOS, MD†
Provider ID: N/A
321 E ST STE A
CHULA VISTA, CA 91910
Effective as of 01-OCT-20

JIMENEZ, CARLOS, MD†
Provider ID: N/A
321 E ST STE A
CHULA VISTA, CA 91910
Effective as of 01-OCT-20

MEHTA, RITVIK, MD†
Provider ID: N/A
577 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

MOSHTAGHI, OMID, MD
Provider ID: N/A
765 MEDICAL CENTER CT
STE 210
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

PATSIAS, ALEXIS, MD†
Provider ID: N/A
765 MEDICAL CENTER CT
STE 210
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-APR-21

PATSIAS, ALEXIS, MD†
Provider ID: N/A
765 MEDICAL CENTER CT
STE 210
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-JUL-22

SCHALCH LEPE, PAUL, MD†
Provider ID: N/A
765 MEDICAL CENTER CT
STE 210
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-JAN-21

SCHALCH LEPE, PAUL, MD†
Provider ID: N/A
765 MEDICAL CENTER CT
STE 210
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-AUG-20

SAEZ, NEIL, MD
Provider ID: N/A
2060 OTAY LAKES RD STE 140
CHULA VISTA, CA 91913
Effective as of 01-NOV-23

SAEZ, NEIL, MD
Provider ID: N/A
2060 OTAY LAKES RD STE 140
CHULA VISTA, CA 91913
Effective as of 01-FEB-24

SAEZ, NEIL, MD
Provider ID: N/A
765 MEDICAL CENTER CT
STE 210
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

WOO, LINDA, MD†
Provider ID: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

### 网络提供者名单

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

**WOO, LINDA, MD**<sup>†</sup>
Provider ID: N/A

**321 E ST**
CHULA VISTA, CA 91910
Effective as of 01-MAR-18

**WOO, LINDA, MD**<sup>†</sup>
Provider ID: N/A

**321 E ST STE A**
CHULA VISTA, CA 91910
Effective as of 01-FEB-18

**WOO, LINDA, MD**<sup>†</sup>
Provider ID: N/A

**321 E ST STE A**
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

**PEDIATRICS**

**PIANSAY, MARIA CORAZON, MD**
Provider ID: N/A

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

**ROWHANI, NAGHMEH, MD**
Provider ID: N/A

**280 E ST**
CHULA VISTA, CA 91910
Effective as of 01-FEB-24

**TIZNADO, ERNESTO, MD**<sup>†</sup>
Provider ID: N/A

**1635 3RD AVE STE L**
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

**PHYS MED/REHAB PAIN MEDICINE**

**KATZEN, SETH, DO**
Provider ID: N/A

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

**KATZEN, SETH, DO**
Provider ID: N/A

**480 4TH AVE STE 501**
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

**KOLODGE, GAVIN, DO**
Provider ID: N/A

**955 LANE AVE STE 200**
CHULA VISTA, CA 91914
Effective as of 01-SEP-23

**TAHAEI, SEYED, MD**<sup>†</sup>
Provider ID: N/A

**340 4TH AVE STE 19**
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-OCT-22

**PHYSICIANS ASSISTANT**

**BEITTER, KEERSTIN, PA**<sup>†</sup>
Provider ID: N/A

**340 4TH AVE STE 19**
CHULA VISTA, CA 91910

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Effective as of 01-MAR-22

CHAN, ALONSO, PA*
Provider ID: N/A
429 BROADWAY
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

DOUGHERTY, CLARA, PA
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

DOUGHERTY, CLARA, PA
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-FEB-24

DU, SARAH, PA
Provider ID: N/A
577 THIRD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-APR-24

GUTH, CARA, PA*
Provider ID: N/A
480 4TH AVE STE 501
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JAN-24

GUTH, CARA, PA*
Provider ID: N/A
480 4TH AVE STE 501
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JUL-21

INDA, PRISCILLA, PA*
Provider ID: N/A
429 BROADWAY
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

INDA, PRISCILLA, PA*
Provider ID: N/A
429 BROADWAY
CHULA VISTA, CA 91910
Effective as of 01-JAN-24

INDA, PRISCILLA, PA*
Provider ID: N/A
429 BROADWAY
CHULA VISTA, CA 91910
Effective as of 01-JAN-24

LEEU, MYUNGHEE, PA
Provider ID: N/A
340 FOURTH AVE
STE 7A
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-NOV-23

LENIHAN, MICHAEL, PA
Provider ID: N/A
955 LANE AVE STE 200
CHULA VISTA, CA 91914
Effective as of 01-DEC-21

MACASADIA, MARITES, PA
Provider ID: N/A
752 MEDICAL CENTER CT
STE 210
CHULA VISTA, CA 91911
Effective as of 01-SEP-20

MENDEZ, JESUS, PA*
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

NGUYEN, THUY-VY, PA*
Provider ID: N/A
955 LANE AVE STE 200
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-AUG-22

NGUYEN, THUY-VY, PA*
Provider ID: N/A
2300 BOSWELL RD STE 130
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-NOV-23

ORTEGA-ENDAHL, DAVID, PA
Provider ID: N/A
2648 MAIN ST STE A
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>296 H ST STE 203</td>
<td>CHULA VISTA, CA 91910</td>
<td>91910</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>N/A</td>
<td>480 FOURTH AVE STE 501</td>
<td>CHULA VISTA, CA 91910</td>
<td>91910</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>N/A</td>
<td>299 J ST</td>
<td>CHULA VISTA, CA 91910</td>
<td>91910</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>299 J ST</td>
<td>CHULA VISTA, CA 91910</td>
<td>91910</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>2452 FENTON ST C203</td>
<td>CHULA VISTA, CA 91914</td>
<td>91914</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>N/A</td>
<td>2452 FENTON ST C203</td>
<td>CHULA VISTA, CA 91914</td>
<td>91914</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>N/A</td>
<td>2452 FENTON ST C203</td>
<td>CHULA VISTA, CA 91914</td>
<td>91914</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>765 MEDICAL CENTER CT STE 210</td>
<td>CHULA VISTA, CA 91911</td>
<td>91911</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>N/A</td>
<td>577 3RD AVE</td>
<td>CHULA VISTA, CA 91910</td>
<td>91910</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>N/A</td>
<td>340 FOURTH AVE STE 19</td>
<td>CHULA VISTA, CA 91910</td>
<td>91910</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>N/A</td>
<td>340 FOURTH AVE STE 19</td>
<td>CHULA VISTA, CA 91910</td>
<td>91910</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>N/A</td>
<td>340 FOURTH AVE STE 19</td>
<td>CHULA VISTA, CA 91910</td>
<td>91910</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>N/A</td>
<td>855 3RD AVE STE 1100</td>
<td>CHULA VISTA, CA 91911</td>
<td>91911</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>91910</td>
<td>01-DEC-23</td>
</tr>
</tbody>
</table>

Note: Teleservice providers are marked with a Teleservice symbol.
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
345 F ST STE 100
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-APR-24

CHU, ANDREW, DPM†
Provider ID: N/A
855 3RD AVE STE 1100
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

COLLINS, MICHAEL, DPM†
Provider ID: N/A
480 4TH AVE STE 501
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

COLLINS, MICHAEL, DPM†
Provider ID: N/A
480 4TH AVE STE 501
CHULA VISTA, CA 91910
Effective as of 01-AUG-23

COLLINS, MICHAEL, DPM†
Provider ID: N/A
480 4TH AVE STE 501
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

COLLINS, MICHAEL, DPM†
Provider ID: N/A
480 4TH AVE STE 501
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

DAVIDSON, JOHN, DPM†
Provider ID: N/A
345 F ST STE 100
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-DEC-23

DAVIDSON, JOHN, DPM†
Provider ID: N/A
345 F ST STE 100
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JAN-22

KRIGER, STEPHEN, DPM†
Provider ID: N/A
345 F ST STE 100
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-DEC-17

NGUYEN, HAN, DPM
Provider ID: N/A
345 F ST STE 100
CHULA VISTA, CA 91910
Effective as of 01-JAN-24

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NGUYEN, HAN, DPM</strong></td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td><strong>NGUYEN, HAN, DPM</strong></td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-JUN-23</td>
</tr>
<tr>
<td><strong>PUCCINELLI, ALAYNA, DPM</strong></td>
<td>340 4TH AVE STE 6</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-JUL-22</td>
</tr>
<tr>
<td><strong>PUCCINELLI, ALAYNA, DPM</strong></td>
<td>340 4TH AVE STE 6</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td><strong>QUE, HOWIE, DPM</strong></td>
<td>750 MEDICAL CENTER CT STE 6</td>
<td>CHULA VISTA, CA 91911</td>
<td>Effective as of 01-JUN-23</td>
</tr>
<tr>
<td><strong>READ, TRENTON, DPM</strong></td>
<td>855 3RD AVE STE 1100</td>
<td>CHULA VISTA, CA 91911</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td><strong>SMITH, COLLIN, DPM</strong></td>
<td>855 3RD AVE STE 1100</td>
<td>CHULA VISTA, CA 91911</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td><strong>SMITH, COLLIN, DPM</strong></td>
<td>855 3RD AVE STE 1100</td>
<td>CHULA VISTA, CA 91911</td>
<td>Effective as of 01-JUN-21</td>
</tr>
<tr>
<td><strong>SOUVOROVA, JULIA, DPM</strong></td>
<td>336 OXFORD ST STE 104</td>
<td>CHULA VISTA, CA 91911</td>
<td>Effective as of 01-MAR-24</td>
</tr>
<tr>
<td><strong>TOUMA, ELIE, DPM</strong></td>
<td>1111 BROADWAY STE 305</td>
<td>CHULA VISTA, CA 91911</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td><strong>TSAI, GRACE, DPM</strong></td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-SEP-23</td>
</tr>
<tr>
<td><strong>TSAI, GRACE, DPM</strong></td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td><strong>TSAI, GRACE, DPM</strong></td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-DEC-23</td>
</tr>
<tr>
<td><strong>TSAI, GRACE, DPM</strong></td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-MAY-21</td>
</tr>
<tr>
<td><strong>TSAI, GRACE, DPM</strong></td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-DEC-23</td>
</tr>
<tr>
<td><strong>TSAI, GRACE, DPM</strong></td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td><strong>XU, DIXON, DPM</strong></td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td><strong>XU, DIXON, DPM</strong></td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-MAR-24</td>
</tr>
<tr>
<td><strong>XU, DIXON, DPM</strong></td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-NOV-20</td>
</tr>
<tr>
<td><strong>XU, DIXON, DPM</strong></td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-DEC-23</td>
</tr>
<tr>
<td><strong>XU, DIXON, DPM</strong></td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td><strong>XU, DIXON, DPM</strong></td>
<td>345 F ST STE 100</td>
<td>CHULA VISTA, CA 91910</td>
<td>Effective as of 01-FEB-23</td>
</tr>
</tbody>
</table>
### PSYCHIATRY

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BINDAL, ANKUR, MD</td>
<td>765 3RD AVE STE 100</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>CHAUDHRI, YASHWANT, MD</td>
<td>2300 BOSWELL RD STE 225</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>KARIPPOT, ANOOP, MD</td>
<td>765 MEDICAL CENTER CT STE 216</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>MARTINEZ, STEPHANIE, MD</td>
<td>678 3RD AVE</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MCGEHRIN, KEVIN, MD</td>
<td>450 FOURTH AVE STE 215</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>MISHRA, GAURAV, MD</td>
<td>678 3RD AVE</td>
<td>01-JAN-21</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

---

**PSYCHIATRY SLEEP MEDICINE**

**KARIPPOT, ANOOP, MD**<sup>†</sup>
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**PSYCHOLOGIST**

**BAYLON, ALDO, PSYD**
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**PSYCHIATRY CHILD**

**KARIPPOT, ANOOP, MD**<sup>†</sup>
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**NICHOLS, ALPHONSO, MD**
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**PHAM, ALISE, DO**
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**TROYER, EMILY, MD**<sup>†</sup>
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**MISHRA, GAURAV, MD**<sup>†</sup>
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**CELAYA, PATRICIA, PhD**<sup>†</sup>
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**PHAM, ALISE, DO**
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**KARIPPOT, ANOOP, MD**<sup>†</sup>
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**TROYER, EMILY, MD**<sup>†</sup>
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**MISHRA, GAURAV, MD**<sup>†</sup>
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**NICHOLS, ALPHONSO, MD**
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**PSYCHIATRY SLEEP MEDICINE**

**KARIPPOT, ANOOP, MD**<sup>†</sup>
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**PSYCHOLOGIST**

**BAYLON, ALDO, PSYD**
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**PSYCHIATRY CHILD**

**KARIPPOT, ANOOP, MD**<sup>†</sup>
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**NICHOLS, ALPHONSO, MD**
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**PHAM, ALISE, DO**
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**TROYER, EMILY, MD**<sup>†</sup>
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**MISHRA, GAURAV, MD**<sup>†</sup>
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A

---

**CELAYA, PATRICIA, PhD**<sup>†</sup>
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
- Provider ID: N/A
Teleservice
Effective as of 01-AUG-22

CEAYA, PATRICIA, PhD†
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-AUG-22

GALLO, LINDA, PhD
Provider ID: N/A
780 BAY BLVD STE 200
CHULA VISTA, CA 91910
Effective as of 01-APR-23

GALLO, LINDA, PhD
Provider ID: N/A
780 BAY BLVD STE 200
CHULA VISTA, CA 91910
Effective as of 01-APR-23

GOU LD, HILARY, PhD†
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

GOU LD, HILARY, PhD†
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

MAP LES, RANDI, PSYD†
Provider ID: N/A
765 3RD AVE STE 100
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

MAP LES, RANDI, PSYD†
Provider ID: N/A
765 3RD AVE STE 100
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

PATTERSON-HYATT,
KIMBERLY, PSYD†
Provider ID: N/A
1061 TIERRA DEL REY STE 305
CHULA VISTA, CA 91910
Effective as of 01-NOV-21

PATTERSON-HYATT,
KIMBERLY, PSYD†
Provider ID: N/A
1061 TIERRA DEL REY STE 305
CHULA VISTA, CA 91910
Effective as of 01-NOV-21

PATTERSON-HYATT,
KIMBERLY, PSYD†
Provider ID: N/A
1061 TIERRA DEL REY STE 305
CHULA VISTA, CA 91910
Effective as of 01-NOV-21

PATTERSON-HYATT,
KIMBERLY, PSYD†
Provider ID: N/A
1061 TIERRA DEL REY STE 305
CHULA VISTA, CA 91910
Effective as of 01-NOV-21

WIJAYARATNE, IMANIE, PSYD†
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

WIJAYARATNE, IMANIE, PSYD†
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

PULMONARY DISEASES

LIRA, JOSE, MD†
Provider ID: N/A
841 KUHN DR STE 200
CHULA VISTA, CA 91914
Effective as of 01-FEB-21

LIRA, JOSE, MD†
Provider ID: N/A
841 KUHN DR STE 200
CHULA VISTA, CA 91914
Effective as of 01-JAN-14

LIRA, JOSE, MD†
Provider ID: N/A
841 KUHN DR STE 200
CHULA VISTA, CA 91914
Effective as of 01-JAN-24

LIRA, JOSE, MD†
Provider ID: N/A
841 KUHN DR STE 200
CHULA VISTA, CA 91914
Effective as of 01-SEP-22
C1. 网络提供者名单
专科护理医生

LOZANO, MARTHA, MD†
Provider ID: N/A
 Kỳ 841 KUHN DR STE 200
CHULA VISTA, CA 91914
Effective as of 01-SEP-15

RADIATION ONCOLOGY

BRUGGEMAN, ANDREW, MD
Provider ID: N/A
 Kỳ 769 MEDICAL CENTER CT
STE 100
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

LOZANO, MARTHA, MD†
Provider ID: N/A
 Kỳ 841 KUHN DR STE 200
CHULA VISTA, CA 91914
Effective as of 01-SEP-15

LOZANO, MARTHA, MD†
Provider ID: N/A
 Kỳ 841 KUHN DR STE 200
CHULA VISTA, CA 91914
Effective as of 01-JAN-14

LOZANO, MARTHA, MD†
Provider ID: N/A
 Kỳ 841 KUHN DR STE 200
CHULA VISTA, CA 91914
Effective as of 01-MAR-21

PENA ROMERO, CESAR, MD†
Provider ID: N/A
 Kỳ 227 CHURCH AVE
CHULA VISTA, CA 91910
Effective as of 01-SEP-15

PENA ROMERO, CESAR, MD†
Provider ID: N/A
 Kỳ 227 CHURCH AVE
CHULA VISTA, CA 91910
Effective as of 01-OCT-19

SANCHEZ, LUIS, MD†
Provider ID: N/A
 Kỳ 227 CHURCH AVE
CHULA VISTA, CA 91910
Effective as of 01-JAN-14

SANCHEZ, LUIS, MD†
Provider ID: N/A
 Kỳ 227 CHURCH AVE
CHULA VISTA, CA 91910
Effective as of 01-JAN-14

MANSY, GINA, MD†
Provider ID: N/A
 Kỳ 959 LANE AVE
CHULA VISTA, CA 91914
Effective as of 01-SEP-22

PEJAVAR, SUNANDA, MD†
Provider ID: N/A
 Ky 769 MEDICAL CENTER CT
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

RAHN, DOUGLAS, MD†
Provider ID: N/A
 Ky 959 LANE AVE
CHULA VISTA, CA 91914
Effective as of 01-SEP-15

RASH, DOMINIQUE, MD†
Provider ID: N/A
 Ky 959 LANE AVE
CHULA VISTA, CA 91914
Effective as of 01-DEC-21

ROSE, BRENT, MD†
Provider ID: N/A
 Ky 959 LANE AVE
CHULA VISTA, CA 91914
Effective as of 01-DEC-21

STRAKA, CHRISTOPHER, MD†
Provider ID: N/A
 Ky 959 LANE AVE
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UHL, BARRY, MD</strong></td>
<td>N/A</td>
<td>769 MEDICAL CENTER CT</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td><strong>VOLPP, PAUL, MD</strong></td>
<td>N/A</td>
<td>769 MEDICAL CENTER CT</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td><strong>WEINSTEIN, GEOFFREY, MD</strong></td>
<td>N/A</td>
<td>769 MEDICAL CENTER CT</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td><strong>WHITE, EVAN, MD</strong></td>
<td>N/A</td>
<td>959 LANE AVE</td>
<td>01-APR-21</td>
</tr>
<tr>
<td><strong>YORK, JOHN, MD</strong></td>
<td>N/A</td>
<td>865 3RD AVE STE 100</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td><strong>YORK, JOHN, MD</strong></td>
<td>N/A</td>
<td>865 3RD AVE STE 100</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td><strong>ALLOS, ALEXANDER, PT</strong></td>
<td>N/A</td>
<td>88 E BONITA RD STE C</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td><strong>BURLAKOVSKY, NATHAN, PT</strong></td>
<td>N/A</td>
<td>88 E BONITA RD STE C</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td><strong>CHENG, BRANDON, PT</strong></td>
<td>N/A</td>
<td>1392 E PALOMAR ST STE 503</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td><strong>DAGOSTINO, JACQUELINE, PT</strong></td>
<td>N/A</td>
<td>1392 E PALOMAR ST STE 503</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td><strong>DORSEY, KYLE, PT</strong></td>
<td>N/A</td>
<td>1392 E PALOMAR ST STE 503</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td><strong>DORSEY, KYLE, PT</strong></td>
<td>N/A</td>
<td>1392 E PALOMAR ST STE 503</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td><strong>LONG, RYAN, PT</strong></td>
<td>N/A</td>
<td>320 BROADWAY STE 2</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td><strong>KARANDE, PRACHI, PT</strong></td>
<td>N/A</td>
<td>2417 FENTON ST STE A</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td><strong>FARRAR, COURTNEY, PT</strong></td>
<td>N/A</td>
<td>340 FOURTH AVE</td>
<td>01-JUL-22</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGUYEN, TIA, PT</td>
<td>N/A</td>
<td>1392 E PALOMAR ST STE 503</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>NOVENCIDO, ANDREW, PT</td>
<td>N/A</td>
<td>1392 E PALOMAR ST STE 503</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>THOMAS, KAITLIN, PT</td>
<td>N/A</td>
<td>88 E BONITA RD STE C</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>RHEUMATOLOGY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AL NAHLAWI, BASMA, MD</td>
<td>N/A</td>
<td>296 H ST STE 304</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>CHITKARA, PUJA, MD</td>
<td>N/A</td>
<td>765 MEDICAL CENTER CT STE 216</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>SPEECH PATHOLOGIST</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AROCHO-SALGADO, MIRELIS, SP</td>
<td>N/A</td>
<td>333 H ST STE 5000</td>
<td>01-JUN-22</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSU, BRADFORD, MD†</td>
<td>N/A</td>
<td>480 4TH AVE STE 404 CHULA VISTA, CA 91910</td>
<td>01-SEP-15</td>
</tr>
<tr>
<td>HUANG, MARK, MD†</td>
<td>N/A</td>
<td>345 F ST STE 200 CHULA VISTA, CA 91910</td>
<td>01-OCT-17</td>
</tr>
<tr>
<td>KHARAZI, ALEXANDRA, MD†</td>
<td>N/A</td>
<td>345 F ST STE 200 CHULA VISTA, CA 91910</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>MOLDOVAN, STEFAN, MD†</td>
<td>N/A</td>
<td>1111 BROADWAY STE 305 CHULA VISTA, CA 91911</td>
<td>Teleservice</td>
</tr>
<tr>
<td>MORAL, JOHN, MD</td>
<td>N/A</td>
<td>480 4TH AVE STE 404 CHULA VISTA, CA 91910</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>MORAL, JOHN, MD</td>
<td>N/A</td>
<td>480 4TH AVE STE 404 CHULA VISTA, CA 91910</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>SPITZER, BLAKE, MD†</td>
<td>N/A</td>
<td>786 3RD AVE STE B CHULA VISTA, CA 91910</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>SPITZER, BLAKE, MD†</td>
<td>N/A</td>
<td>786 3RD AVE STE B CHULA VISTA, CA 91910</td>
<td>01-OCT-19</td>
</tr>
<tr>
<td>SPITZER, BLAKE, MD†</td>
<td>N/A</td>
<td>786 3RD AVE STE B CHULA VISTA, CA 91910</td>
<td>01-JUN-21</td>
</tr>
<tr>
<td>SUMMERS, STEPHEN, MD†</td>
<td>N/A</td>
<td>786 3RD AVE STE B CHULA VISTA, CA 91910</td>
<td>01-JUN-21</td>
</tr>
<tr>
<td>SUMMERS, STEPHEN, MD†</td>
<td>N/A</td>
<td>786 3RD AVE STE B CHULA VISTA, CA 91910</td>
<td>01-JUN-21</td>
</tr>
<tr>
<td>TALEBZADEH, NOJAN, MD†</td>
<td>N/A</td>
<td>246 F ST CHULA VISTA, CA 91910</td>
<td>01-JAN-14</td>
</tr>
<tr>
<td>YANG, YIFAN, MD†</td>
<td>N/A</td>
<td>786 3RD AVE STE B CHULA VISTA, CA 91910</td>
<td>01-JAN-19</td>
</tr>
<tr>
<td>YANG, YIFAN, MD†</td>
<td>N/A</td>
<td>786 3RD AVE STE B CHULA VISTA, CA 91910</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>YANG, YIFAN, MD†</td>
<td>N/A</td>
<td>786 3RD AVE STE B CHULA VISTA, CA 91910</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>YANG, YIFAN, MD†</td>
<td>N/A</td>
<td>786 3RD AVE STE B CHULA VISTA, CA 91910</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>YANG, YIFAN, MD†</td>
<td>N/A</td>
<td>786 3RD AVE STE B CHULA VISTA, CA 91910</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>YANG, YIFAN, MD†</td>
<td>N/A</td>
<td>786 3RD AVE STE B CHULA VISTA, CA 91910</td>
<td>01-JAN-21</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Effective as of 01-JUN-23

**SURGERY GENERAL VASCULAR**

MORENO MARTINEZ, ENRIQUE, MD²
Provider ID: N/A
📍 1111 BROADWAY STE 305
   CHULA VISTA, CA 91911
Teleservice
Effective as of 01-MAR-24

SALLOUM, ALEXANDER, MD²
Provider ID: N/A
📍 1111 BROADWAY STE 305
   CHULA VISTA, CA 91911
Teleservice
Effective as of 01-MAR-24

**SURGERY HAND**

POMERANTZ, MICHAEL, MD²
Provider ID: N/A
📍 955 LANE AVE STE 200
   CHULA VISTA, CA 91914
Effective as of 01-DEC-21

**SURGERY NEUROLOGICAL**

WHITE, DANIEL, MD†
Provider ID: N/A
📍 296 H ST STE 303
   CHULA VISTA, CA 91910
Effective as of 01-SEP-23

WHITE, DANIEL, MD†
Provider ID: N/A
📍 296 H ST STE 303
   CHULA VISTA, CA 91910
Effective as of 01-OCT-21

WHITE, DANIEL, MD†
Provider ID: N/A
📍 296 H ST STE 303
   CHULA VISTA, CA 91910
Effective as of 01-MAR-23

**SURGERY ORTHOPEDIC**

ANDRY, JAMES, MD
Provider ID: N/A
📍 750 MEDICAL CENTER CT STE 14
   CHULA VISTA, CA 91911
Effective as of 01-MAR-24

ANDRY, JAMES, MD
Provider ID: N/A
📍 750 MEDICAL CENTER CT STE 14
   CHULA VISTA, CA 91911
Effective as of 01-MAR-24

BRERETON, DANIEL, DO†
Provider ID: N/A
📍 750 MEDICAL CENTER CT STE 14
   CHULA VISTA, CA 91911
Effective as of 01-MAR-24

DOWNING, KRISTOPHER, MD
Provider ID: N/A
📍 296 H ST STE 203
   CHULA VISTA, CA 91910
Effective as of 01-DEC-21

DOWNING, KRISTOPHER, MD
Provider ID: N/A
📍 296 H ST STE 203
   CHULA VISTA, CA 91910
Effective as of 01-SEP-15

GROTTEING, JOHN, MD
Provider ID: N/A
📍 955 LANE AVE STE 200
   CHULA VISTA, CA 91914
Effective as of 01-JAN-14

EVES, WILLIAM, MD²
Provider ID: N/A
📍 480 4TH AVE STE 307
   CHULA VISTA, CA 91910
Effective as of 01-JAN-24

EVES, WILLIAM, MD²
Provider ID: N/A
📍 480 4TH AVE STE 307
   CHULA VISTA, CA 91910
Effective as of 01-JAN-14
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, State</th>
<th>ZIP</th>
<th>Effective Date</th>
<th>Provider ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROTTING, JOHN, MD</td>
<td>955 LANE AVE STE 200</td>
<td>CHULA VISTA, CA</td>
<td>91914</td>
<td>01-JAN-24</td>
<td>N/A</td>
</tr>
<tr>
<td>GROTTING, JOHN, MD</td>
<td>750 MEDICAL CENTER CT STE 14</td>
<td>CHULA VISTA, CA</td>
<td>91911</td>
<td>01-JAN-24</td>
<td>N/A</td>
</tr>
<tr>
<td>GROTTING, JOHN, MD</td>
<td>750 MEDICAL CENTER CT STE 14</td>
<td>CHULA VISTA, CA</td>
<td>91911</td>
<td>01-NOV-21</td>
<td>N/A</td>
</tr>
<tr>
<td>KIMBALL, MICHAEL, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
<tr>
<td>KATMAN, SAMUEL, MD</td>
<td>955 LANE AVE STE 200</td>
<td>CHULA VISTA, CA</td>
<td>91914</td>
<td>01-AUG-23</td>
<td>N/A</td>
</tr>
<tr>
<td>KATMAN, SAMUEL, MD</td>
<td>955 LANE AVE STE 200</td>
<td>CHULA VISTA, CA</td>
<td>91914</td>
<td>01-NOV-21</td>
<td>N/A</td>
</tr>
<tr>
<td>KATMAN, SAMUEL, MD</td>
<td>955 LANE AVE STE 200</td>
<td>CHULA VISTA, CA</td>
<td>91914</td>
<td>01-AUG-23</td>
<td>N/A</td>
</tr>
<tr>
<td>KUSBNEV, NICHOLAS, MD</td>
<td>750 MEDICAL CENTER CT STE 14</td>
<td>CHULA VISTA, CA</td>
<td>91911</td>
<td>01-AUG-23</td>
<td>N/A</td>
</tr>
<tr>
<td>KUSBNEV, NICHOLAS, MD</td>
<td>750 MEDICAL CENTER CT STE 14</td>
<td>CHULA VISTA, CA</td>
<td>91911</td>
<td>01-NOV-21</td>
<td>N/A</td>
</tr>
<tr>
<td>KUSBNEV, NICHOLAS, MD</td>
<td>750 MEDICAL CENTER CT STE 14</td>
<td>CHULA VISTA, CA</td>
<td>91911</td>
<td>01-NOV-21</td>
<td>N/A</td>
</tr>
<tr>
<td>KUSBNEV, NICHOLAS, MD</td>
<td>750 MEDICAL CENTER CT STE 14</td>
<td>CHULA VISTA, CA</td>
<td>91911</td>
<td>01-NOV-21</td>
<td>N/A</td>
</tr>
<tr>
<td>KUSBNEV, NICHOLAS, MD</td>
<td>750 MEDICAL CENTER CT STE 14</td>
<td>CHULA VISTA, CA</td>
<td>91911</td>
<td>01-NOV-21</td>
<td>N/A</td>
</tr>
<tr>
<td>KUSBNEV, NICHOLAS, MD</td>
<td>750 MEDICAL CENTER CT STE 14</td>
<td>CHULA VISTA, CA</td>
<td>91911</td>
<td>01-NOV-21</td>
<td>N/A</td>
</tr>
<tr>
<td>KUSBNEV, NICHOLAS, MD</td>
<td>750 MEDICAL CENTER CT STE 14</td>
<td>CHULA VISTA, CA</td>
<td>91911</td>
<td>01-NOV-21</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSENFIELD, ALAN, MD</td>
<td>480 4TH AVE STE 501</td>
<td>CHULA VISTA, CA</td>
<td>91910</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单

专科护理医生

Effective as of 01-NOV-09

TAYYAB, NEIL, MD†
Provider ID: N/A
345 F ST STE 200
CHULA VISTA, CA 91910
Effective as of 01-SEP-17

HUANG, MARK, MD†
Provider ID: N/A
345 F ST STE 200
CHULA VISTA, CA 91910
Effective as of 01-SEP-17

TAYYAB, NEIL, MD†
Provider ID: N/A
480 4TH AVE STE 501
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

TAYYAB, NEIL, MD†
Provider ID: N/A
480 4TH AVE STE 501
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

TAYYAB, NEIL, MD†
Provider ID: N/A
480 4TH AVE STE 501
CHULA VISTA, CA 91910
Effective as of 01-AUG-23

TAYYAB, NEIL, MD†
Provider ID: N/A
480 4TH AVE STE 501
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

TAYYAB, NEIL, MD†
Provider ID: N/A
480 4TH AVE STE 501
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

TAYYAB, NEIL, MD†
Provider ID: N/A
480 4TH AVE STE 501
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

SURGICAL ONCOLOGY

QUIROZ, ELISA, MD†
Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JUL-22

UROLOGY

COHEN, EDWARD, MD
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

DICKS, BRIAN, MD
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

GRIMALDI, JOHN, DO†
Provider ID: N/A
450 4TH AVE STE 312
CHULA VISTA, CA 91910
Effective as of 01-SEP-15

GRIMALDI, JOHN, DO†
Provider ID: N/A
450 4TH AVE STE 312
CHULA VISTA, CA 91910
Effective as of 01-JAN-14

JUMA, SAAD, MD
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

KEILLER, DANNY, MD
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

NEUSTEIN, PAUL, MD
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

NEUSTEIN, PAUL, MD
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

NGUYEN, HUNG, MD
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-NOV-22

SANTOMAURO, MICHAEL, MD†
Provider ID: N/A
750 MEDICAL CENTER CT
STE 14
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

PE, MARK-RALLY, MD
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

ROBERTS, JAMES, MD
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

SALEM, CAROL, MD
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

SALMASI, AMIRALI, MD
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

SANTOMAURO, MICHAEL, MD†
Provider ID: N/A
750 MEDICAL CENTER CT
STE 14
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

SEVILLA, CLAUDIA, MD†
Provider ID: N/A
750 MEDICAL CENTER CT
STE 14
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-OCT-21

SEVILLA, CLAUDIA, MD†
Provider ID: N/A
750 MEDICAL CENTER CT
STE 14
CHULA VISTA, CA 91911
Teleservice
Effective as of 01-NOV-22

SANTOMAURO, MICHAEL, MD†
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-Jan-24

SALEM, CAROL, MD
Provider ID: N/A
752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-Jan-24

VAPNEK, EVAN, MD†
Provider ID: N/A
786 3RD AVE STE B
CHULA VISTA, CA 91910
Effective as of 01-JAN-24

VAPNEK, EVAN, MD†
Provider ID: N/A
786 3RD AVE STE B
CHULA VISTA, CA 91910
Effective as of 01-MAY-23

EMERGENCY MEDICINE

EL SAID, KHALED, MD†
Provider ID: N/A
11882 DE PALMA RD STE 2F-1
CORONA, CA 92883
Teleservice
Effective as of 01-MAR-24

INFECTIOUS DISEASE

RESTREPO, DALILAH, MD†
Provider ID: N/A
3334 E COAST HWY PMB 655

pediatrics

RONAN, KEVIN, MD
Provider ID: N/A
818 PIER VIEW WAY
CMP PENDLETON, CA 92054
Effective as of 01-MAY-23

NAVA, PETER, NP
Provider ID: N/A
818 PIER VIEW WAY
CMP PENDLETON, CA 92054
Effective as of 01-JAN-24

NAVA, PETER, NP
Provider ID: N/A
517 N HORNE ST
CMP PENDLETON, CA 92054
Effective as of 01-JAN-24

CERTIFIED NURSE PRACTITIONER

NAVA, PETER, NP
Provider ID: N/A
818 PIER VIEW WAY
CMP PENDLETON, CA 92054
Effective as of 01-JAN-24

NAVA, PETER, NP
Provider ID: N/A
517 N HORNE ST
CMP PENDLETON, CA 92054
Effective as of 01-JAN-24

"Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad."
C1. Network Providers List

CORONA DEL MAR, CA 92625
Effective as of 01-AUG-22

AUDIOLIGIST

HORNER, HEATHER, AuD
Provider ID: N/A
801 ORANGE AVE STE 205
CORONADO, CA 92118
Teleservice
Effective as of 01-JUN-22

CARDIOVASCULAR DISEASE

MAI, TUAN, MD
Provider ID: N/A
230 PROSPECT PL STE 250
CORONADO, CA 92118
Effective as of 01-NOV-22

CERTIFIED NURSE PRACTITIONER

Dwyer, Erin, NP
Provider ID: N/A
230 PROSPECT PL STE 210
CORONADO, CA 92118
Effective as of 01-FEB-24

GOSHEN, KIRSTEN, NP
Provider ID: N/A
230 PROSPECT PL STE 340
CORONADO, CA 92118
Effective as of 01-DEC-22

FAMILY PRACTICE

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

SHAFT, ALEXANDER, MD
Provider ID: N/A
131 ORANGE AVE STE 101
CORONADO, CA 92118
Teleservice
Effective as of 01-FEB-22

GASTROENTEROLOGY

BAIG, NABIL, DO
Provider ID: N/A
131 ORANGE AVE STE 101B
CORONADO, CA 92118
Teleservice
Effective as of 01-OCT-22

HEARING AID DEALER / SUPPLIER

DAVIS, KELLE, MA
Provider ID: N/A
801 ORANGE AVE
CORONADO, CA 92118
Effective as of 01-SEP-22

INTERNAL MEDICINE

BORTZ, DAVID, MD
Provider ID: N/A
230 PROSPECT PL STE 340
CORONADO, CA 92118
Effective as of 01-DEC-22

OLIVER, DEANNA, MD
Provider ID: N/A
131 ORANGE AVE STE 101
CORONADO, CA 92118
Effective as of 01-JUL-22

OBSTETRICS / GYNECOLOGY

SEFA-BOAKYE, KOFI, MD
Provider ID: N/A
230 PROSPECT PL STE 210
CORONADO, CA 92118
Effective as of 01-JUL-14
230 PROSPECT PL STE 210
CORONADO, CA 92118
Effective as of 01-MAR-24

KUSNEZOV, NICHOLAS, MD
Provider ID: N/A
230 PROSPECT PL STE 230
CORONADO, CA 92118
Teleservice
Effective as of 01-APR-24

MCKNIGHT, BRADEN, MD
Provider ID: N/A
230 PROSPECT PL STE 230
CORONADO, CA 92118
Teleservice
Effective as of 01-APR-24

PALLIA, CHRISTOPHER, MD
Provider ID: N/A
230 PROSPECT PL STE 210
CORONADO, CA 92118
Teleservice
Effective as of 01-JAN-24

PALLIA, CHRISTOPHER, MD
Provider ID: N/A
230 PROSPECT PL STE 210
CORONADO, CA 92118
Teleservice
Effective as of 01-MAR-24

ROBERTS, JAMES, MD
Provider ID: N/A
230 PROSPECT PL STE 210
CORONADO, CA 92118
Effective as of 01-JAN-24

NGUYEN, HUNG, MD
Provider ID: N/A
230 PROSPECT PL STE 210
CORONADO, CA 92118
Effective as of 01-JAN-24

PE, MARK-RALLY, MD
Provider ID: N/A
230 PROSPECT PL STE 210
CORONADO, CA 92118
Effective as of 01-JAN-24
C1. 网络提供者名单
专科护理医生

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-21

ROBERTS, JAMES, MD†  
Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

SALEM, CAROL, MD  
Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-20

SALMASI, AMIRALI, MD  
Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

VAPNEK, EVAN, MD  
Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

CERTIFIED NURSE PRACTITIONER

PASICOLAN, MARI, NP  
Provider ID: N/A  
24833 DEL PRADO  
DANA POINT, CA 92629  
Effective as of 01-DEC-22

PASCOLOL, MARI, NP  
Provider ID: N/A  
24833 DEL PRADO  
DANA POINT, CA 92629  
Effective as of 01-DEC-22

PHYSICIANS ASSISTANT

JEFFREY, JAMES, PA  
Provider ID: N/A  
24060 CAMINO DEL AVION STE A  
DANA POINT, CA 92629  
Effective as of 01-DEC-22

PASCOLOL, MARI, NP  
Provider ID: N/A  
24833 DEL PRADO  
DANA POINT, CA 92629  
Effective as of 01-DEC-22

MARRIAGE FAMILY THERAPIST

MOORE, CANDACE, MFT  
Provider ID: N/A  
23 TERRAZA DEL MAR  
DANA POINT, CA 92629  
Effective as of 01-JAN-22

MOORE, CANDACE, MFT  
Provider ID: N/A  
23 TERRAZA DEL MAR  
DANA POINT, CA 92629  
Effective as of 01-JAN-22

OPTOMETRIST

SPAETH, JOHN, OD  
Provider ID: N/A  
24040 CAMINO DEL AVION STE G  
DANA POINT, CA 92629  
Effective as of 01-SEP-23

WANG, MATTHEW, OD  
Provider ID: N/A  
24692 DEL PRADO STE B  
DANA POINT, CA 92629  
Effective as of 01-JAN-23

WANG, MATTHEW, OD  
Provider ID: N/A  
24692 DEL PRADO STE B  
DANA POINT, CA 92629  
Effective as of 01-DEC-22

DERMATOLOGY

MARTRIOTT, AGATA, MD  
Provider ID: N/A
1349 CAMINO DEL MAR
STE D
DEL MAR, CA 92014
Effective as of 01-SEP-22

PHYSICIANS ASSISTANT
HANSEN, CHRISTINA, PA
Provider ID: N/A
12865 POINTE DEL MAR
WAY STE 200
DEL MAR, CA 92014
Teleservice
Effective as of 01-OCT-23

LEE, ISABEL, PA
Provider ID: N/A
1349 CAMINO DEL MAR
STE B
DEL MAR, CA 92014
Teleservice
Effective as of 01-DEC-23

SZABO, HAYLIE, PA
Provider ID: N/A
12865 POINTE DEL MAR
WAY STE 200
DEL MAR, CA 92014
Teleservice
Effective as of 01-OCT-22

PSYCHIATRY
COLOGNE, SCOTT, MD†
Provider ID: N/A
12865 POINTE DEL MAR
WAY STE 210
DEL MAR, CA 92014
Effective as of 01-OCT-23

ROSENUGARTEN, ARTHUR,
PhD†
Provider ID: N/A
12835 POINTE DEL MAR
WAY STE 1
DEL MAR, CA 92014
Effective as of 01-OCT-23

VIJAYASARATHI, KRISHNA,
DO†
Provider ID: N/A
12835 POINTE DEL MAR
WAY STE 1
DEL MAR, CA 92014
Effective as of 01-OCT-23

ROSENUGARTEN, ARTHUR,
PhD†
Provider ID: N/A
12835 POINTE DEL MAR
WAY STE 1
DEL MAR, CA 92014
Effective as of 01-OCT-23

VIJAYASARATHI, KRISHNA,
DO†
Provider ID: N/A
12835 POINTE DEL MAR
WAY STE 1
DEL MAR, CA 92014
Effective as of 01-OCT-23

VIJAYASARATHI, KRISHNA,
DO†
Provider ID: N/A
12835 POINTE DEL MAR
WAY STE 1
DEL MAR, CA 92014
Effective as of 01-OCT-23

ROSENUGARTEN, ARTHUR,
PhD†
Provider ID: N/A
12835 POINTE DEL MAR
WAY STE 1
DEL MAR, CA 92014
Effective as of 01-OCT-23

VIJAYASARATHI, KRISHNA,
DO†
Provider ID: N/A
12835 POINTE DEL MAR
WAY STE 1
DEL MAR, CA 92014
Effective as of 01-OCT-23

PSYCHOLOGIST
ROSENUGARTEN, ARTHUR,
PhD†
Provider ID: N/A
12835 POINTE DEL MAR
WAY STE 1
DEL MAR, CA 92014
Effective as of 01-OCT-23

VIJAYASARATHI, KRISHNA,
DO†
Provider ID: N/A
12835 POINTE DEL MAR
WAY STE 1
DEL MAR, CA 92014
Effective as of 01-OCT-23

ROSENUGARTEN, ARTHUR,
PhD†
Provider ID: N/A
12835 POINTE DEL MAR
WAY STE 1
DEL MAR, CA 92014
Effective as of 01-OCT-23

VIJAYASARATHI, KRISHNA,
DO†
Provider ID: N/A
12835 POINTE DEL MAR
WAY STE 1
DEL MAR, CA 92014
Effective as of 01-OCT-23
C1. 网络提供者名单
专科护理医生

ROSENGARTEN, ARTHUR, PhD
Provider ID: N/A
12865 POINTE DEL MAR WAY STE 210
DEL MAR, CA 92014
Effective as of 01-MAY-23

ROSENGARTEN, ARTHUR, PhD†
Provider ID: N/A
12835 POINTE DEL MAR WAY STE 1
DEL MAR, CA 92014
Effective as of 01-OCT-23

ROSENGARTEN, ARTHUR, PhD†
Provider ID: N/A
12835 POINTE DEL MAR WAY STE 1
DEL MAR, CA 92014
Effective as of 01-OCT-23

SURGERY ORTHOPEDIC

BROWN, RICHARD, MD†
Provider ID: N/A
12865 POINTE DEL MAR WAY STE 200
DEL MAR, CA 92014
Teleservice
Effective as of 01-JAN-22

MOHLENBROCK, WILLIAM, MD
Provider ID: N/A
12865 POINTE DEL MAR WAY STE 200
DEL MAR, CA 92014
Teleservice
Effective as of 01-JAN-22

THUNDER, RICHARD, MD†
Provider ID: N/A
12865 POINTE DEL MAR

CARDIOVASCULAR DISEASE

ABELHAD, NADIA, MD
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-JAN-24

BARVALIA, MIHIR, MD†
Provider ID: N/A
1380 EL CAJON BLVD STE 212
EL CAJON, CA 92020
Teleservice
Effective as of 01-JAN-22

BARVALIA, MIHIR, MD†
Provider ID: N/A
1380 EL CAJON BLVD STE 100
EL CAJON, CA 92020
Teleservice
Effective as of 01-AUG-21

CARLSON, STEVEN, MD†
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Teleservice
Effective as of 01-APR-21

DO, HULBERT, MD
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-OCT-23

FERNANDEZ, GENARO, MD†
Provider ID: N/A
1380 EL CAJON BLVD STE 100
EL CAJON, CA 92020
Effective as of 01-AUG-21

ANESTHESIOLOGY PAIN MANAGEMENT

COHEN, ZACHARY, MD†
Provider ID: N/A
278 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-NOV-21

AUDIOLOGIST

HORNER, HEATHER, AuD†
Provider ID: N/A
1767 E MAIN ST
EL CAJON, CA 92021
Teleservice
Effective as of 01-JUN-22

SHASKY, GARY, AuD†
Provider ID: N/A
1767 E MAIN ST
EL CAJON, CA 92021
Effective as of 01-JAN-21

CARDIAC ELECTROPHYSIOLOGY

LERNER, JONATHAN, MD
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-JUL-23

SHAH, ABHISHEK, MD†
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-JAN-23
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

C1. 网络提供者名单
专科护理医生

HOURANI, RAYAN, MD†
Provider ID: N/A
300 S PIERCE ST STE 102
EL CAJON, CA 92020
Teleservice
Effective as of 01-JAN-21

KAFRI, HASSAN, MD†
Provider ID: N/A
328 HIGHLAND AVE STE 200
EL CAJON, CA 92020
Effective as of 01-AUG-20

KAFRI, HASSAN, MD†
Provider ID: N/A
328 HIGHLAND AVE STE 200
EL CAJON, CA 92020
Effective as of 01-JAN-21

MOHAMEDALI, BURHAN, MD†
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-SEP-22

MOUSSAVIAN, MEHRAN, DO†
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-APR-21

MOUSSAVIAN, MEHRAN, DO†
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-SEP-22

NAGHI, JESSE, MD†
Provider ID: N/A
1380 EL CAJON BLVD STE 100
EL CAJON, CA 92020
Effective as of 01-AUG-21

NARAYANAN, MEENA, MD†
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-APR-21

NARAYANAN, MEENA, MD†
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-SEP-22

NISHIMURA, MARIN, MD
Provider ID: N/A
300 S PIERCE ST STE 102
EL CAJON, CA 92020
Teleservice
Effective as of 01-MAR-23

OMRAN, JAD, MD†
Provider ID: N/A
300 S PIERCE ST STE 102
EL CAJON, CA 92020
Teleservice
Effective as of 01-JAN-21

PARIKH, MILIND, DO†
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-SEP-22

PONCE, SONIA, MD†
Provider ID: N/A
328 HIGHLAND AVE STE 200
EL CAJON, CA 92020
Teleservice
Effective as of 01-SEP-22

SARSAM, LUAY, MD
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-JUL-23

SARSAM, LUAY, MD
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-JUL-23

SHAH, KULIN, MD†
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-SEP-22

SHAH, ABHISHEK, MD†
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-SEP-22

SHEREV, DIMITRI, MD†
Provider ID: N/A
1380 EL CAJON BLVD STE 100
EL CAJON, CA 92020
Effective as of 01-AUG-21

SUDHAKAR, DEEPTHI, MD†
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-JAN-23

YAU, STEPHEN, MD†
Provider ID: N/A
328 HIGHLAND AVE STE 200
EL CAJON, CA 92020
Teleservice
Effective as of 01-MAR-23

YAU, STEPHEN, MD†
Provider ID: N/A
328 HIGHLAND AVE STE 200
EL CAJON, CA 92020
Effective as of 01-JUL-23
### Teleservice
Effective as of 01-AUG-22

**ZAVARO, SUHAIL, MD**
- Provider ID: N/A
- Address: 300 S PIERCE ST STE 102
  - EL CAJON, CA 92020

**SLOAN, ERICA, LAC**
- Provider ID: N/A
- Address: 855 E MADISON AVE
  - EL CAJON, CA 92020

**CERTIFIED ACUPUNCTURIST**

**LAROWE, ALEXISS, LAC**
- Provider ID: N/A
- Address: 855 E MADISON AVE
  - EL CAJON, CA 92020

**CERTIFIED NURSE PRACTITIONER**

**BRANNEN, MANDY, NP**
- Provider ID: N/A
- Address: 215 W MADISON AVE
  - EL CAJON, CA 92020

**CARDENAS, MIRIAM, NPF**
- Provider ID: N/A
- Address: 1032 BROADWAY
  - EL CAJON, CA 92021

**CHUDACEK, JANET, NP**
- Provider ID: N/A
- Address: 215 W MADISON AVE
  - EL CAJON, CA 92020

**JOHNSON, KIMBERLY, NP**
- Provider ID: N/A
- Address: 328 HIGHLAND AVE STE 200
  - EL CAJON, CA 92020

**LUCKETT, DE COURCY, NP**
- Provider ID: N/A
- Address: 165 S 1ST ST

**MAYOYO, MARILYNN, NP**
- Provider ID: N/A
- Address: 300 S PIERCE ST STE 102
  - EL CAJON, CA 92020

**MURRAY, CARLA, NP**
- Provider ID: N/A
- Address: 855 E MADISON AVE
  - EL CAJON, CA 92020

**PIRTLE, KEYSHONE, NP**
- Provider ID: N/A
- Address: 1032 BROADWAY
  - EL CAJON, CA 92021

**REAL, MARIA, NP**
- Provider ID: N/A
- Address: 1032 BROADWAY
  - EL CAJON, CA 92021

**RENZAS, JENNIFER, NP**
- Provider ID: N/A
- Address: 1032 BROADWAY
  - EL CAJON, CA 92021

**RENZAS, JENNIFER, NP**
- Provider ID: N/A
- Address: 1032 BROADWAY
  - EL CAJON, CA 92021
<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Name</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Phone</th>
<th>Effective As Of</th>
<th>Provider ID</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teleservice</td>
<td>SIRLEAF, MASSANU, NP</td>
<td>1351 BROADWAY</td>
<td>EL CAJON, CA 92021</td>
<td></td>
<td>Effective as of 01-JUL-21</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Teleservice</td>
<td>WILLIAMS, BREAHNA, NP</td>
<td>165 S 1ST ST</td>
<td>EL CAJON, CA 92019</td>
<td></td>
<td>Effective as of 01-DEC-21</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Teleservice</td>
<td>WILLIAMS, BREAHNA, NP</td>
<td>1032 BROADWAY</td>
<td>EL CAJON, CA 92021</td>
<td></td>
<td>Effective as of 01-DEC-21</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Teleservice</td>
<td>WILLIAMS, SHANTRICE, NP</td>
<td>855 E MADISON AVE</td>
<td>EL CAJON, CA 92020</td>
<td></td>
<td>Effective as of 01-MAY-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Teleservice</td>
<td>YALDO, ATHMAR, NP</td>
<td>328 HIGHLAND AVE STE 200</td>
<td>EL CAJON, CA 92020</td>
<td></td>
<td>Effective as of 01-DEC-21</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Teleservice</td>
<td>HAMMOND, HEATHER, CRNM</td>
<td>470 N MOLLISON AVE</td>
<td>EL CAJON, CA 92021</td>
<td></td>
<td>Effective as of 01-OCT-21</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Teleservice</td>
<td>HAMMOND, HEATHER, CRNM</td>
<td>855 E MADISON AVE</td>
<td>EL CAJON, CA 92020</td>
<td></td>
<td>Effective as of 01-OCT-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Teleservice</td>
<td>CHIROPRACOR</td>
<td>DORADO, SUE, DC</td>
<td>1032 BROADWAY</td>
<td>EL CAJON, CA 92021</td>
<td>Effective as of 01-OCT-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Teleservice</td>
<td>DORADO, SUE, DC</td>
<td>165 S 1ST ST</td>
<td>EL CAJON, CA 92019</td>
<td></td>
<td>Effective as of 01-OCT-20</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Teleservice</td>
<td>FULKS, ZACKARY, DC</td>
<td>855 E MADISON AVE</td>
<td>EL CAJON, CA 92020</td>
<td></td>
<td>Effective as of 01-OCT-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Teleservice</td>
<td>HALEY, STEVEN, DC</td>
<td>165 S 1ST ST</td>
<td>EL CAJON, CA 92019</td>
<td></td>
<td>Effective as of 01-OCT-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Teleservice</td>
<td>HALEY, STEVEN, DC</td>
<td>165 S 1ST ST</td>
<td>EL CAJON, CA 92019</td>
<td></td>
<td>Effective as of 01-OCT-23</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

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

CELANO, NICHOLAS, MD†
Provider ID: N/A
292 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-JAN-21

CELANO, NICHOLAS, MD†
Provider ID: N/A
292 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-JAN-21

CELANO, NICHOLAS, MD
Provider ID: N/A
222 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-APR-24

CHIANG, JENNIFER, MD†
Provider ID: N/A
292 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-APR-24

CHIANG, JENNIFER, MD†
Provider ID: N/A
222 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-APR-24

CHIANG, JENNIFER, MD†
Provider ID: N/A
222 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-APR-24

HANSEN, DOYLE, MD†
Provider ID: N/A
1679 E MAIN ST STE 208
EL CAJON, CA 92021
Effective as of 01-JAN-14

KASSAB, GHADA, MD
Provider ID: N/A
292 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-MAR-20

KASSAB, GHADA, MD
Provider ID: N/A
624 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-MAR-23

KASSAB, GHADA, MD
Provider ID: N/A
624 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-JUL-23

LIN, SHINKO, MD
Provider ID: N/A
222 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-MAR-24

SATEESH, BROOKE, MD†
Provider ID: N/A
222 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-APR-24

SATEESH, BROOKE, MD†
Provider ID: N/A
222 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-APR-24

SATEESH, BROOKE, MD†
Provider ID: N/A
222 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-APR-24

SATEESH, BROOKE, MD†
Provider ID: N/A
222 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-APR-24
292 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-JAN-21

TYAGI, ABHILASHA, MD
Provider ID: N/A
292 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-APR-22

TYAGI, ABHILASHA, MD†
Provider ID: N/A
292 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-AUG-22

TYAGI, ABHILASHA, MD
Provider ID: N/A
222 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-APR-24

UEBELHOER, NATHAN, DO
Provider ID: N/A
222 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-APR-24

UEBELHOER, NATHAN, DO†
Provider ID: N/A
292 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-FEB-22

EMERGENCY MEDICINE

YAU, STEPHEN, MD†
Provider ID: N/A
328 HIGHLAND AVE STE
200
EL CAJON, CA 92020
Teleservice
Effective as of 01-APR-23

FAMILY PRACTICE

SHAFT, ALEXANDER, MD†
Provider ID: N/A
463 N MAGNOLIA AVE
EL CAJON, CA 92020
Teleservice
Effective as of 01-FEB-23

SHAFT, ALEXANDER, MD†
Provider ID: N/A
463 N MAGNOLIA AVE
EL CAJON, CA 92020
Teleservice
Effective as of 01-OCT-21

TYAGI, ABHILASHA, MD†
Provider ID: N/A
292 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-JUL-18

DESTA, TADDESE, MD†
Provider ID: N/A
2732 NAVAJO RD STE 200
EL CAJON, CA 92020
Effective as of 01-SEP-22

DESTA, TADDESE, MD†
Provider ID: N/A
2732 NAVAJO RD STE 200
EL CAJON, CA 92020
Effective as of 01-JUL-18

HASSANEIN, TAREK, MD†
Provider ID: N/A
463 N MAGNOLIA AVE
EL CAJON, CA 92020
Teleservice
Effective as of 01-SEP-22

HASSANEIN, TAREK, MD†
Provider ID: N/A
463 N MAGNOLIA AVE
EL CAJON, CA 92020
Teleservice
Effective as of 01-OCT-21

HASSANEIN, TAREK, MD†
Provider ID: N/A
463 N MAGNOLIA AVE
EL CAJON, CA 92020
Teleservice
Effective as of 01-FEB-21

HASSANEIN, TAREK, MD†
Provider ID: N/A
463 N MAGNOLIA AVE
EL CAJON, CA 92020
Teleservice
Effective as of 01-MAY-23

NOVO, MEGAN, MD
Provider ID: N/A
2732 NAVAJO RD STE 200
EL CAJON, CA 92020
Effective as of 01-JAN-23

NOVO, MEGAN, MD
Provider ID: N/A
2732 NAVAJO RD STE 200
EL CAJON, CA 92020
Effective as of 01-APR-24

SCHAEFFER, CYNTHIA, MD†
Provider ID: N/A
2732 NAVAJO RD STE 200
EL CAJON, CA 92020
Effective as of 01-JUL-18

SHAFER, KATHERINE, MD†
Provider ID: N/A
2732 NAVAJO RD STE 201
EL CAJON, CA 92020
Effective as of 01-JAN-21
C1. 网络提供者名单
专科护理医生

**GENERAL PRACTICE**

ALSHAMMARY, MOHAMMED, MD
Provider ID: N/A
855 E MADISON AVE
EL CAJON, CA 92020*  
Effective as of 01-MAY-23

MANSOUR, DAVID, DO†
Provider ID: N/A
855 E MADISON AVE
EL CAJON, CA 92020  
Effective as of 01-AUG-22

**HEARING AID DEALER / SUPPLIER**

ANDERSON, ELAINE, MA†
Provider ID: N/A
1767 E MAIN ST
EL CAJON, CA 92021
Effective as of 01-SEP-22

DANDURAND, JOHN, MA†
Provider ID: N/A
1767 E MAIN ST
EL CAJON, CA 92021
Teleservice  
Effective as of 01-DEC-22

DAVIS, KELLE, MA†
Provider ID: N/A
1767 E MAIN ST
EL CAJON, CA 92021
Effective as of 01-JAN-21

OLIVER, DEANNA, MD†
Provider ID: N/A
463 N MAGNOLIA AVE
EL CAJON, CA 92020  
Effective as of 01-JUL-22

KAFRI, HASSAN, MD†
Provider ID: N/A
328 HIGHLAND AVE STE 200
EL CAJON, CA 92020
Effective as of 01-JUL-22

INTERVENTIONAL CARDIOLOGY

BARVALIA, MIHIR, MD†
Provider ID: N/A
1380 EL CAJON BLVD STE 100
EL CAJON, CA 92020
Effective as of 01-SEP-22

KAFRI, HASSAN, MD†
Provider ID: N/A
328 HIGHLAND AVE STE 200
EL CAJON, CA 92020
Effective as of 01-JUL-22

NAGHI, JESSE, MD†
Provider ID: N/A
1380 EL CAJON BLVD STE 100
EL CAJON, CA 92020
Effective as of 01-JAN-24

PONCE, SONIA, MD†
Provider ID: N/A
328 HIGHLAND AVE STE 200
EL CAJON, CA 92020
Effective as of 01-JAN-21

RUBIO GARCIA, MANOLO, MD†
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-DEC-22

SHAH, KULIN, MD†
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-APR-23

SHARF, ALBERT, MD
Provider ID: N/A
230 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-JAN-24

SHARF, ALBERT, MD
Provider ID: N/A
1240 BROADWAY STE 210
EL CAJON, CA 92021
Effective as of 01-JAN-24

SHEREV, DIMITRI, MD
Provider ID: N/A
1380 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-JAN-24

SUDHAKAR, DEEPTHI, MD†
Provider ID: N/A
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-APR-23

LICENSED CLINICAL SOCIAL WORKER

FRAGOSO, DOMINIQUE, LCSW
Provider ID: N/A
215 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-JAN-24

ORLANDO, FRANCESCA, LCSW
Provider ID: N/A
875 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-FEB-23

TAYAG, DYLAN, LCSW†
Provider ID: N/A
875 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-SEP-22

TAYLOR, MISTY, LCSW
Provider ID: N/A
5442 SYCUAN RD
EL CAJON, CA 92019
Effective as of 01-FEB-24

WELSH, BRITT, LCSW†
Provider ID: N/A
875 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-FEB-21

MARRIAGE FAMILY THERAPIST

ARNOLD, REBECCA, MFT
Provider ID: N/A
855 E MADISON AVE
EL CAJON, CA 92020
Effective as of 01-FEB-24

ESTAVILLO, SAUL, MFT
Provider ID: N/A
875 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-AUG-23

OBSTETRICS / GYNECOLOGY

AL-MSHHDANI, AYSER, MD
Provider ID: N/A
165 S 1ST ST
EL CAJON, CA 92019
Teleservice
Effective as of 01-OCT-23

AL-MSHHDANI, AYSER, MD
Provider ID: N/A
1032 BROADWAY
EL CAJON, CA 92021
Teleservice
Effective as of 01-OCT-23

BULLOCH, EDGAR, MD†
Provider ID: N/A
133 W MAIN ST STE 100
EL CAJON, CA 92020
Effective as of 01-JUN-22

DAVIS, TRACIE, MD
Provider ID: N/A
1032 BROADWAY
EL CAJON, CA 92021
Teleservice
Effective as of 01-OCT-23

DAVIS, TRACIE, MD
Provider ID: N/A
165 S 1ST ST
EL CAJON, CA 92019
Teleservice
C1. 网络提供者名单

专科护理医生

Effective as of 01-OCT-23

FOLCH TORRES-AGUIAR, BEATRIZ, MD†
Provider ID: N/A
165 S 1ST ST
EL CAJON, CA 92019
Teleservice
Effective as of 01-AUG-22

FOLCH TORRES-AGUIAR, BEATRIZ, MD†
Provider ID: N/A
1032 BROADWAY
EL CAJON, CA 92021
Teleservice
Effective as of 01-AUG-22

GELLENS, ANDREW, MD†
Provider ID: N/A
165 S 1ST ST
EL CAJON, CA 92019
Teleservice
Effective as of 01-NOV-21

GELLENS, ANDREW, MD†
Provider ID: N/A
1032 BROADWAY
EL CAJON, CA 92021
Teleservice
Effective as of 01-NOV-21

SEAVEY, MICHELLE, MD
Provider ID: N/A
855 E MADISON AVE
EL CAJON, CA 92020
Effective as of 01-DEC-23

TAJRAN, DEENA, MD†
Provider ID: N/A
291 E LEXINGTON AVE STE AC
EL CAJON, CA 92020
Effective as of 01-JAN-21

OPHTHALMOLOGY

ABDALLAH, WALID, MD
Provider ID: N/A
231 W MAIN ST
EL CAJON, CA 92020
Effective as of 01-FEB-24

BINDER, NICHOLAS, MD
Provider ID: N/A
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Effective as of 01-DEC-23

BINDER, NICHOLAS, MD
Provider ID: N/A
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020
Effective as of 01-NOV-23

BOECKMANN, JESSICA, MD†
Provider ID: N/A
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020
Effective as of 01-DEC-23

HSU, CHRISTOPHER, MD
Provider ID: N/A
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Effective as of 01-JAN-24

HSU, CHRISTOPHER, MD†
Provider ID: N/A
225 W MADISON AVE STE 1
EL CAJON, CA 92020
Effective as of 01-SEP-22

MANI, NASRIN, MD†
Provider ID: N/A
875 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-JUL-22

MCDONNELL, EMMA, MD†
Provider ID: N/A
231 W MAIN ST
EL CAJON, CA 92020
Effective as of 01-NOV-22

PATEL, GITANE, MD
Provider ID: N/A
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020
Effective as of 01-NOV-23

PATEL, GITANE, MD
Provider ID: N/A
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Effective as of 01-DEC-23

PATEL, SARJAN, MD
Provider ID: N/A
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Effective as of 01-JAN-24
C1. 网络提供者名单
专科护理医生

PATEL, SARJAN, MD
Provider ID: N/A
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Effective as of 01-DEC-23

PATEL, SARJAN, MD†
Provider ID: N/A
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020
Effective as of 01-DEC-23

PONS, MAURICIO, MD†
Provider ID: N/A
231 W MAIN ST
EL CAJON, CA 92020
Effective as of 01-AUG-22

PONS, MAURICIO, MD†
Provider ID: N/A
875 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-JUL-22

PRABHU, SUJATA, MD
Provider ID: N/A
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Effective as of 01-DEC-23

PRABHU, SUJATA, MD
Provider ID: N/A
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020
Effective as of 01-DEC-23

SKAF, AYHAM, MD†
Provider ID: N/A
875 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-JUL-22

ZHAO, TAILUN, MD
Provider ID: N/A
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Effective as of 01-DEC-23

KHALIL, VADY, OD†
Provider ID: N/A
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020
Effective as of 01-DEC-23

KHALIL, VADY, OD†
Provider ID: N/A
231 W MAIN ST
EL CAJON, CA 92020
Effective as of 01-JAN-24

KOO, ANITA, OD
Provider ID: N/A
231 W MAIN ST
EL CAJON, CA 92020
Effective as of 01-FEB-24

ZVANUT, DONALD, OD²
Provider ID: N/A
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Effective as of 01-SEP-22

PHYSICIANS ASSISTANT

ALYAS, ALISIA, PA
Provider ID: N/A
165 S 1ST ST
EL CAJON, CA 92019
### Network Providers List

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Specialty</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teleservice</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ALYAS, ALISIA, PA</strong></td>
<td></td>
<td></td>
<td>1032 BROADWAY EL CAJON, CA 92021</td>
<td>01-JUN-21</td>
<td></td>
</tr>
<tr>
<td><strong>ROSENBLATT, SHERI, PA</strong></td>
<td></td>
<td></td>
<td>875 EL CAJON BLVD EL CAJON, CA 92020</td>
<td>01-JUN-23</td>
<td></td>
</tr>
<tr>
<td><strong>RYAN, TYLER, PA</strong></td>
<td></td>
<td></td>
<td>463 N MAGNOLIA AVE STE B EL CAJON, CA 92020</td>
<td>01-OCT-23</td>
<td></td>
</tr>
<tr>
<td><strong>INDA, PRISCILLA, PA</strong></td>
<td></td>
<td></td>
<td>328 HIGHLAND AVE STE 200 EL CAJON, CA 92020</td>
<td>01-JAN-21</td>
<td></td>
</tr>
<tr>
<td><strong>MICHAEL, STEVE, MD</strong></td>
<td></td>
<td></td>
<td>855 E MADISON AVE EL CAJON, CA 92020</td>
<td>01-DEC-22</td>
<td></td>
</tr>
<tr>
<td><strong>MATIALEU, LEOPOLDINE, MD</strong></td>
<td></td>
<td></td>
<td>855 E MADISON AVE EL CAJON, CA 92020</td>
<td>01-DEC-22</td>
<td></td>
</tr>
<tr>
<td><strong>MATIALEU, LEOPOLDINE, MD</strong></td>
<td></td>
<td></td>
<td>855 E MADISON AVE EL CAJON, CA 92020</td>
<td>01-DEC-22</td>
<td></td>
</tr>
<tr>
<td><strong>MATIALEU, LEOPOLDINE, MD</strong></td>
<td></td>
<td></td>
<td>855 E MADISON AVE EL CAJON, CA 92020</td>
<td>01-DEC-22</td>
<td></td>
</tr>
<tr>
<td><strong>MATIALEU, LEOPOLDINE, MD</strong></td>
<td></td>
<td></td>
<td>855 E MADISON AVE EL CAJON, CA 92020</td>
<td>01-DEC-22</td>
<td></td>
</tr>
<tr>
<td><strong>MATIALEU, LEOPOLDINE, MD</strong></td>
<td></td>
<td></td>
<td>855 E MADISON AVE EL CAJON, CA 92020</td>
<td>01-DEC-22</td>
<td></td>
</tr>
<tr>
<td><strong>POSTLETHWAITE, ALEJANDRA, MD</strong></td>
<td></td>
<td></td>
<td>855 E MADISON AVE EL CAJON, CA 92020</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td><strong>POSTLETHWAITE, ALEJANDRA, MD</strong></td>
<td></td>
<td></td>
<td>855 E MADISON AVE EL CAJON, CA 92020</td>
<td>01-JAN-24</td>
<td></td>
</tr>
</tbody>
</table>

*Note: N/A indicates information not available.*
855 E MADISON AVE
   EL CAJON, CA 92020
Effective as of 01-JAN-24

SADDA, REEM, MD
Provider ID: N/A
875 EL CAJON BLVD
   EL CAJON, CA 92020
Effective as of 01-MAR-24

SADDA, REEM, MD
Provider ID: N/A
875 EL CAJON BLVD
   EL CAJON, CA 92020
Effective as of 01-MAR-24

PSYCHOLOGIST

ARAIZA, ERNESTINA, PSYD
Provider ID: N/A
875 EL CAJON BLVD
   EL CAJON, CA 92020
Effective as of 01-AUG-21

ARAIZA, ERNESTINA, PSYD
Provider ID: N/A
875 EL CAJON BLVD
   EL CAJON, CA 92020
Effective as of 01-AUG-21

RADIOLOGY DIAGNOSTIC

MOSHFEGH, AMIEL, MD
Provider ID: N/A
463 N MAGNOLIA AVE STE B
   EL CAJON, CA 92020
Effective as of 01-SEP-22

REGISTERED PHYSICAL THERAPIST

DASCENZO, EMILY, PT
Provider ID: N/A
875 EL CAJON BLVD

EL CAJON, CA 92020
Teleservice
Effective as of 01-JUL-22

LONG, RYAN, PT
Provider ID: N/A
181 JAMACHA RD
   EL CAJON, CA 92019*
Effective as of 01-JUL-22

SURGERY ORTHOPEDIC

NOURI, LABEED, MD
Provider ID: N/A
330 S MAGNOLIA AVE STE 302
   EL CAJON, CA 92020
Effective as of 01-JAN-21

CERTIFIED NURSE PRACTITIONER

TORIOLA, ABIODUN, NP
Provider ID: N/A
24432 MUIRLANDS BLVD STE 131
   EL TORO, CA 92630
Effective as of 01-JUL-23

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON, MD
Provider ID: N/A
477 N EL CAMINO REAL STE B301
   ENCINITAS, CA 92024
Effective as of 01-DEC-20

CARDIAC ELECTROPHYSIOLOGY

HAMZEI, ALI, MD
Provider ID: N/A
320 SANTA FE DR STE 204
   ENCINITAS, CA 92024
Effective as of 01-JUN-21

320 SANTA FE DR STE 204
   ENCINITAS, CA 92024
Effective as of 01-JAN-21

WHITWAM, WAYNE, MD
Provider ID: N/A
320 SANTA FE DR STE 204
   ENCINITAS, CA 92024
Effective as of 01-AUG-22

CARDIOVASCULAR DISEASE

AVALOS, ROY, MD
Provider ID: N/A
320 SANTA FE DR STE 204
   ENCINITAS, CA 92024
Effective as of 01-JAN-21

BACKMAN, JOHN, MD
Provider ID: N/A
320 SANTA FE DR STE 204
   ENCINITAS, CA 92024
Effective as of 01-JAN-21

BULIBEK, BATYRJAN, MD
Provider ID: N/A
320 SANTA FE DR STE 204
   ENCINITAS, CA 92024
Effective as of 01-JAN-21

CARTER, STEPHANIE, MD
Provider ID: N/A
700 GARDEN VIEW CT STE 204
   ENCINITAS, CA 92024
Teleservice
Effective as of 01-SEP-21

CARTER, STEPHANIE, MD
Provider ID: N/A
354 SANTA FE DR
   ENCINITAS, CA 92024
Effective as of 01-JUN-21
### C1. 网络提供者名单

<table>
<thead>
<tr>
<th>专科护理医生</th>
<th>医生名称</th>
<th>医生ID</th>
<th>地址</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARTER, STEPHANIE, MD</td>
<td>CARTER, STEPHANIE, MD²</td>
<td>N/A</td>
<td>700 GARDEN VIEW CT STE 204, ENCINITAS, CA 92024</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>HARRINGTON, JOHN, MD</td>
<td>HARRINGTON, JOHN, MD²</td>
<td>N/A</td>
<td>700 GARDEN VIEW CT STE 204, ENCINITAS, CA 92024</td>
<td>Effective as of 01-MAR-22</td>
</tr>
<tr>
<td>JACOBY, RICHARD, MD</td>
<td>JACOBY, RICHARD, MD²</td>
<td>N/A</td>
<td>700 GARDEN VIEW CT STE 204, ENCINITAS, CA 92024</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>KULHANEK, JAN, MD</td>
<td>KULHANEK, JAN, MD²</td>
<td>N/A</td>
<td>320 SANTA FE DR STE 204, ENCINITAS, CA 92024</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>MCGINTY, PATRICK, MD</td>
<td>MCGINTY, PATRICK, MD²</td>
<td>N/A</td>
<td>320 SANTA FE DR STE 204, ENCINITAS, CA 92024</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>MEHBOOB, SALMAN, MD</td>
<td>MEHBOOB, SALMAN, MD²</td>
<td>N/A</td>
<td>700 GARDEN VIEW CT STE 204, ENCINITAS, CA 92024</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>RASCH, DAMIAN, DO</td>
<td>RASCH, DAMIAN, DO²</td>
<td>N/A</td>
<td>320 SANTA FE DR STE 204, ENCINITAS, CA 92024</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>SAB, SHIV, MD</td>
<td>SAB, SHIV, MD²</td>
<td>N/A</td>
<td>320 SANTA FE DR STE 204, ENCINITAS, CA 92024</td>
<td>Effective as of 01-JUN-22</td>
</tr>
<tr>
<td>SAB, SHIV, MD</td>
<td>SAB, SHIV, MD²</td>
<td>N/A</td>
<td>320 SANTA FE DR STE 204, ENCINITAS, CA 92024</td>
<td>Effective as of 01-API-24</td>
</tr>
<tr>
<td>SHEREV, DIMITRI, MD</td>
<td>SHEREV, DIMITRI, MD²</td>
<td>N/A</td>
<td>320 SANTA FE DR STE 212, ENCINITAS, CA 92024</td>
<td>Effective as of 01-SEP-23</td>
</tr>
<tr>
<td>JULIAN, FIDES, LAC</td>
<td>JULIAN, FIDES, LAC²</td>
<td>N/A</td>
<td>1200 GARDEN VIEW RD, ENCINITAS, CA 92024</td>
<td>Effective as of 01-FEB-24</td>
</tr>
<tr>
<td>MURRAY, STEVEN, LAC</td>
<td>MURRAY, STEVEN, LAC²</td>
<td>N/A</td>
<td>1200 GARDEN VIEW RD, ENCINITAS, CA 92024</td>
<td>Effective as of 01-AUG-21</td>
</tr>
<tr>
<td>TANG-RITCHIE, LENG, LAC</td>
<td>TANG-RITCHIE, LENG, LAC²</td>
<td>N/A</td>
<td>1200 GARDEN VIEW RD, ENCINITAS, CA 92024</td>
<td>Effective as of 01-DEC-22</td>
</tr>
<tr>
<td>YOO, HEATHER, LAC</td>
<td>YOO, HEATHER, LAC²</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D308, ENCINITAS, CA 92024</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>BINAVI, HOWNAZ, NP</td>
<td>BINAVI, HOWNAZ, NP²</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D308, ENCINITAS, CA 92024</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>CARDINELL, ANNA, NP</td>
<td>CARDINELL, ANNA, NP²</td>
<td>N/A</td>
<td>1200 GARDEN VIEW RD, ENCINITAS, CA 92024</td>
<td>Effective as of 01-AUG-24</td>
</tr>
<tr>
<td>CHAMBERS, KATRINA, NP</td>
<td>CHAMBERS, KATRINA, NP²</td>
<td>N/A</td>
<td>1130 2ND ST, ENCINITAS, CA 92024</td>
<td>Effective as of 01-MAY-23</td>
</tr>
</tbody>
</table>

您的PCP的医师集团可能有心理健康提供者在您的网络中。请参考下面的列表。
您可以直接联系这些提供者。请注意，部分服务可能需要心理健康提供者从Blue Shield获取预先授权，以便服务得到覆盖。

访问心理健康提供者的在线列表，请访问blueshieldca.com/fad。
C1. 网络提供者名单
专科护理医生

- 781 GARDEN VIEW CT STE 100
  ENCINITAS, CA 92024
  Teleservice
  Effective as of 01-JUN-23

- DWYER, ERIN, NP
  Provider ID: N/A
  320 SANTA FE DR STE 108
  ENCINITAS, CA 92024
  Effective as of 01-JAN-24

- FAIQ, JAMILA, NP
  Provider ID: N/A
  326 SANTA FE DR STE 105
  ENCINITAS, CA 92024
  Effective as of 01-JUL-22

- HERR, COLLEEN, NP
  Provider ID: N/A
  477 N EL CAMINO REAL STE D200
  ENCINITAS, CA 92024
  Effective as of 01-JAN-21

- HOOPER, BONNIE, NP
  Provider ID: N/A
  477 N EL CAMINO REAL STE D308
  ENCINITAS, CA 92024
  Effective as of 01-JAN-21

- HOOPER, BONNIE, NP
  Provider ID: N/A
  477 N EL CAMINO REAL STE D308
  ENCINITAS, CA 92024
  Effective as of 01-JAN-21

- MOORE, HEATHER, NP
  Provider ID: N/A
  477 N EL CAMINO REAL STE A100
  ENCINITAS, CA 92024
  Effective as of 01-APR-24

- MORENO, KATHERINE, NP
  Provider ID: N/A
  700 GARDEN VIEW CT STE 204
  ENCINITAS, CA 92024
  Teleservice
  Effective as of 01-DEC-23

- MWAURA, WAIRIMU, NP
  Provider ID: N/A
  326 SANTA FE DR STE 105
  ENCINITAS, CA 92024
  Teleservice
  Effective as of 01-JUN-21

- MYERS, JESSE, NP
  Provider ID: N/A
  477 N EL CAMINO REAL STE A308
  ENCINITAS, CA 92024
  Effective as of 01-JAN-21

- NIZHEBORSKY, OKSANA, NP
  Provider ID: N/A
  326 SANTA FE DR STE 105
  ENCINITAS, CA 92024
  Teleservice
  Effective as of 01-JAN-21

- PACHOE, MADISON, NP
  Provider ID: N/A
  477 N EL CAMINO REAL STE A200
  ENCINITAS, CA 92024
  Teleservice
  Effective as of 01-DEC-21

- POLIZZI, BRITTANY, NP
  Provider ID: N/A
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLIZZI, BRITTANY, NP†</td>
<td>477 N EL CAMINO REAL STE D308 ENCINITAS, CA 92024</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>POVOLI, LAUREN, NPF</td>
<td>477 N EL CAMINO REAL STE A100 ENCINITAS, CA 92024</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>SRILASAK, MICHELE, NP†</td>
<td>1200 GARDEN VIEW RD STE 200 ENCINITAS, CA 92024</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>STUBBE, AMANDA, NPF</td>
<td>477 N EL CAMINO REAL STE A100 ENCINITAS, CA 92024</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>SYMANSKI, ELIZABETH, NP†</td>
<td>477 N EL CAMINO REAL STE A200 ENCINITAS, CA 92024</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>TOMICICH, STEPHANIE, NP†</td>
<td>320 SANTA FE DR STE 108 ENCINITAS, CA 92024</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>WALLA, MEGAN, NPF</td>
<td>477 N EL CAMINO REAL STE A100 ENCINITAS, CA 92024</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>WILLEY, MARTI, NP†</td>
<td>326 SANTA FE DR STE 105 ENCINITAS, CA 92024 Teleservice</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>WILLEY, MARTI, NP†</td>
<td>326 SANTA FE DR STE 105 ENCINITAS, CA 92024 Teleservice</td>
<td>01-JUN-21</td>
</tr>
<tr>
<td>WOODRUFF, WHITNEY, NP</td>
<td>700 GARDEN VIEW CT STE 102 ENCINITAS, CA 92024</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>WOODRUFF, WHITNEY, NP</td>
<td>781 GARDEN VIEW CT STE 100 ENCINITAS, CA 92024</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>WOODRUFF, WHITNEY, NP</td>
<td>781 GARDEN VIEW CT STE 102 ENCINITAS, CA 92024</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>YEO, ALEXANDRIA, NP</td>
<td>320 SANTA FE DR STE 108 ENCINITAS, CA 92024</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>1505 ENCINITAS BLVD ENCINITAS, CA 92024</td>
<td>01-JUN-23</td>
<td></td>
</tr>
</tbody>
</table>

**CERTIFIED REGISTERED NURSE ANESTHETIST**

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASHMAN, RANDY, CRNA</td>
<td>781 GARDEN VIEW CT STE 100 ENCINITAS, CA 92024</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>ESTABROOK, LARA, CRNA</td>
<td>781 GARDEN VIEW CT STE 100 ENCINITAS, CA 92024</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>ESTABROOK, LARA, CRNA</td>
<td>781 GARDEN VIEW CT STE 102 ENCINITAS, CA 92024</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>FITZPATRICK, APRIL, CRNA</td>
<td>781 GARDEN VIEW CT STE 100 ENCINITAS, CA 92024</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>FITZPATRICK, APRIL, CRNA</td>
<td>781 GARDEN VIEW CT STE 102 ENCINITAS, CA 92024</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>KING, APRIL, CRNA</td>
<td>781 GARDEN VIEW CT STE 100 ENCINITAS, CA 92024</td>
<td>01-MAR-23</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>KING, APRIL, CRNA</td>
<td>N/A</td>
<td>781 GARDEN VIEW CT STE 100</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>KING, APRIL, CRNA</td>
<td>N/A</td>
<td>700 GARDEN VIEW CT STE 102</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>LAZARUS, ELIZABETH, CRNA</td>
<td>N/A</td>
<td>781 GARDEN VIEW CT STE 102</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>CORRY, ANDREA, CRNM</td>
<td>N/A</td>
<td>1200 GARDEN VIEW RD</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>ELY-KONOSKE, RACHEL,</td>
<td>N/A</td>
<td>1200 GARDEN VIEW RD</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>CRNM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAINER, JASON, DC</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DERMATOLOGY

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANGRA, KUNAL, MD</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D308</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>ANGRA, KUNAL, MD</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D308</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>ANGRA, KUNAL, MD</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D308</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>BENVENUTO, TARA, MD</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D308</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>BENVENUTO, TARA, MD</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D308</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>BENVENUTO, TARA, MD</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D308</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>BENVENUTO, TARA, MD</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D308</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>BENVENUTO, TARA, MD</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D308</td>
<td>01-DEC-23</td>
</tr>
</tbody>
</table>

GLADSJO, JULIE, MD

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLADSJO, JULIE, MD</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D308</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>GLADSJO, JULIE, MD</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D308</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>GLADSJO, JULIE, MD</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D308</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>GRUSHCHAK, SOLOMIYA, MD</td>
<td>N/A</td>
<td>285 N EL CAMINO REAL STE 117</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>GRUSHCHAK, SOLOMIYA, MD</td>
<td>N/A</td>
<td>285 N EL CAMINO REAL STE 117</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>GRUSHCHAK, SOLOMIYA, MD</td>
<td>N/A</td>
<td>285 N EL CAMINO REAL STE 117</td>
<td>01-DEC-23</td>
</tr>
</tbody>
</table>

CHIROPRACTOR

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAINER, JASON, DC</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

ENCINITAS, CA 92024
Effective as of 01-JAN-24

HEMPERLY, STEPHEN, DO‡
Provider ID: N/A
477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024
Teleservice
Effective as of 01-NOV-23

HEMPERLY, STEPHEN, DO‡
Provider ID: N/A
477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024
Teleservice
Effective as of 01-JAN-21

RILEY, JESSICA, DO‡
Provider ID: N/A
477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024
Effective as of 01-JAN-21

RILEY, JESSICA, DO‡
Provider ID: N/A
477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024
Effective as of 01-AUG-20

RILEY, JESSICA, DO‡
Provider ID: N/A
477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024
Effective as of 01-SEP-22

ENDOCRINOLOGY
METABOLISM DIABETES

SHAH, NANDI, MD
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-JAN-24

FAMILY PRACTICE

ANDERSON, LINDSEY, DO‡
Provider ID: N/A
1505 ENCINITAS BLVD
ENCINITAS, CA 92024
Effective as of 01-AUG-23

ESTRADA, JOHANNA, MD‡
Provider ID: N/A
662 ENCINITAS BLVD STE
220
ENCINITAS, CA 92024
Effective as of 01-AUG-21

GASTROENTEROLOGY

ALHANKAWI, DHUHA, MD
Provider ID: N/A
477 N EL CAMINO REAL
STE A308
ENCINITAS, CA 92024
Effective as of 01-APR-23

ALHANKAWI, DHUHA, MD
Provider ID: N/A
477 N EL CAMINO REAL
STE A308
ENCINITAS, CA 92024
Effective as of 01-AUG-23

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

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

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

BORTNIKER, ETHAN, MD
Provider ID: N/A
781 GARDEN VIEW CT STE
100
ENCINITAS, CA 92024
Effective as of 01-MAR-24

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

DILAURO, STEVEN, MD
Provider ID: N/A
781 GARDEN VIEW CT STE
102
ENCINITAS, CA 92024
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>DILAURO, STEVEN, MD</td>
<td>781 GARDEN VIEW CT STE 100, ENCINITAS, CA 92024</td>
<td>Effective as of 01-MAR-23</td>
</tr>
<tr>
<td>GOLDKLANG, ROBERT, MD</td>
<td>781 GARDEN VIEW CT STE 100, ENCINITAS, CA 92024</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>DILAURO, STEVEN, MD</td>
<td>781 GARDEN VIEW CT STE 100, ENCINITAS, CA 92024</td>
<td>Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>GOLDKLANG, ROBERT, MD</td>
<td>781 GARDEN VIEW CT STE 100, ENCINITAS, CA 92024</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>GOLDKLANG, ROBERT, MD</td>
<td>781 GARDEN VIEW CT STE 100, ENCINITAS, CA 92024</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>GOLDKLANG, ROBERT, MD‡</td>
<td>781 GARDEN VIEW CT STE 102, ENCINITAS, CA 92024</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>DILAURO, STEVEN, MD</td>
<td>781 GARDEN VIEW CT STE 100, ENCINITAS, CA 92024</td>
<td>Effective as of 01-MAR-23</td>
</tr>
<tr>
<td>GOLDKLANG, ROBERT, MD</td>
<td>781 GARDEN VIEW CT STE 100, ENCINITAS, CA 92024</td>
<td>Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>LAJOIE, ADRIANNE, MD</td>
<td>781 GARDEN VIEW CT STE 100, ENCINITAS, CA 92024</td>
<td>Effective as of 01-FEB-22</td>
</tr>
<tr>
<td>PATEL, JANKI, MD</td>
<td>781 GARDEN VIEW CT STE 100, ENCINITAS, CA 92024</td>
<td>Effective as of 01-FEB-24</td>
</tr>
<tr>
<td>MADANI, BAHAR, MD</td>
<td>477 N EL CAMINO REAL STE A308, ENCINITAS, CA 92024</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>LAJOIE, ADRIANNE, MD</td>
<td>781 GARDEN VIEW CT STE 100, ENCINITAS, CA 92024</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>PATEL, JANKI, MD</td>
<td>781 GARDEN VIEW CT STE 100, ENCINITAS, CA 92024</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>PATEL, JANKI, MD</td>
<td>781 GARDEN VIEW CT STE 100, ENCINITAS, CA 92024</td>
<td>Effective as of 01-OCT-23</td>
</tr>
</tbody>
</table>
C1. Network Provider List

Specialty Doctors

Provider ID: N/A

700 GARDEN VIEW CT STE 102
ENCINITAS, CA 92024
Effective as of 01-JAN-21

Teleservice

PATEL, JANKI, MD
Provider ID: N/A

700 GARDEN VIEW CT STE 100
ENCINITAS, CA 92024
Effective as of 01-MAR-23

PATEL, JANKI, MD
Provider ID: N/A

781 GARDEN VIEW CT STE 100
ENCINITAS, CA 92024
Effective as of 01-MAR-24

PATEL, JANKI, MD
Provider ID: N/A

700 GARDEN VIEW CT STE 100
ENCINITAS, CA 92024
Effective as of 01-JUN-23

PATEL, JANKI, MD
Provider ID: N/A

354 SANTA FE DR
ENCINITAS, CA 92024
Effective as of 01-FEB-24

SINGH, MARVIN, MD
Provider ID: N/A

781 GARDEN VIEW CT STE 100
ENCINITAS, CA 92024
Effective as of 01-JUN-23

SINGH, MARVIN, MD
Provider ID: N/A

326 SANTA FE DR STE 105
ENCINITAS, CA 92024
Effective as of 01-JAN-24

SULLIVAN, JESSICA, DO†
Provider ID: N/A

326 SANTA FE DR STE 105
ENCINITAS, CA 92024
Effective as of 01-JAN-24

HOSPICE AND PALLIATIVE MEDICINE

RUBENZIK, TAMARA, MD†
Provider ID: N/A

1200 GARDEN VIEW RD STE 100
ENCINITAS, CA 92024
Effective as of 01-FEB-21

RUBENZIK, TAMARA, MD†
Provider ID: N/A

1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024
Effective as of 01-JUL-21

INTERNAL MEDICINE

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

326 SANTA FE DR STE 105
ENCINITAS, CA 92024
Effective as of 01-DEC-20

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

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

DELANEY, CODY, DO†
Provider ID: N/A

662 ENCINITAS BLVD STE
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Effective as of 01-JUL-21

**INTERNAL MEDICINE**

**CRITICAL CARE MEDICINE**

**FUSSELL, KEVIN, MD**
Provider ID: N/A
- 326 SANTA FE DR STE 100
  ENCINITAS, CA 92024
Effective as of 01-JUL-21

**PINO, ALEJANDRO, MD**
Provider ID: N/A
- 326 SANTA FE DR STE 100
  ENCINITAS, CA 92024
Effective as of 01-JUL-21

**SHIN, STEPHANIE, MD**
Provider ID: N/A
- 320 SANTA FE DR STE 107-C
  ENCINITAS, CA 92024
Effective as of 01-JAN-21

**TRAN, SHERI, MD**
Provider ID: N/A
- 320 SANTA FE DR STE 107C
  ENCINITAS, CA 92024
Effective as of 01-JAN-21

**ZHANG, MICHELLE, MD**
Provider ID: N/A
- 326 SANTA FE DR STE 100
  ENCINITAS, CA 92024
Teleservice
Effective as of 01-MAY-22

**LICENSED CLINICAL SOCIAL WORKER**

**REBELO, MARCIA, LCSW**
Provider ID: N/A
- 187 CALLE MAGDALENA STE 212
  ENCINITAS, CA 92024
Effective as of 01-OCT-23

**MEDICAL ONCOLOGY**

**FLORES, EDNA, MD**
Provider ID: N/A
- 326 SANTA FE DR STE 105
  ENCINITAS, CA 92024
Effective as of 01-JAN-21

**MCCLAY, EDWARD, MD**
Provider ID: N/A
- 477 N EL CAMINO REAL STE D200
  ENCINITAS, CA 92024
Effective as of 01-JAN-21

**NEPHROLOGY**

**AL-DARHAN, ZAID, MD**
Provider ID: N/A
- 320 SANTA FE DR STE 212
  ENCINITAS, CA 92024
Effective as of 01-MAY-23

**LAKHERA, YOGITA, MD**
Provider ID: N/A
- 320 SANTA FE DR STE 212
  ENCINITAS, CA 92024
Teleservice
Effective as of 01-JAN-21

**LAKHERA, YOGITA, MD**
Provider ID: N/A
- 320 SANTA FE DR STE 212
  ENCINITAS, CA 92024
Teleservice
Effective as of 01-JAN-24
LAKHERA, YOGITA, MD†
Provider ID: N/A
320 SANTA FE DR STE 212
ENCINITAS, CA 92024
Teleservice
Effective as of 01-JUL-22

LAKHERA, YOGITA, MD†
Provider ID: N/A
320 SANTA FE DR STE 212
ENCINITAS, CA 92024
Teleservice
Effective as of 01-MAR-17

STEER, DYLAN, MD†
Provider ID: N/A
320 SANTA FE DR STE 212
ENCINITAS, CA 92024
Effective as of 01-JAN-21

NEUROLOGY

BAKER, DAVID, DO
Provider ID: N/A
354 SANTA FE DR
ENCINITAS, CA 92024
Effective as of 01-JAN-24

SCHORR, EMILY, MD
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-MAR-24

OBSTETRICS / GYNECOLOGY

BINDER, PRATIBHA, MD†
Provider ID: N/A
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024
Effective as of 01-JUL-21

DELCORE, LAURA, MD†
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-AUG-22

DRIEBE, AMY, MD†
Provider ID: N/A
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024
Effective as of 01-SEP-22

DRIEBE, AMY, MD†
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-AUG-22

HILL, KAITLYN, MD†
Provider ID: N/A
1505 ENCINITAS BLVD
ENCINITAS, CA 92024
Effective as of 01-SEP-22

HILL, KAITLYN, MD†
Provider ID: N/A
477 N EL CAMINO REAL STE C208
ENCINITAS, CA 92024
Effective as of 01-MAR-24

HILL, KAITLYN, MD†
Provider ID: N/A
477 N EL CAMINO REAL STE C208
ENCINITAS, CA 92024
Effective as of 01-JUL-21

FISH, STEVEN, MD
Provider ID: N/A
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Effective as of 01-APR-23

SPRING ROBINSON, CHANDRA, DO
Provider ID: N/A
477 N EL CAMINO REAL STE C208
ENCINITAS, CA 92024
Effective as of 01-JAN-23

OPHTHALMOLOGY

FISH, STEVEN, MD
Provider ID: N/A
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Effective as of 01-APR-23

FISH, STEVEN, MD
Provider ID: N/A
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Effective as of 01-APR-23

FISH, STEVEN, MD
Provider ID: N/A
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Effective as of 01-APR-23

FISH, STEVEN, MD
Provider ID: N/A
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Effective as of 01-APR-23

FISH, STEVEN, MD
Provider ID: N/A
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Effective as of 01-APR-23

HUDSON, HENRY, MD†
Provider ID: N/A
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Effective as of 01-APR-22

JOHNSTON, ERIC, MD
Provider ID: N/A
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCGRAW, JOSEPH, MD†</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE C202</td>
<td>ENCINITAS, CA 92024</td>
<td>01-MAY-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>320 SANTA FE DR STE 104</td>
<td>ENCINITAS, CA 92024</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>SAMUEL, MICHAEL, MD†</td>
<td>N/A</td>
<td>320 SANTA FE DR STE 104</td>
<td>ENCINITAS, CA 92024</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td>VIECHNICKI, TARA, MD</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE C202</td>
<td>ENCINITAS, CA 92024</td>
<td>01-DEC-11</td>
</tr>
<tr>
<td>ZABANEH, ALEXANDER, MD†</td>
<td>N/A</td>
<td>320 SANTA FE DR STE 104</td>
<td>ENCINITAS, CA 92024</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>ZHAO, TAILUN, MD</td>
<td>N/A</td>
<td>320 SANTA FE DR STE 104</td>
<td>ENCINITAS, CA 92024</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>DOUGHERTY, CLARA, PA²</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE C202</td>
<td>ENCINITAS, CA 92024</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>ORAL MAXILLOFACIAL SURGEON</td>
<td></td>
<td>4403 MANCHESTER AVE STE 101</td>
<td>ENCINITAS, CA 92024</td>
<td>01-SEP-20</td>
</tr>
<tr>
<td>OTOLARYNGOLOGY</td>
<td></td>
<td>477 N EL CAMINO REAL STE A308</td>
<td>ENCINITAS, CA 92024</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>KOOROS, KOOROSH, MD†</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE A308</td>
<td>ENCINITAS, CA 92024</td>
<td>01-FEB-22</td>
</tr>
<tr>
<td>PHYSICIANS ASSISTANT</td>
<td></td>
<td>477 N EL CAMINO REAL STE A200</td>
<td>ENCINITAS, CA 92024</td>
<td>01-JAN-21</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

DOUGHERTY, CLARA, PA
Provider ID: N/A
320 SANTA FE DR STE 108
ENCINITAS, CA 92024
Effective as of 01-SEP-22

GILLAN, JAMES, PA
Provider ID: N/A
320 SANTA FE DR STE 107-C
ENCINITAS, CA 92024
Effective as of 01-JAN-21

HIGGINS, JOSHUA, PA
Provider ID: N/A
477 N EL CAMINO REAL
STE A200
ENCINITAS, CA 92024
Effective as of 01-APR-24

MORENO, SYDNIE, PA
Provider ID: N/A
320 SANTA FE DR STE 305
ENCINITAS, CA 92024
Effective as of 01-JAN-21

PELIO, DARREN, PA
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-SEP-22

VANETSKY, GARY, PA
Provider ID: N/A
477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024
Effective as of 01-JAN-21

PODIATRIST

BERENTER, JAY, DPM
Provider ID: N/A
501 N EL CAMINO REAL
STE 510
ENCINITAS, CA 92024
Effective as of 01-DEC-21

BERGER, COLBY, DPM
Provider ID: N/A
501 N EL CAMINO REAL
STE 201
ENCINITAS, CA 92024
Effective as of 01-DEC-23

LIEBERMAN, RONALD, DPM
Provider ID: N/A
1011 DEVONSHIRE DR STE F
ENCINITAS, CA 92024
Effective as of 01-AUG-15

RUETENIK, BRAD, DPM
Provider ID: N/A
501 N EL CAMINO REAL
STE 201
ENCINITAS, CA 92024
Effective as of 01-DEC-23

PSYCHOLOGIST

GOMEZ, JUANITA, PhD
Provider ID: N/A
1505 ENCINITAS BLVD
ENCINITAS, CA 92024
Effective as of 01-AUG-15

GOMEZ, JUANITA, PhD
Provider ID: N/A
1505 ENCINITAS BLVD
ENCINITAS, CA 92024
Effective as of 01-AUG-22
C1. 网络提供者名单
专科护理医生

**EISMAN, SCOTT, MD**
Provider ID: N/A
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Effective as of 01-NOV-20

**FUSSELL, KEVIN, MD**
Provider ID: N/A
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Effective as of 01-SEP-22

**GADRE, ABHISHEK, MD**
Provider ID: N/A
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Effective as of 01-SEP-22

**GADRE, ABHISHEK, MD**
Provider ID: N/A
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Effective as of 01-JUL-21

**HSING, ANDREW, MD**
Provider ID: N/A
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Effective as of 01-JAN-21

**HSING, ANDREW, MD**
Provider ID: N/A
320 SANTA FE DR STE 107C
ENCINITAS, CA 92024
Effective as of 01-JAN-24

**LIANG, NI-CHENG, MD**
Provider ID: N/A
320 SANTA FE DR STE 107C
ENCINITAS, CA 92024
Effective as of 01-JAN-21

**LIANG, NI-CHENG, MD**
Provider ID: N/A
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Effective as of 01-JAN-21

**MAKANI, SAMIR, MD**
Provider ID: N/A
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Effective as of 01-APR-23

**MAKANI, SAMIR, MD**
Provider ID: N/A
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Effective as of 01-APR-23

**MAKANI, SAMIR, MD**
Provider ID: N/A
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Effective as of 01-APR-23

**MAKANI, SAMIR, MD**
Provider ID: N/A
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Effective as of 01-APR-23

**TRAN, SHERI, MD**
Provider ID: N/A
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Effective as of 01-MAY-23

**ZHANG, MICHELLE, MD**
Provider ID: N/A
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Teleservice
Effective as of 01-APR-23

**ZHANG, MICHELLE, MD**
Provider ID: N/A
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Teleservice
Effective as of 01-JAN-24

**ZHANG, MICHELLE, MD**
Provider ID: N/A
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Teleservice
Effective as of 01-SEP-23

**RADIATION ONCOLOGY**

**BEAR, JONATHAN, MD**
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-JUN-23

HATTANGADI GLUTH, JONA, MD
Provider ID: N/A
1200 GARDEN VIEW RD
STE 210
ENCINITAS, CA 92024
Effective as of 01-DEC-23

HORN, ADAM, MD
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-JUN-23

MACEWAN, IAIN, MD
Provider ID: N/A
1200 GARDEN VIEW RD
STE 210
ENCINITAS, CA 92024
Effective as of 01-DEC-23

MANSY, GINA, MD
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-DEC-23

MAYADEV, JYOTI, MD
Provider ID: N/A
1200 GARDEN VIEW RD
STE 210
ENCINITAS, CA 92024
Effective as of 01-DEC-23

MELL, LOREN, MD
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-DEC-23

MURPHY, JAMES, MD
Provider ID: N/A
1200 GARDEN VIEW RD
STE 200
ENCINITAS, CA 92024
Effective as of 01-JUN-23

RAHN, DOUGLAS, MD
Provider ID: N/A
1200 GARDEN VIEW RD
STE 210
ENCINITAS, CA 92024
Effective as of 01-DEC-23

ROSE, BRENT, MD
Provider ID: N/A
1200 GARDEN VIEW RD
STE 210
ENCINITAS, CA 92024
Effective as of 01-DEC-23

SANDHU, AJAY, MD
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-DEC-23

SEIBERT, TYLER, MD
Provider ID: N/A
1200 GARDEN VIEW RD
STE 210
ENCINITAS, CA 92024
Effective as of 01-DEC-23

SHARABI, ANDREW, MD
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-DEC-23

SIMPSON, DANIEL, MD
Provider ID: N/A
1200 GARDEN VIEW RD
STE 210
ENCINITAS, CA 92024
Effective as of 01-DEC-23

STRAKA, CHRISTOPHER, MD
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-DEC-23

TYE, KAREN, MD
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-JUN-23

WHITE, EVAN, MD
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-DEC-23

YASHAR, CATHERYN, MD
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-DEC-23

REGISTERED DIETITIAN / NUTRITIONIST

SALCEDO, ALEXANDRA, RD
Provider ID: N/A
351 SANTA FE DR STE 100
ENCINITAS, CA 92024
Effective as of 01-JAN-24

REGISTERED PHYSICAL THERAPIST

DOULL, MATTHEW, PT
Provider ID: N/A
351 SANTA FE DR STE 100
ENCINITAS, CA 92024
Teleservice
Effective as of 01-JUN-23

TAMAYO, SYDNie, PT
Provider ID: N/A
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Address</th>
<th>Effective from</th>
</tr>
</thead>
<tbody>
<tr>
<td>BURGESS, DANIEL, DO†</td>
<td>Sleep Medicine</td>
<td>477 N EL CAMINO REAL STE C204</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Colon</td>
<td>477 N EL CAMINO REAL STE A308</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General</td>
<td>1200 GARDEN VIEW RD STE 200</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery General Vascular</td>
<td>320 SANTA FE DR STE 212</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery Orthopedic</td>
<td>317 N EL CAMINO REAL STE 405</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCINITAS, CA 92024</td>
<td></td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

Effective as of 01-AUG-20

GROTTING, JOHN, MD
Provider ID: N/A
477 N EL CAMINO REAL STE B301
ENCINITAS, CA 92024
Effective as of 01-MAY-22

HAJNIK, CHRISTOPHER, MD
Provider ID: N/A
332 SANTA FE DR STE 110
ENCINITAS, CA 92024
Teleservice
Effective as of 01-DEC-19

HAJNIK, CHRISTOPHER, MD
Provider ID: N/A
332 SANTA FE DR STE 110
ENCINITAS, CA 92024
Teleservice
Effective as of 01-MAR-23

HAMMEL, NATHAN, MD
Provider ID: N/A
332 SANTA FE DR STE 110
ENCINITAS, CA 92024
Teleservice
Effective as of 01-MAR-23

HAMMEL, NATHAN, MD
Provider ID: N/A
332 SANTA FE DR STE 110
ENCINITAS, CA 92024
Teleservice
Effective as of 01-DEC-19

KIM, PAUL, MD
Provider ID: N/A
332 SANTA FE DR STE 110
ENCINITAS, CA 92024
Effective as of 01-SEP-22

MEINEKE, RYAN, MD
Provider ID: N/A
332 SANTA FE DR STE 110
ENCINITAS, CA 92024
Teleservice
Effective as of 01-MAY-22

MEINEKE, RYAN, MD
Provider ID: N/A
332 SANTA FE DR STE 110
ENCINITAS, CA 92024
Teleservice
Effective as of 01-MAR-23

RAIZADEH, Ramin, MD
Provider ID: N/A
332 SANTA FE DR STE 110
ENCINITAS, CA 92024
Effective as of 01-JAN-23

SCHULTZEL, MARK, MD
Provider ID: N/A
519 ENCINITAS BLVD STE 106
ENCINITAS, CA 92024
Teleservice
Effective as of 01-OCT-22

SURGERY PLASTIC

CHAO, JAMES, MD
Provider ID: N/A
499 N EL CAMINO REAL STE C200
ENCINITAS, CA 92024
Effective as of 01-JUL-15

GOSMAN, AMANDA, MD
Provider ID: N/A
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-NOV-21

GUPTA, ANSHU, MD
Provider ID: N/A
700 GARDEN VIEW CT STE 208
ENCINITAS, CA 92024
Effective as of 01-MAY-23

GUPTA, ABHAY, MD
Provider ID: N/A
351 SANTA FE DR STE 250
ENCINITAS, CA 92024
Effective as of 01-MAY-23

SURGICAL ONCOLOGY

CHEN, STEVEN, MD
Provider ID: N/A
499 N EL CAMINO REAL STE C200
ENCINITAS, CA 92024
Effective as of 01-JUL-15

UROLOGY

COHEN, EDWARD, MD
Provider ID: N/A
320 SANTA FE DR STE 108
ENCINITAS, CA 92024
Effective as of 01-APR-16

COHEN, EDWARD, MD
Provider ID: N/A
320 SANTA FE DR STE 108
ENCINITAS, CA 92024
Effective as of 01-JAN-21

COHEN, EDWARD, MD
Provider ID: N/A
320 SANTA FE DR STE 305
ENCINITAS, CA 92024
Effective as of 01-SEP-21
**C1. 网络提供者名单**

### 专科护理医生

<table>
<thead>
<tr>
<th>医生姓名</th>
<th>医学院校</th>
<th>地址</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>COHEN, EDWARD, MD†</td>
<td>ENCINITAS, CA 92024</td>
<td>320 SANTA FE DR STE 305 ENCINITAS, CA 92024</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>DATO, PAUL, MD</td>
<td>ENCINITAS, CA 92024</td>
<td>320 SANTA FE DR STE 108 ENCINITAS, CA 92024</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>DICKS, BRIAN, MD</td>
<td>ENCINITAS, CA 92024</td>
<td>320 SANTA FE DR STE 108 ENCINITAS, CA 92024</td>
<td>Effective as of 01-FEB-24</td>
</tr>
<tr>
<td>KEILLER, DANNY, MD</td>
<td>ENCINITAS, CA 92024</td>
<td>320 SANTA FE DR STE 108 ENCINITAS, CA 92024</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>NAITOH, JOHN, MD†</td>
<td>ENCINITAS, CA 92024</td>
<td>320 SANTA FE DR STE 108 ENCINITAS, CA 92024</td>
<td>Effective as of 01-NOV-21</td>
</tr>
<tr>
<td>NAITOH, JOHN, MD†</td>
<td>ENCINITAS, CA 92024</td>
<td>320 SANTA FE DR STE 108 ENCINITAS, CA 92024</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>NEUSTEIN, PAUL, MD</td>
<td>ENCINITAS, CA 92024</td>
<td>320 SANTA FE DR STE 108 ENCINITAS, CA 92024</td>
<td>Effective as of 01-FEB-24</td>
</tr>
<tr>
<td>NGUYEN, HUNG, MD†</td>
<td>ENCINITAS, CA 92024</td>
<td>320 SANTA FE DR STE 108 ENCINITAS, CA 92024</td>
<td>Effective as of 01-SEP-21</td>
</tr>
<tr>
<td>NGUYEN, HUNG, MD†</td>
<td>ENCINITAS, CA 92024</td>
<td>320 SANTA FE DR STE 108 ENCINITAS, CA 92024</td>
<td>Effective as of 01-FEB-24</td>
</tr>
<tr>
<td>SALEM, CAROL, MD</td>
<td>ENCINITAS, CA 92024</td>
<td>320 SANTA FE DR STE 108 ENCINITAS, CA 92024</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>SALMASI, AMIRALI, MD</td>
<td>ENCINITAS, CA 92024</td>
<td>320 SANTA FE DR STE 108 ENCINITAS, CA 92024</td>
<td>Effective as of 01-FEB-24</td>
</tr>
<tr>
<td>VAPNEK, EVAN, MD</td>
<td>ENCINITAS, CA 92024</td>
<td>320 SANTA FE DR STE 108 ENCINITAS, CA 92024</td>
<td>Effective as of 01-JAN-24</td>
</tr>
</tbody>
</table>

### ANESTHESIOLOGY

<table>
<thead>
<tr>
<th>医生姓名</th>
<th>医学院校</th>
<th>地址</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>FARUQUE, TANIA, MD†</td>
<td>ESPERIDO, CA 92025</td>
<td>255 N ELM ST STE 101 ESPERIDO, CA 92025</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>KHATIBI, NIKAN, DO†</td>
<td>ESPERIDO, CA 92025</td>
<td>160 N DATE ST ESPERIDO, CA 92025</td>
<td>Effective as of 01-NOV-21</td>
</tr>
<tr>
<td>KHAIBI, NIKAN, DO†</td>
<td>ESPERIDO, CA 92025</td>
<td>160 N DATE ST ESPERIDO, CA 92025</td>
<td>Effective as of 01-JAN-21</td>
</tr>
</tbody>
</table>

### ANESTHESIOLOGY PAIN MANAGEMENT

<table>
<thead>
<tr>
<th>医生姓名</th>
<th>医学院校</th>
<th>地址</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>COHEN, ZACHARY, MD</td>
<td>ESPERIDO, CA 92025</td>
<td>940 E VALLEY PKWY STE K ESPERIDO, CA 92025</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>DAIRO, BRANDON, MD†</td>
<td>ESPERIDO, CA 92025</td>
<td>1955 CITRACADO PKWY STE 203 ESPERIDO, CA 92029</td>
<td>Teleservice</td>
</tr>
</tbody>
</table>

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Effective as of 01-NOV-22

**Khatibi, Nikan, DO†**
Provider ID: N/A
160 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

**Horn, Heather, AuD†**
Provider ID: N/A
330 W FELICITA AVE STE A4
ESCONDIDO, CA 92025
Effective as of 01-JUN-22

**Cardiac Electrophysiology**

**Lerner, Jonathan, MD**
Provider ID: N/A
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Effective as of 01-OCT-23

**Sawhney, Navinder, MD**
Provider ID: N/A
2130 CITRACADO PKWY STE 220
ESCONDIDO, CA 92029
Effective as of 01-MAR-23

**Shah, Abhishek, MD†**
Provider ID: N/A
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Effective as of 01-JAN-23

**Cardiovascular Disease**

**Abelhad, Nadia, MD**
Provider ID: N/A
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Effective as of 01-MAY-21

**Carlson, Steven, MD†**
Provider ID: N/A
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Effective as of 01-MAY-21

**Do, Hulbert, MD**
Provider ID: N/A
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Effective as of 01-MAY-21

**Malek, Mikhail, MD**
Provider ID: N/A
2130 CITRACADO PKWY STE 220
ESCONDIDO, CA 92029
Effective as of 01-MAR-23

**Moussavian, Mehran, DO†**
Provider ID: N/A
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Effective as of 01-MAY-21

**Narayan, Meena, MD†**
Provider ID: N/A
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Effective as of 01-MAY-21

**Parikh, Milind, DO†**
Provider ID: N/A
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Effective as of 01-MAY-21

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
### SARSAM, LUAY, MD
Provider ID: N/A
- 488 E VALLEY PKWY STE 107
  - ESCONDIDO, CA 92025
  - Effective as of 01-JUL-23

### SARSAM, LUAY, MD
Provider ID: N/A
- 488 E VALLEY PKWY STE 107
  - ESCONDIDO, CA 92025
  - Effective as of 01-JUL-23

### SERRY, ROD, MD
Provider ID: N/A
- 2130 CITRACADO PKWY STE 200
  - ESCONDIDO, CA 92029
  - Effective as of 01-MAR-23

### SHAH, KULIN, MD†
Provider ID: N/A
- 488 E VALLEY PKWY STE 107
  - ESCONDIDO, CA 92025
  - Effective as of 01-JAN-23

### SHAH, ABHISHEK, MD†
Provider ID: N/A
- 488 E VALLEY PKWY STE 107
  - ESCONDIDO, CA 92025
  - Effective as of 01-SEP-22

### SUDHAKAR, DEEPTHI, MD†
Provider ID: N/A
- 488 E VALLEY PKWY STE 107
  - ESCONDIDO, CA 92025
  - Effective as of 01-JAN-23

### MANCHESTER, KAREN, NP
Provider ID: N/A
- 2130 CITRACADO PKWY STE 220
  - ESCONDIDO, CA 92029
  - Effective as of 01-FEB-24

### MEYERS, JUDITH, NP†
Provider ID: N/A
- 1955 CITRACADO PKWY STE 300
  - ESCONDIDO, CA 92029
  - Effective as of 01-JAN-21

### MILLER, JEAN, NP
Provider ID: N/A
- 460 N ELM ST
  - ESCONDIDO, CA 92025
  - Effective as of 01-AUG-20

### NEGRON, CAROLINE, NP
Provider ID: N/A
- 460 N ELM ST
  - ESCONDIDO, CA 92025
  - Effective as of 01-SEP-22

### RICE, ELIZABETH, NP
Provider ID: N/A
- 1955 CITRACADO PKWY STE 102
  - ESCONDIDO, CA 92029
  - Effective as of 01-MAR-24

### SPAULDING, ENJOLI, NP†
Provider ID: N/A
- 631 E GRAND AVE
  - ESCONDIDO, CA 92025
  - Effective as of 01-SEP-22

### TRAN, DAPHNE, NP
Provider ID: N/A
- 2125 CITRACADO PKWY
  - ESCONDIDO, CA 92029
  - Effective as of 01-FEB-23

---

C1. 網絡提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Specialty</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARSAM, LUAY, MD</td>
<td></td>
<td>488 E VALLEY PKWY STE 107</td>
<td>ESCONDIDO, CA 92025</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>SERRY, ROD, MD</td>
<td></td>
<td>2130 CITRACADO PKWY STE 200</td>
<td>ESCONDIDO, CA 92029</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>SHAH, KULIN, MD†</td>
<td></td>
<td>488 E VALLEY PKWY STE 107</td>
<td>ESCONDIDO, CA 92025</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>SHAH, ABHISHEK, MD†</td>
<td></td>
<td>488 E VALLEY PKWY STE 107</td>
<td>ESCONDIDO, CA 92025</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>SUDHAKAR, DEEPTHI, MD†</td>
<td></td>
<td>488 E VALLEY PKWY STE 107</td>
<td>ESCONDIDO, CA 92025</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>MANCHESTER, KAREN, NP</td>
<td></td>
<td>2130 CITRACADO PKWY STE 220</td>
<td>ESCONDIDO, CA 92029</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>MEYERS, JUDITH, NP†</td>
<td></td>
<td>1955 CITRACADO PKWY STE 300</td>
<td>ESCONDIDO, CA 92029</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MILLER, JEAN, NP</td>
<td></td>
<td>460 N ELM ST</td>
<td>ESCONDIDO, CA 92025</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>NEGRON, CAROLINE, NP</td>
<td></td>
<td>460 N ELM ST</td>
<td>ESCONDIDO, CA 92025</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>RICE, ELIZABETH, NP</td>
<td></td>
<td>1955 CITRACADO PKWY STE 102</td>
<td>ESCONDIDO, CA 92029</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>SPAULDING, ENJOLI, NP†</td>
<td></td>
<td>631 E GRAND AVE</td>
<td>ESCONDIDO, CA 92025</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>TRAN, DAPHNE, NP</td>
<td></td>
<td>2125 CITRACADO PKWY</td>
<td>ESCONDIDO, CA 92029</td>
<td>01-FEB-23</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
CERTIFIED REGISTERED NURSE ANESTHETIST

BARBA, ARNEL, CRNA
Provider ID: N/A
488 E VALLEY PKWY STE 110
ESCONDIDO, CA 92025
Effective as of 01-FEB-24

BROWN, SHENISE, CRNA
Provider ID: N/A
488 E VALLEY PKWY STE 110
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

FIEDLER, DEREK, CRNA
Provider ID: N/A
488 E VALLEY PKWY STE 110
ESCONDIDO, CA 92025
Effective as of 01-FEB-24

HASE, KATHLEEN, CRNA
Provider ID: N/A
488 E VALLEY PKWY STE 110
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

ORTEGA, JOSEPH, CRNA
Provider ID: N/A
488 E VALLEY PKWY STE 110
ESCONDIDO, CA 92025
Effective as of 01-FEB-24

SEILNACHT-BERNARD, KAREN, CRNA†
Provider ID: N/A
488 E VALLEY PKWY
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

CERTIFIED REGISTERED NURSE MIDWIFE

ALLEN, ANNE, CRNM†
Provider ID: N/A
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025
Effective as of 01-JUL-22

HAMMOND, HEATHER, CRNM
Provider ID: N/A
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025
Effective as of 01-FEB-24

ONEILL, THERESE, CRNM†
Provider ID: N/A
488 E VALLEY PKWY STE 411
ESCONDIDO, CA 92025
Effective as of 01-JUL-22

ONESILL, THERESE, CRNM†
Provider ID: N/A
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

DERMATOLOGY

ARMSTRONG, PATRICK, MD
Provider ID: N/A
2125 CITRACADO PKWY STE 220
ESCONDIDO, CA 92029
Effective as of 01-MAR-24

STEIN, ALEXANDER, MD
Provider ID: N/A
1101 E PENNSYLVANIA AVE
ESCONDIDO, CA 92025
Effective as of 01-JUL-22

VENKAT, ARUN, MD†
Provider ID: N/A
488 E VALLEY PKWY
ESCONDIDO, CA 92025
Effective as of 01-JUL-22
C1. 网络提供者名单
专科护理医生

Effective as of 01-OCT-13

EMERGENCY MEDICINE

HARE, MARC, MD
 Provider ID: N/A
  1045 E PENNSYLVANIA AVE
  ESPONIDO, CA 92025
 Effective as of 01-APR-23

ENDOCRINOLGY
METAPOLOGY DIABETES

BAILEY, TIMOTHY, MD
 Provider ID: N/A
  625 CITRACADO PKWY STE 108
  ESCONDIDO, CA 92025
 Effective as of 01-APR-23

FARJOUDI, FARHAD, MD
 Provider ID: N/A
  2125 CITRACADO PKWY STE 220
  ESCONDIDO, CA 92029
 Effective as of 01-FEB-24

FAMILY PRACTICE

COBIAN, VANESSA, MD
 Provider ID: N/A
  728 E VALLEY PKWY
  ESCONDIDO, CA 92025
 Effective as of 01-FEB-24

SHAFT, ALEXANDER, MD†
 Provider ID: N/A
  488 E VALLEY PKWY STE 313
  ESCONDIDO, CA 92025
  Teleservice
  Effective as of 01-FEB-23

SHAFT, ALEXANDER, MD†
 Provider ID: N/A
  488 E VALLEY PKWY STE 313
  ESCONDIDO, CA 92025
  Teleservice
  Effective as of 01-JAN-21

HASSANEIN, TAREK, MD†
 Provider ID: N/A
  488 E VALLEY PKWY STE 313
  ESCONDIDO, CA 92025
  Teleservice
  Effective as of 01-SEP-22

HEARING AID DEALER / SUPPLIER

ANDERSON, ELAINE, MA†
 Provider ID: N/A
  330 W FELICITA AVE STE A4
  ESCONDIDO, CA 92025
 Effective as of 01-SEP-22

INTERNAL MEDICINE

CHEN, ANDREW, MD
 Provider ID: N/A
  2130 CITRACADO PKWY STE 220
  ESCONDIDO, CA 92029
 Effective as of 01-MAR-23

LIU, ANDREW, MD
 Provider ID: N/A
  631 E GRAND AVE
  ESCONDIDO, CA 92025
 Effective as of 01-SEP-23

LY, SOPHEAP, MD
 Provider ID: N/A
  728 E VALLEY PKWY
C1. 网络提供者名单
专科护理医生

ESCONDIDO, CA 92025
Effective as of 01-NOV-23
OLIVER, DEANNA, MD†
Provider ID: N/A
488 E VALLEY PKWY STE 313
ESCONDIDO, CA 92025
Effective as of 01-MAR-22

PEARCE, DANIEL, DO
Provider ID: N/A
460 N ELM ST
ESCONDIDO, CA 92025
Effective as of 01-OCT-23

INTERVENTIONAL CARDIOLOGY

BAYAT, HAMED, MD
Provider ID: N/A
2130 CITRACADO PKWY STE 220
ESCONDIDO, CA 92029
Effective as of 01-MAR-23

GILBERT, CHRISTOPHER, MD
Provider ID: N/A
2130 CITRACADO PKWY STE 220
ESCONDIDO, CA 92029
Effective as of 01-MAR-23

GORWIT, JEFFREY, MD
Provider ID: N/A
2130 CITRACADO PKWY STE 220
ESCONDIDO, CA 92029
Effective as of 01-MAR-23

RUBIO GARCIA, MANOLO, MD†
Provider ID: N/A
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Effective as of 01-DEC-22

RUBIO GARCIA, MANOLO, MD†
Provider ID: N/A
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Effective as of 01-MAY-23

SHAH, KULIN, MD†
Provider ID: N/A
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Effective as of 01-APR-23

SUDHAKAR, DEEPTHI, MD†
Provider ID: N/A
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Effective as of 01-APR-23

VANICHSAARN, CHRISTOPHER, MD
Provider ID: N/A
2130 CITRACADO PKWY STE 220
ESCONDIDO, CA 92029
Effective as of 01-MAR-23

GUZZO, RICHARD, LCSW
Provider ID: N/A
1002 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

HARRIS, LAURA, LCSW
Provider ID: N/A
1002 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

HARRIS, LAURA, LCSW
Provider ID: N/A
1002 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-MAR-23

MAGOS, DANIEL, LCSW
Provider ID: N/A
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

MARTINEZ, NORAYMA, LCSW†
Provider ID: N/A
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Effective as of 01-NOV-22

ROBLED, DAMIAN, LCSW
Provider ID: N/A
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-APR-23

ROBLED, DAMIAN, LCSW
Provider ID: N/A
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

THOMAS, PAULA, LCSW
Provider ID: N/A
185

C1. 网络提供者名单
专科护理医生

THOMAS, PAULA, LCSW
Provider ID: N/A
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-APR-23

MARRIAGE FAMILY THERAPIST
CABRERA, JOANNE, MFT
Provider ID: N/A
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-MAR-24

HOLLEMAN, KEVIN, DO
Provider ID: N/A
221 W CREST ST STE 205
ESCONDIDO, CA 92025
Effective as of 01-APR-23

PRATHER, ALLYSON, MFT
Provider ID: N/A
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-MAR-24

TIZNADO, MONICA, MFT
Provider ID: N/A
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

NEPHROLOGY
AL-DAHHAN, ZAID, MD
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-AUG-23

AL-DAHHAN, ZAID, MD
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

CHOUDRY, QASIM, MD
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JUL-23

CHOUDRY, QASIM, MD
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JUL-23

CHOUDRY, QASIM, MD
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JUL-23

CHOUDRY, QASIM, MD
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JUL-23

GREENSTEIN, JOSHUA, MD
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JUL-22

GREENSTEIN, JOSHUA, MD
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JUL-22

HEBREO, JOSEPH, MD
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-MAR-17
C1. 网络提供者名单
专科护理医生

HEBREO, JOSEPH, MD†
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JAN-21

HEBREO, JOSEPH, MD†
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JAN-21

KHAWAR, OSMAN, MD†
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JAN-21

KHAWAR, OSMAN, MD†
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JUL-22

NEYAZ, MOHAMMED, DO†
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-JUL-22

NEYAZ, MOHAMMED, DO†
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-JAN-21

NEYAZ, MOHAMMED, DO†
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-JAN-21

NEYAZ, MOHAMMED, DO†
Provider ID: N/A
631 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-JAN-21

1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029
Teleservice
Effective as of 01-MAR-24

FARNSWORTH, WILLIAM, MD†
Provider ID: N/A
1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029
Effective as of 01-NOV-21

FARNSWORTH, WILLIAM, MD†
Provider ID: N/A
1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029
Effective as of 01-FEB-22

FRISHBERG, BENJAMIN, MD†
Provider ID: N/A
1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029
Effective as of 01-SEP-22

FRISHBERG, BENJAMIN, MD†
Provider ID: N/A
1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029
Effective as of 01-JUL-22

DELANEY, MICHAEL, MD†
Provider ID: N/A
1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029
Effective as of 01-JUL-22

DELANEY, MICHAEL, MD†
Provider ID: N/A
1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029
Effective as of 01-JAN-21

DELANEY, MICHAEL, MD†
Provider ID: N/A
1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029
Effective as of 01-SEP-22

OH, IRENE, MD†
Provider ID: N/A
1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029
Effective as of 01-JAN-21

OH, IRENE, MD†
Provider ID: N/A
1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029
Effective as of 01-JAN-21

186
C1. 网络提供者名单
专科护理医生

ESCONDIDO, CA 92029
Effective as of 01-JAN-21

PADUGA, REMIA, MD
Provider ID: N/A
1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029
Effective as of 01-SEP-22

QUESNELL, TARA, DO
Provider ID: N/A
1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029
Teleservice
Effective as of 01-NOV-23

OBSTETRICS / GYNECOLOGY

BABKINA, NATALIA, MD
Provider ID: N/A
488 E VALLEY PKWY
STE 302
ESCONDIDO, CA 92025
Effective as of 01-JAN-21

BABKINA, NATALIA, MD
Provider ID: N/A
488 E VALLEY PKWY
STE 310
ESCONDIDO, CA 92025
Effective as of 01-MAY-24

BABKINA, NATALIA, MD
Provider ID: N/A
488 E VALLEY PKWY
STE 308
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

BULLOCH, EDGAR, MD
Provider ID: N/A
460 N ELM ST
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

BULLOCH, EDGAR, MD
Provider ID: N/A
460 N ELM ST
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

BULLOCH, EDGAR, MD
Provider ID: N/A
2130 CITRACADO PKWY
STE 220
ESCONDIDO, CA 92029
Effective as of 01-FEB-24

HINSHAW, PAUL, DO
Provider ID: N/A
1955 CITRACADO PKWY
STE 302
ESCONDIDO, CA 92029
Effective as of 01-JAN-24

HINSHAW, PAUL, DO
Provider ID: N/A
488 E VALLEY PKWY
STE 404
ESCONDIDO, CA 92025
Effective as of 01-FEB-24

CIZMAR, BRANISLAV, MD
Provider ID: N/A
488 E VALLEY PKWY
STE 311
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

CIZMAR, BRANISLAV, MD
Provider ID: N/A
488 E VALLEY PKWY
STE 308
ESCONDIDO, CA 92025
Effective as of 01-NOV-23

Bullock, Edgar, MD
Provider ID: N/A
1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029
Teleservice
Effective as of 01-JAN-24
**C1. 网络提供者名单**

**专科护理医生**

<table>
<thead>
<tr>
<th>医生姓名</th>
<th>医师ID</th>
<th>地址</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUSKEY, DANA, MD</td>
<td>N/A</td>
<td>488 E VALLEY PKWY STE 310, ESCONDIDO, CA 92025</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>AVALON, THOMAS, MD†</td>
<td>N/A</td>
<td>700 W EL NORTE PKWY, ESCONDIDO, CA 92026</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>BINDER, NICHOLAS, MD†</td>
<td>N/A</td>
<td>700 W EL NORTE PKWY STE 200, ESCONDIDO, CA 92026</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td>BINDER, NICHOLAS, MD†</td>
<td>N/A</td>
<td>700 W EL NORTE PKWY, ESCONDIDO, CA 92026</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>AVALLONE, THOMAS, MD†</td>
<td>N/A</td>
<td>700 W EL NORTE PKWY, ESCONDIDO, CA 92026</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>BINDER, NICHOLAS, MD†</td>
<td>N/A</td>
<td>700 W EL NORTE PKWY, ESCONDIDO, CA 92026</td>
<td>Effective as of 01-JUL-21</td>
</tr>
<tr>
<td>CHOPLIN, NEIL, MD†</td>
<td>N/A</td>
<td>700 W EL NORTE PKWY, ESCONDIDO, CA 92026</td>
<td>Effective as of 01-SEP-15</td>
</tr>
<tr>
<td>HUDSON, HENRY, MD†</td>
<td>N/A</td>
<td>700 W EL NORTE PKWY STE 200, ESCONDIDO, CA 92026</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td>HUDSON, HENRY, MD†</td>
<td>N/A</td>
<td>830 W VALLEY PKWY STE 300, ESCONDIDO, CA 92025</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>MCGRAW, JOSEPH, MD†</td>
<td>N/A</td>
<td>830 W VALLEY PKWY STE 300, ESCONDIDO, CA 92025</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>MORTON, ASA, MD†</td>
<td>N/A</td>
<td>700 W EL NORTE PKWY, ESCONDIDO, CA 92026</td>
<td>Effective as of 01-NOV-23</td>
</tr>
</tbody>
</table>

*Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.*

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单

专科护理医生

MORTON, ASA, MD
Provider ID: N/A
700 W EL NORTE PKWY
ESCONDIDO, CA 92026
Effective as of 01-AUG-23

ROESKE, RICHMOND, MD
Provider ID: N/A
700 W EL NORTE PKWY
ESCONDIDO, CA 92026
Effective as of 01-DEC-23

PATEL, GITANE, MD
Provider ID: N/A
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

PATEL, SARJAN, MD
Provider ID: N/A
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

PRABHU, SUJATA, MD
Provider ID: N/A
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

PRABHU, SUJATA, MD
Provider ID: N/A
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025
Effective as of 01-AUG-20

PRABHU, SUJATA, MD
Provider ID: N/A
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026
Effective as of 01-DEC-21

PRABHU, SUJATA, MD
Provider ID: N/A
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026
Effective as of 01-NOV-23

ZHAO, TAILUN, MD
Provider ID: N/A
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026
Effective as of 01-NOV-23

OPTOMETRIST

AOTO, KIM, OD
Provider ID: N/A
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Effective as of 01-DEC-21

AOTO, KIM, OD
Provider ID: N/A
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

AOTO, KIM, OD
Provider ID: N/A
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

DYER, SHARON, OD
Provider ID: N/A
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

JULAZADEH, SARA, OD
Provider ID: N/A
700 W EL NORTE PKWY
ESCONDIDO, CA 92026
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>KHALIL, VADY, OD(\d+)</td>
<td>700 W EL NORTE PKWY STE 200</td>
<td>Effective as of 01-SEP-23</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92026</td>
<td></td>
</tr>
<tr>
<td>TONNU, ANH, OD(\d+)</td>
<td>700 W EL NORTE PKWY STE 200</td>
<td>Effective as of 01-NOV-22</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92026</td>
<td></td>
</tr>
<tr>
<td>PHYS MED/ REHAB PAIN MEDICINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RICHARDSON, HENRY, MD(\d+)</td>
<td>1955 CITRACADO PKWY STE 203</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92029</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL MEDICINE / REHABILITATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAHAEI, SEYED, MD(\d+)</td>
<td>215 S HICKORY ST STE 116</td>
<td>Effective as of 01-OCT-22</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92025</td>
<td></td>
</tr>
<tr>
<td>PHYSICIANS ASSISTANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BALDWIN, DONNA, PA(\d+)</td>
<td>1035 E GRAND AVE STE 101</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92025</td>
<td></td>
</tr>
<tr>
<td>BEITTER, KEERSTIN, PA(\d+)</td>
<td>1955 CITRACADO PKWY STE 203</td>
<td>Effective as of 01-NOV-22</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92029</td>
<td></td>
</tr>
<tr>
<td>MEGALI, NICOLE, PA</td>
<td>640 W VALLEY PKWY STE 300</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92025</td>
<td></td>
</tr>
<tr>
<td>COLESON, PAMELA, PA</td>
<td>631 E GRAND AVE</td>
<td>Effective as of 01-DEC-23</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92025</td>
<td></td>
</tr>
<tr>
<td>PHYSICIANS ASSISTANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BROWN, JESSICA, PA(\d+)</td>
<td>215 S HICKORY ST STE 116</td>
<td>Effective as of 01-AUG-24</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92025</td>
<td></td>
</tr>
<tr>
<td>COLESON, PAMELA, PA</td>
<td>640 W VALLEY PKWY STE 300</td>
<td>Effective as of 01-OCT-24</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92025</td>
<td></td>
</tr>
<tr>
<td>PHYSICIANS ASSISTANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHATFIELD, ALEXANDRA, PA(\d+)</td>
<td>1955 CITRACADO PKWY STE 200</td>
<td>Effective as of 01-SEP-23</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92029</td>
<td></td>
</tr>
<tr>
<td>TAUNTON, PHILIP, OD(\d+)</td>
<td>830 W VALLEY PKWY STE 300</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92025</td>
<td></td>
</tr>
<tr>
<td>TONNU, ANH, OD(\d+)</td>
<td>700 W EL NORTE PKWY STE 200</td>
<td>Effective as of 01-NOV-22</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92026</td>
<td></td>
</tr>
<tr>
<td>TAUNTON, PHILIP, OD(\d+)</td>
<td>700 W EL NORTE PKWY STE 200</td>
<td>Effective as of 01-SEP-21</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92026</td>
<td></td>
</tr>
<tr>
<td>TAUNTON, PHILIP, OD(\d+)</td>
<td>700 W EL NORTE PKWY STE 200</td>
<td>Effective as of 01-SEP-21</td>
</tr>
<tr>
<td></td>
<td>ESCONDIDO, CA 92026</td>
<td></td>
</tr>
<tr>
<td>Provider Name</td>
<td>Address</td>
<td>Effective Date</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>MEHTA, NOOPUR, PA</td>
<td>460 N ELM ST, ESCONDIDO, CA</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>MONTES, VIVIAN, PA</td>
<td>728 E VALLEY PKWY, ESCONDIDO, CA</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>NG, EUNICE, PA</td>
<td>488 E VALLEY PKWY STE 411,</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>NIAKAMAL, EVAN, PA‡</td>
<td>425 N DATE ST, ESCONDIDO, CA</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>WICKWARE, TRACY, PA</td>
<td>488 E VALLEY PKWY STE 411,</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>WICKWARE, TRACY, PA‡</td>
<td>728 E VALLEY PKWY, ESCONDIDO, CA</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>WICKWARE, TRACY, PA‡</td>
<td>728 E VALLEY PKWY, ESCONDIDO, CA</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>WILE, KIMBERLY, PA</td>
<td>625 CITRACADO PKWY STE 108,</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>WRIGHT, DEREK, PA</td>
<td>1955 CITRACADO PKWY, ESCONDIDO, CA</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>WRIGHT, DEREK, PA</td>
<td>1955 CITRACADO PKWY, ESCONDIDO, CA</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>PODIATRIST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BANKS, JAMINELLI, DPM</td>
<td>215 S HICKORY ST STE 118,</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>MORRIS, JASON, DPM</td>
<td>736 E GRAND AVE, ESCONDIDO, CA</td>
<td>01-JAN-23</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
.scheme
736 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-SEP-22

MORRIS, JASON, DPM
Provider ID: N/A
.scheme
736 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-JUN-21

NEGRON, RICARDO, DPM
Provider ID: N/A
.scheme
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Effective as of 01-JUL-22

NEGRON, RICARDO, DPM
Provider ID: N/A
.scheme
1001 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JUL-21

READ, TRENTON, DPM
Provider ID: N/A
.scheme
215 S HICKORY ST STE 118
ESCONDIDO, CA 92025
Effective as of 01-JUL-21

REDKAR, AVANTI, DPM
Provider ID: N/A
.scheme
736 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

SMITH, COLLIN, DPM
Provider ID: N/A
.scheme
736 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-MAY-22

SMITH, COLLIN, DPM
Provider ID: N/A
.scheme
215 S HICKORY ST STE 118
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

SMITH, COLLIN, DPM
Provider ID: N/A
.scheme
215 S HICKORY ST STE 118
ESCONDIDO, CA 92025
Effective as of 01-DEC-21

SMITH, COLLIN, DPM
Provider ID: N/A
.scheme
215 S HICKORY ST STE 118
ESCONDIDO, CA 92025
Effective as of 01-FEB-21

TOUMA, ELIE, DPM
Provider ID: N/A
.scheme
460 N ELM ST
ESCONDIDO, CA 92025
Effective as of 01-AUG-20

TOUMA, ELIE, DPM
Provider ID: N/A
.scheme
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

PSYCHIATRY

CASTILLO, TIFFANY, MD
Provider ID: N/A
.scheme
460 N ELM ST
ESCONDIDO, CA 92025
Effective as of 01-APR-23

CASTILLO, TIFFANY, MD
Provider ID: N/A
.scheme
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-NOV-22

CHAND, RAVINDRA, MD
Provider ID: N/A
.scheme
2185 CITRACADO PKWY
ESCONDIDO, CA 92029
Effective as of 01-JUL-21

CHAND, RAVINDRA, MD
Provider ID: N/A
.scheme
2185 CITRACADO PKWY
ESCONDIDO, CA 92029
Effective as of 01-JUL-21

EDE, KEKO, MD
Provider ID: N/A
.scheme
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

EDE, KEKO, MD
Provider ID: N/A
.scheme
460 N ELM ST
ESCONDIDO, CA 92025
Effective as of 01-AUG-20

EDE, KEKO, MD
Provider ID: N/A
.scheme
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

EDE, KEKO, MD
Provider ID: N/A
.scheme
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-AUG-20

EDE, KEKO, MD
Provider ID: N/A
.scheme
425 N DATE ST
ESCONDIDO, CA 92025
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
ESCONDIDO, CA 92025
Effective as of 01-JUL-22

RODARTE, GABRIEL, MD
Provider ID: N/A
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JUL-22

PSYCHOLOGIST

CALOCA, LAURA, PSYD
Provider ID: N/A
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

CARLTON PENN, CORNELIA, PhD
Provider ID: N/A
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

GREENE, ERIC, PSYD
Provider ID: N/A
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

GUARDADO-SOTO, RAQUEL, PhD
Provider ID: N/A
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

CHAO, BRIAN, PhD
Provider ID: N/A
460 N ELM ST
ESCONDIDO, CA 92025
Effective as of 01-AUG-20

GUARDADO-SOTO, RAQUEL, PhD
Provider ID: N/A
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-FEB-24

MEJIAS, JUAN, PhD
Provider ID: N/A
426 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-AUG-20

MEJIAS, JUAN, PhD
Provider ID: N/A
426 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-FEB-24

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEJIAS, JUAN, PhD</td>
<td></td>
<td>N/A</td>
<td>425 N DATE ST ESCONDIDO, CA 92025</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>SUOZZO, JOSEPH, PhD</td>
<td></td>
<td>N/A</td>
<td>425 N DATE ST ESCONDIDO, CA 92025</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>SUOZZO, JOSEPH, PhD</td>
<td></td>
<td>N/A</td>
<td>425 N DATE ST ESCONDIDO, CA 92025</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>VALLEZ-BARLAM, ANDREA, PhD</td>
<td></td>
<td>N/A</td>
<td>488 E VALLEY PKWY STE 404 ESCONDIDO, CA 92025</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>Vallez-Barlám, Andrea, PhD</td>
<td></td>
<td>N/A</td>
<td>488 E VALLEY PKWY STE 404 ESCONDIDO, CA 92025</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>PULMONARY DISEASES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BENDER, FRANK, MD</td>
<td>PULMONARY DISEASES</td>
<td>N/A</td>
<td>2125 CITRACADO PKWY STE 230 ESCONDIDO, CA 92029</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>POPPER, STEVEN, MD</td>
<td>PULMONARY DISEASES</td>
<td>N/A</td>
<td>2125 CITRACADO PKWY STE 230 ESCONDIDO, CA 92029</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>IJAZ, TAHIR, MD</td>
<td>PULMONARY DISEASES</td>
<td>N/A</td>
<td>701 E GRAND AVE STE 200 ESCONDIDO, CA 92025</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>IJAZ, TAHIR, MD</td>
<td>PULMONARY DISEASES</td>
<td>N/A</td>
<td>701 E GRAND AVE STE 200 ESCONDIDO, CA 92025</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>RADIATION ONCOLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLEMAN, LORI, MD</td>
<td>RADIATION ONCOLOGY</td>
<td>N/A</td>
<td>2125 CITRACADO PKWY STE 110 ESCONDIDO, CA 92029</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>FULLER, DONALD, MD</td>
<td>RADIATION ONCOLOGY</td>
<td>N/A</td>
<td>701 E GRAND AVE STE 200 ESCONDIDO, CA 92025</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>FULLER, DONALD, MD</td>
<td>RADIATION ONCOLOGY</td>
<td>N/A</td>
<td>701 E GRAND AVE STE 200 ESCONDIDO, CA 92025</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>FULLER, DONALD, MD</td>
<td>RADIATION ONCOLOGY</td>
<td>N/A</td>
<td>701 E GRAND AVE STE 200 ESCONDIDO, CA 92025</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>FULLER, DONALD, MD</td>
<td>RADIATION ONCOLOGY</td>
<td>N/A</td>
<td>701 E GRAND AVE STE 200 ESCONDIDO, CA 92025</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>IJAZ, TAHIR, MD</td>
<td>RADIATION ONCOLOGY</td>
<td>N/A</td>
<td>701 E GRAND AVE STE 200 ESCONDIDO, CA 92025</td>
<td>01-JUL-22</td>
</tr>
</tbody>
</table>
网络提供者名单
专科护理医生

- JABBARI, SIAVASH, MD
  Provider ID: N/A
  2125 CITRACADO PKWY
  STE 110
  ESCONDIDO, CA 92029
  Effective as of 01-OCT-22

- SHIRAZI, REZA, MD
  Provider ID: N/A
  701 E GRAND AVE STE 200
  ESCONDIDO, CA 92025
  Effective as of 01-SEP-22

- SHIRAZI, REZA, MD
  Provider ID: N/A
  701 E GRAND AVE STE 200
  ESCONDIDO, CA 92025
  Effective as of 01-JAN-21

- SHIRAZI, REZA, MD
  Provider ID: N/A
  701 E GRAND AVE STE 200
  ESCONDIDO, CA 92025
  Effective as of 01-JUL-22

- SHIRAZI, REZA, MD
  Provider ID: N/A
  701 E GRAND AVE STE 200
  ESCONDIDO, CA 92025
  Effective as of 01-SEP-22

- VAKILIAN, SIAVOSH, MD
  Provider ID: N/A
  701 E GRAND AVE STE 200
  ESCONDIDO, CA 92025
  Teleservice
  Effective as of 01-SEP-22

- VAKILIAN, SIAVOSH, MD
  Provider ID: N/A
  701 E GRAND AVE STE 200
  ESCONDIDO, CA 92025
  Teleservice
  Effective as of 01-MAY-21

- VOLPP, PAUL, MD
  Provider ID: N/A
  2125 CITRACADO PKWY
  STE 110
  ESCONDIDO, CA 92029
  Effective as of 01-SEP-22

- VOLPP, PAUL, MD
  Provider ID: N/A
  2125 CITRACADO PKWY
  STE 110
  ESCONDIDO, CA 92029
  Effective as of 01-JUL-23

- FARRAR, COURTNEY, PT
  Provider ID: N/A
  1340 W VALLEY PKWY STE 201
  ESCONDIDO, CA 92029
  Effective as of 01-JAN-21

- MCGEE, JACQUELINE, PT
  Provider ID: N/A
  1815 E VALLEY PKWY STE 5
  ESCONDIDO, CA 92027
  Effective as of 01-JAN-21

- CALDERON MORALES, ASTRID, SP
  Provider ID: N/A
  500 LA TERRAZA BLVD STE 150
  ESCONDIDO, CA 92025
  Effective as of 01-APR-24

- KOUKEYAN, KARIN, SP
  Provider ID: N/A
  1815 E VALLEY PKWY STE 5
  ESCONDIDO, CA 92027
  Effective as of 01-JAN-23
C1. 网络提供者名单

专科护理医生

CASILLAS BERUMEN, SERGIO, MD
Provider ID: N/A
1045 E PENNSYLVANIA AVE
ESCONDIDO, CA 92025
Effective as of 01-FEB-24

MORENO MARTINEZ, ENRIQUE, MD†
Provider ID: N/A
1045 E PENNSYLVANIA AVE
ESCONDIDO, CA 92025
Effective as of 01-AUG-20

GROVE, JAY, MD†
Provider ID: N/A
2185 CITRACADO PKWY
ESCONDIDO, CA 92029
Teleservice
Effective as of 01-JAN-21

MOLDOVAN, STEFAN, MD†
Provider ID: N/A
1045 E PENNSYLVANIA AVE
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-MAR-24

MOLDOVAN, STEFAN, MD†
Provider ID: N/A
1045 E PENNSYLVANIA AVE
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-MAR-24

SURGERY GENERAL

BULKIN, ANATOLY, MD†
Provider ID: N/A
625 CITRACADO PKWY STE 203
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

CHANG, ALEXANDER, MD†
Provider ID: N/A
625 CITRACADO PKWY STE 203
ESCONDIDO, CA 92025
Effective as of 01-MAR-24

STERN, MARK, MD†
Provider ID: N/A
705 E OHIO AVE
ESCONDIDO, CA 92025
Effective as of 01-JAN-21

SURGERY ORTHOPEDIC

BARBA, DANIEL, MD
Provider ID: N/A
2130 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
Effective as of 01-MAR-23

KNUTSON, THOMAS, MD
Provider ID: N/A
2130 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
Effective as of 01-MAR-23

PALANCA, ARIEL, MD
Provider ID: N/A
2130 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
Effective as of 01-MAR-23

RAISZADEH, RAMIN, MD†
Provider ID: N/A
2125 CITRACADO PKWY
STE 310
ESCONDIDO, CA 92029
Effective as of 01-JAN-23

RAISZADEH, RAMIN, MD†
Provider ID: N/A
2125 CITRACADO PKWY
STE 310
ESCONDIDO, CA 92029
Effective as of 01-JAN-23

SHARP, LORRA, MD
Provider ID: N/A
488 E VALLEY PKWY STE 316
ESCONDIDO, CA 92025
Effective as of 01-JAN-23
C1. 网络提供者名单

专科护理医生

- **CERTIFIED ACUPUNCTURIST**
  - **LAROWE, ALEXISS, LAC**
    - Provider ID: N/A
    - 1309 S MISSION RD
      FALLBROOK, CA 92028
    - Effective as of 01-JUL-21
  - **LAROWE, ALEXISS, LAC**
    - Provider ID: N/A
    - 1309 S MISSION RD
      FALLBROOK, CA 92028
    - Effective as of 01-JUL-21

- **CHIROPRACTOR**
  - **BARTZ, PAUL, DC**
    - Provider ID: N/A
    - 1309 S MISSION RD
      FALLBROOK, CA 92028
    - Effective as of 01-JUL-22
  - **FARSHLER, ANTHONY, DC**
    - Provider ID: N/A
    - 1309 S MISSION RD
      FALLBROOK, CA 92028
    - Effective as of 01-JUL-22
  - **SHERIDAN, SHANE, DC**
    - Provider ID: N/A
    - 1309 S MISSION RD
      FALLBROOK, CA 92028
    - Effective as of 01-FEB-24

- **DERMATOLOGY**
  - **GILBOA, RUTH, MD**
    - Provider ID: N/A
    - 1309 S MISSION RD STE A
      FALLBROOK, CA 92028
    - Effective as of 01-JUN-21
  - **ROSS, ANDREW, MD**
    - Provider ID: N/A
    - 1309 S MISSION RD STE A
      FALLBROOK, CA 92028
    - Effective as of 01-AUG-20
  - **ROSS, ANDREW, MD**
    - Provider ID: N/A
    - 321 E ALVARADO ST
      FALLBROOK, CA 92028
    - Effective as of 01-APR-28
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
1309 S MISSION RD STE A
FALLBROOK, CA 92028
Effective as of 01-JUL-22

ROSS, ANDREW, MD†
Provider ID: N/A
1309 S MISSION RD STE A
FALLBROOK, CA 92028
Effective as of 01-SEP-22

SAMADY, JOSEPH, MD†
Provider ID: N/A
1309 S MISSION RD STE A
FALLBROOK, CA 92028
Effective as of 01-SEP-22

SAMADY, JOSEPH, MD†
Provider ID: N/A
1309 S MISSION RD STE A
FALLBROOK, CA 92028
Effective as of 01-JUL-22

SAMADY, JOSEPH, MD†
Provider ID: N/A
1309 S MISSION RD STE A
FALLBROOK, CA 92028
Effective as of 01-SEP-22

SIRICHOTIRATANA, MELISSA, MD†
Provider ID: N/A
1309 S MISSION RD STE A
FALLBROOK, CA 92028
Effective as of 01-AUG-20

GASTROENTEROLOGY
HONG, JOHN, MD†
Provider ID: N/A
521 E ELDER ST STE 104
FALLBROOK, CA 92028
Effective as of 01-JAN-21

INTERNAL MEDICINE
COX, JEREMY, DO
Provider ID: N/A
591 E ELDER ST STE C
FALLBROOK, CA 92028
Effective as of 01-NOV-23

MOOLANI, UJJALA, MD
Provider ID: N/A
591 E ELDER ST STE C
FALLBROOK, CA 92028
Effective as of 01-MAY-23

INTERVENTIONAL CARDIOLOGY
BISWAS, MIMI, MD
Provider ID: N/A
591 E ELDER ST STE C
FALLBROOK, CA 92028
Teleservice
Effective as of 01-OCT-23

UDDIN, MOHAMMAD, MD†
Provider ID: N/A
577 E ELDER ST STE E
FALLBROOK, CA 92028
Effective as of 01-SEP-17

UDDIN, MOHAMMAD, MD†
Provider ID: N/A
577 E ELDER ST STE E
FALLBROOK, CA 92028
Effective as of 01-OCT-15

SANGODKAR, SANDEEP, DO†
Provider ID: N/A
591 E ELDER ST STE C
FALLBROOK, CA 92028
Effective as of 01-JAN-19

NEPHROLOGY
AL-DAHHAN, ZAID, MD
Provider ID: N/A
591 E ELDER ST STE C
FALLBROOK, CA 92028
Effective as of 01-MAY-23

NAGASUNDER, ARABHI, DO
Provider ID: N/A
591 E ELDER ST STE C
FALLBROOK, CA 92028
Teleservice
Effective as of 01-FEB-24

NAGASUNDER, ARABHI, DO
Provider ID: N/A
591 E ELDER ST STE C
FALLBROOK, CA 92028
Teleservice
Effective as of 01-OCT-23

NEUROLOGY
UDDIN, MOHAMMAD, MD†
Provider ID: N/A
577 E ELDER ST STE E
FALLBROOK, CA 92028
Effective as of 01-SEP-17

UDDIN, MOHAMMAD, MD†
Provider ID: N/A
577 E ELDER ST STE E
FALLBROOK, CA 92028
Effective as of 01-OCT-15
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Specialization</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>UDDIN, MOHAMMAD, MD</td>
<td>Obstetrics / Gynecology</td>
<td>577 E ELDER ST STE E FALLBROOK, CA 92028</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>N/A</td>
<td>DONALDSON, JARED, MD</td>
<td>Obstetrics / Gynecology</td>
<td>577 E ELDER ST STE E FALLBROOK, CA 92028</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>JOHNSON, ROGER, MD</td>
<td>Obstetrics / Gynecology</td>
<td>577 E ELDER ST STE E FALLBROOK, CA 92028</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>N/A</td>
<td>DONALDSON, JARED, MD</td>
<td>Obstetrics / Gynecology</td>
<td>521 E ELDER ST STE 102 FALLBROOK, CA 92028</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>JOHNSON, ROGER, MD</td>
<td>Obstetrics / Gynecology</td>
<td>521 E ELDER ST STE 102 FALLBROOK, CA 92028</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>N/A</td>
<td>JOHNSON, ROGER, MD</td>
<td>Obstetrics / Gynecology</td>
<td>521 E ELDER ST STE 102 FALLBROOK, CA 92028</td>
<td>01-FEB-22</td>
</tr>
<tr>
<td>N/A</td>
<td>ZHOU, SIWEI, MD</td>
<td>Obstetrics / Gynecology</td>
<td>521 E ELDER ST STE 102 FALLBROOK, CA 92028</td>
<td>01-FEB-22</td>
</tr>
<tr>
<td>N/A</td>
<td>COLEMAN, BROOKE, OD</td>
<td>Pediatrics</td>
<td>521 E ELDER ST STE 102 FALLBROOK, CA 92028</td>
<td>01-FEB-22</td>
</tr>
<tr>
<td>N/A</td>
<td>ROBINSON, DAISY, MD</td>
<td>Pediatrics</td>
<td>321 E ALVARADO ST FALLBROOK, CA 92028</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>N/A</td>
<td>SERING, MALIA, PA</td>
<td>Physicians Assistant</td>
<td>1309 S MISSION RD STE A FALLBROOK, CA 92028</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>BULLUM, ANTHONY, OD</td>
<td>Podiatrist</td>
<td>1309 S MISSION RD</td>
<td></td>
</tr>
</tbody>
</table>
FALL BROOK, CA 92028
Effective as of 01-JUL-22

FARMER, STEVEN, DPM
Provider ID: N/A
1309 S MISSION RD
FALL BROOK, CA 92028
Effective as of 01-JUL-21

NEGRON, RICARDO, DPM
Provider ID: N/A
1309 S MISSION RD
FALL BROOK, CA 92028
Effective as of 01-JUL-21

NEGRON, RICARDO, DPM
Provider ID: N/A
1309 S MISSION RD
FALL BROOK, CA 92028
Effective as of 01-JUL-21

ALLERGY IMMUNOLOGY

PANGANIBAN, CHRISTINE, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 110
FOOTHILL RANCH, CA 92610
Effective as of 01-JUL-22

PANGANIBAN, CHRISTINE, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 110
FOOTHILL RANCH, CA 92610
Effective as of 01-NOV-22

YOSHII, DENIS, DO
Provider ID: N/A
26750 TOWNE CENTRE DR STE D
FOOTHILL RANCH, CA 92610
Effective as of 01-APR-23

YOSHII, DENIS, DO
Provider ID: N/A
26750 TOWNE CENTRE DR STE D
FOOTHILL RANCH, CA 92610
Effective as of 01-JUL-22

YOSHII, DENIS, DO
Provider ID: N/A
26750 TOWNE CENTRE DR STE D
FOOTHILL RANCH, CA 92610
Effective as of 01-APR-23

CHIROPRACTOR

TUREK, PAUL, DC
Provider ID: N/A
27462 PORTOLA PKWY STE 201
FOOTHILL RANCH, CA 92610
Effective as of 01-JUL-21

DERMATOLOGY

AHADIAT, OMEED, MD
Provider ID: N/A
26700 TOWNE CENTRE DR STE 170
FOOTHILL RANCH, CA 92610
Effective as of 01-DEC-23

ENDOCRINOLOGY

METABOLISM DIABETES

AHL, SCOTT, DO
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-OCT-22
GASTROENTEROLOGY

ASHBY, KEVIN, MD
Provider ID: N/A
26700 TOWNE CENTRE DR STE 100
FOOTHILL RANCH, CA 92610
Effective as of 01-MAR-20

ASHRAF, HEBA, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-OCT-23

ASHRAF, HEBA, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-SEP-22

ASHRAF, HEBA, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-SEP-22

ASHRAF, HEBA, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-OCT-23

ASHRAF, HEBA, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-OCT-23

ASHRAF, HEBA, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-OCT-23

ASHRAF, HEBA, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-JAN-23

ASHRAF, HEBA, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-JAN-23

ASHRAF, HEBA, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-OCT-23

ASHRAF, HEBA, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-OCT-23

Lee, Paul, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-OCT-23

Oman, Matthew, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-NOV-22

Yu, Victor, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-OCT-23

Yu, Victor, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 104
FOOTHILL RANCH, CA 92610
Effective as of 01-JAN-23

Obstetrics / Gynecology

Davis, Stephanie, MD
Provider ID: N/A
26672 PORTOLA PKWY STE 108
FOOTHILL RANCH, CA 92610
Effective as of 01-FEB-23

Dejbakhsh, Sheila, MD
Provider ID: N/A
### 专科护理医生

<table>
<thead>
<tr>
<th>名称</th>
<th>执照号</th>
<th>地址</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>MILLER, JAMIE, MD</td>
<td>N/A</td>
<td>26672 PORTOLA PKWY STE 180, Foothill Ranch, CA 92610</td>
<td>10月1日 2022</td>
</tr>
<tr>
<td>PETERS, AMY, DO</td>
<td>N/A</td>
<td>26672 PORTOLA PKWY STE 108, Foothill Ranch, CA 92610</td>
<td>11月1日 2023</td>
</tr>
<tr>
<td>PETERS, AMY, DO²</td>
<td>N/A</td>
<td>26672 PORTOLA PKWY STE 180, Foothill Ranch, CA 92610</td>
<td>1月1日 2023</td>
</tr>
<tr>
<td>PRICE, KERRY, MD</td>
<td>N/A</td>
<td>26672 PORTOLA PKWY STE 180, Foothill Ranch, CA 92610</td>
<td>10月1日 2022</td>
</tr>
<tr>
<td>PHYSICIANS ASSISTANT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUGGAN, VERONICA, PA</td>
<td>N/A</td>
<td>26672 PORTOLA PKWY STE 100, Foothill Ranch, CA 92610</td>
<td>1月1日 2023</td>
</tr>
<tr>
<td>WU, VANNA, PA</td>
<td>N/A</td>
<td>26672 PORTOLA PKWY STE 104, Foothill Ranch, CA 92610</td>
<td>3月1日 2024</td>
</tr>
<tr>
<td>VU, BAO-KHOI, PA†</td>
<td>N/A</td>
<td>26781 PORTOLA PKWY STE 4E, Foothill Ranch, CA 92610</td>
<td>9月1日 2020</td>
</tr>
<tr>
<td>MAHMOOD, FARAH, MD†</td>
<td>N/A</td>
<td>26700 TOWNE CENTRE DR STE 165, Foothill Ranch, CA 92610</td>
<td>10月1日 2019</td>
</tr>
<tr>
<td>SALEM, YASSER, MD†</td>
<td>N/A</td>
<td>26781 PORTOLA PKWY STE 203, Foothill Ranch, CA 92610</td>
<td>8月1日 2020</td>
</tr>
</tbody>
</table>

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
26781 PORTOLA PKWY STE 4E
FOOTHILL RANCH, CA 92610
Effective as of 01-AUG-13
SALEM, YASSER, MD†
Provider ID: N/A
26781 PORTOLA PKWY STE 4E
FOOTHILL RANCH, CA 92610
Effective as of 01-AUG-17

SURGERY PLASTIC

DANESHMAND, HOOTAN, MD
Provider ID: N/A
27462 PORTOLA PKWY STE 100
FOOTHILL RANCH, CA 92610
Effective as of 01-APR-11
DANESHMAND, HOOTAN, MD
Provider ID: N/A
27462 PORTOLA PKWY STE 100
FOOTHILL RANCH, CA 92610
Effective as of 01-MAY-12
DANESHMAND, HOOTAN, MD
Provider ID: N/A
27462 PORTOLA PKWY STE 100
FOOTHILL RANCH, CA 92610
Effective as of 01-MAY-15

ANESTHESIOLOGY

DORAISWAMY, ARUL, MD†
Provider ID: N/A
1264 E LATHAM AVE
HEMET, CA 92543
Effective as of 01-NOV-17
DORAISWAMY, ARUL, MD†
Provider ID: N/A
1264 E LATHAM AVE
HEMET, CA 92543
Effective as of 01-NOV-14
GUIANG, RAINIER, MD†
Provider ID: N/A
3989 W STETSON AVE STE 102
HEMET, CA 92545
Effective as of 01-MAY-21

ANESTHESIOLOGY PAIN MANAGEMENT

CHEN, HAMILTON, MD†
Provider ID: N/A
3989 W STETSON AVE STE 102
HEMET, CA 92545
Effective as of 01-MAY-21
DORAISWAMY, ARUL, MD†
Provider ID: N/A
1264 E LATHAM AVE
HEMET, CA 92543
Effective as of 01-NOV-17
DORAISWAMY, ARUL, MD†
Provider ID: N/A
1264 E LATHAM AVE
HEMET, CA 92543
Effective as of 01-NOV-14

ANOTHER PROVIDER

BROWN, HOSEA, MD†
Provider ID: N/A
1000 E LATHAM AVE STE B
HEMET, CA 92543
Effective as of 01-FEB-22
BROWN, HOSEA, MD†
Provider ID: N/A
1000 E LATHAM AVE STE B
HEMET, CA 92543
Effective as of 01-JUL-23
BROWN, HOSEA, MD†
Provider ID: N/A
1000 E LATHAM AVE STE B
HEMET, CA 92543
Effective as of 01-MAY-15
SALEH, HANA, MD†
Provider ID: N/A
391 N SAN JACINTO ST
HEMET, CA 92543
Effective as of 01-SEP-15

HYUN, SUZANNE, MD

Provider ID: N/A
3989 W STETSON AVE STE 102
HEMET, CA 92545
Effective as of 01-MAR-24

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEMET, CA 92545</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GUIANG, RAINIER, MD</strong></td>
<td>3989 W STETSON AVE STE 102</td>
<td>Effective as of 01-MAR-24</td>
</tr>
<tr>
<td><strong>KANU, ABDUL, MD</strong></td>
<td>1011 E DEVONSHIRE AVE STE 203</td>
<td>Effective as of 01-MAY-21</td>
</tr>
<tr>
<td><strong>LEIER, TIM, MD</strong></td>
<td>1011 E DEVONSHIRE AVE STE 203</td>
<td>Effective as of 01-JUN-21</td>
</tr>
<tr>
<td><strong>PANG, GARY, MD</strong></td>
<td>3989 W STETSON AVE STE 102</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td><strong>ACCARDIOVASCULAR DISEASE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AGARWAL, ASHOK, MD</strong></td>
<td>136 S SAN JACINTO ST</td>
<td>Effective as of 01-MAY-21</td>
</tr>
<tr>
<td><strong>ATTIA, NADER, DO</strong></td>
<td>3853 W STETSON AVE STE 104</td>
<td>Effective as of 01-SEP-18</td>
</tr>
<tr>
<td><strong>BISWAS, MIMI, MD</strong></td>
<td>3853 W STETSON AVE STE 104</td>
<td>Effective as of 01-SEP-18</td>
</tr>
<tr>
<td><strong>COX, JEREMY, DO</strong></td>
<td>3853 W STETSON AVE STE 104</td>
<td>Effective as of 01-SEP-18</td>
</tr>
<tr>
<td><strong>GRANT ANDERSON, BETTY, MD</strong></td>
<td>949 CALHOUN PL STE D</td>
<td>Effective as of 01-AUG-23</td>
</tr>
<tr>
<td><strong>PAREKH, NIRAJ, MD</strong></td>
<td>3853 W STETSON AVE STE 104</td>
<td>Effective as of 01-SEP-18</td>
</tr>
</tbody>
</table>
Effective as of 01-MAR-20

PAREKH, NIRAJ, MD†
Provider ID: N/A
3853 W STETSON AVE STE 104
HEMET, CA 92545
Teleservice
Effective as of 01-MAR-20

PAREKH, NIRAJ, MD†
Provider ID: N/A
3853 W STETSON AVE STE 104
HEMET, CA 92545
Teleservice
Effective as of 01-MAY-21

RASTOGI, ANISHA, MD†
Provider ID: N/A
1275 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-AUG-20

RASTOGI, ANISHA, MD†
Provider ID: N/A
1275 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-OCT-23

RASTOGI, ANIL, MD†
Provider ID: N/A
1275 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-SEP-09

RASTOGI, ANIL, MD†
Provider ID: N/A
1275 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-SEP-00

RIVA, GREGORY, MD†
Provider ID: N/A
1275 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-MAY-15

CERTIFIED NURSE PRACTITIONER

ABAYA, HONEYLYNN, NP
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Effective as of 01-OCT-23

ADEDAYO, TOLULOPE, NP†
Provider ID: N/A
422 N SAN JACINTO ST STE A
HEMET, CA 92543
Effective as of 01-APR-21

ADEDAYO, TOLULOPE, NP
Provider ID: N/A
1030 E FLORIDA AVE
HEMET, CA 92543
Effective as of 01-SEP-15

ADEDAYO, TOLULOPE, NP†
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-SEP-22

AGUILAR, MICHELLE, NP†
Provider ID: N/A
1000 E LATHAM AVE STE G
HEMET, CA 92543
Effective as of 01-SEP-22

AMJAD WARYAM, ASHEE AMJAD, NP†
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-SEP-22

AMJAD WARYAM, ASHEE AMJAD, NP†
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-SEP-09

AMJAD WARYAM, ASHEE AMJAD, NP†
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-SEP-00

AMJAD WARYAM, ASHEE AMJAD, NP†
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-DEC-22

AMJAD WARYAM, ASHEE
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMjad, NP</td>
<td></td>
<td>162 N Santa Fe ST</td>
<td>Headers, CA 92543</td>
<td>Headers</td>
<td>Effective as of 01-DEC-22</td>
</tr>
<tr>
<td>Anuforo, Chinwe, NP</td>
<td></td>
<td>162 N Santa Fe ST</td>
<td>Headers, CA 92543</td>
<td>Headers</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>Baker, Serena, NP</td>
<td></td>
<td>3989 W Stetson Ave STE 202</td>
<td>Headers, CA 92545</td>
<td>Headers</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>Baker, Serena, NP</td>
<td></td>
<td>3989 W Stetson Ave STE 202</td>
<td>Headers, CA 92545</td>
<td>Headers</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>Bedford, Ronald, NP</td>
<td></td>
<td>850 E Latham Ave STE 201</td>
<td>Headers, CA 92543</td>
<td>Headers</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>Horta, Carmen, NP</td>
<td></td>
<td>850 E Latham Ave STE 201</td>
<td>Headers, CA 92543</td>
<td>Headers</td>
<td>Effective as of 01-AUG-22</td>
</tr>
<tr>
<td>Horta, Carmen, NP</td>
<td></td>
<td>850 E Latham Ave STE 201</td>
<td>Headers, CA 92543</td>
<td>Headers</td>
<td>Effective as of 01-AUG-22</td>
</tr>
<tr>
<td>Horta, Carmen, NP</td>
<td></td>
<td>850 E Latham Ave STE 201</td>
<td>Headers, CA 92543</td>
<td>Headers</td>
<td>Effective as of 01-AUG-22</td>
</tr>
<tr>
<td>Horta, Carmen, NP</td>
<td></td>
<td>850 E Latham Ave STE 201</td>
<td>Headers, CA 92543</td>
<td>Headers</td>
<td>Effective as of 01-AUG-22</td>
</tr>
<tr>
<td>Horta, Carmen, NP</td>
<td></td>
<td>850 E Latham Ave STE 201</td>
<td>Headers, CA 92543</td>
<td>Headers</td>
<td>Effective as of 01-DEC-22</td>
</tr>
<tr>
<td>Eدم, Miry, NP</td>
<td></td>
<td>162 N Santa Fe ST</td>
<td>Headers, CA 92543</td>
<td>Headers</td>
<td>Effective as of 01-MAR-21</td>
</tr>
<tr>
<td>Horta, Carmen, NP</td>
<td></td>
<td>850 E Latham Ave STE 201</td>
<td>Headers, CA 92543</td>
<td>Headers</td>
<td>Effective as of 01-DEC-22</td>
</tr>
<tr>
<td>Igwe, ChinWendu, NP</td>
<td></td>
<td>3989 W Stetson Ave STE 202</td>
<td>Headers, CA 92545</td>
<td>Headers</td>
<td>Effective as of 01-MAY-21</td>
</tr>
<tr>
<td>Horta, Carmen, NP</td>
<td></td>
<td>3989 W Stetson Ave STE 202</td>
<td>Headers, CA 92545</td>
<td>Headers</td>
<td>Effective as of 01-AUG-19</td>
</tr>
<tr>
<td>Igwe, ChinWendu, NP</td>
<td></td>
<td>3989 W Stetson Ave STE 202</td>
<td>Headers, CA 92545</td>
<td>Headers</td>
<td>Effective as of 01-MAY-22</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Provider</th>
<th>Effective As Of</th>
<th>Address 1</th>
<th>City, State ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHEMEDU, MAGNUS, NPF</td>
<td>01-JAN-20</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>JOHNSON, KIMBERLY, NP²</td>
<td>01-MAY-23</td>
<td>3989 W STETSON AVE STE 202</td>
<td>HEMET, CA 92545</td>
</tr>
<tr>
<td>IHEMEDU, AMARACHI, NPF</td>
<td>01-APR-23</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>JOHNSON, KIMBERLY, NP²</td>
<td>01-SEP-22</td>
<td>3989 W STETSON AVE STE 202</td>
<td>HEMET, CA 92545</td>
</tr>
<tr>
<td>IHEMEDU, MAGNUS, NPF</td>
<td>01-DEC-22</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>JOHNSON, KIMBERLY, NP²</td>
<td>01-JUL-23</td>
<td>3989 W STETSON AVE STE 202</td>
<td>HEMET, CA 92545</td>
</tr>
<tr>
<td>IHEMEDU, MAGNUS, NPF</td>
<td>01-APR-23</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>JOHNSON, KIMBERLY, NP²</td>
<td>01-SEP-22</td>
<td>3989 W STETSON AVE STE 202</td>
<td>HEMET, CA 92545</td>
</tr>
<tr>
<td>IHEMEDU, MAGNUS, NPF</td>
<td>01-DEC-22</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>JOHNSON, KIMBERLY, NP²</td>
<td>01-JUL-23</td>
<td>3989 W STETSON AVE STE 202</td>
<td>HEMET, CA 92545</td>
</tr>
<tr>
<td>IHEMEDU, AMARACHI, NPF</td>
<td>01-APR-23</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>JOHNSON, KIMBERLY, NP²</td>
<td>01-SEP-22</td>
<td>3989 W STETSON AVE STE 202</td>
<td>HEMET, CA 92545</td>
</tr>
<tr>
<td>IHEMEDU, MAGNUS, NPF</td>
<td>01-APR-23</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>JOHNSON, KIMBERLY, NP²</td>
<td>01-SEP-22</td>
<td>3989 W STETSON AVE STE 202</td>
<td>HEMET, CA 92545</td>
</tr>
<tr>
<td>IHEMEDU, MAGNUS, NPF</td>
<td>01-APR-23</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>JOHNSON, KIMBERLY, NP²</td>
<td>01-SEP-22</td>
<td>3989 W STETSON AVE STE 202</td>
<td>HEMET, CA 92545</td>
</tr>
<tr>
<td>IHEMEDU, MAGNUS, NPF</td>
<td>01-APR-23</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>JOHNSON, KIMBERLY, NP²</td>
<td>01-SEP-22</td>
<td>3989 W STETSON AVE STE 202</td>
<td>HEMET, CA 92545</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-DEC-22

JONES, LAKESHA, NP²
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-DEC-22

KUMAR, NINA, NP
Provider ID: N/A
1030 E FLORIDA AVE
HEMET, CA 92543
Effective as of 01-FEB-24

KUMAR, NINA, NP²
Provider ID: N/A
422 N SAN JACINTO ST
HEMET, CA 92543
Effective as of 01-APR-21

LAWHORN, CHRISTA, NPF
Provider ID: N/A
1701 E FLORIDA AVE
HEMET, CA 92544
Effective as of 01-JAN-24

LE, NGUYEN, NP
Provider ID: N/A
1030 E FLORIDA AVE
HEMET, CA 92543
Effective as of 01-FEB-24

LEANO, ANYLOU, NP²
Provider ID: N/A
1264 E LATHAM AVE
HEMET, CA 92543
Effective as of 01-JUL-17

MELOT, KAREN, NP
Provider ID: N/A
1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-DEC-20

MELOT, KAREN, NP²
Provider ID: N/A
1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-MAR-22

ONUOHA, NOJA, NP²
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-AUG-23

ONUOHA, NOJA, NP²
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-MAR-23

ONUOHA, NOJA, NP²
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-NOV-22

ONUOHA, NOJA, NP²
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-MAR-23

ONUOHA, NOJA, NP²
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-NOV-22

PAULHUS, PATRICIA, NP²
Provider ID: N/A
3989 W STETSON AVE STE
HEMET, CA 92545
Effective as of 01-MAR-20

PAULHUS, PATRICIA, NP²
Provider ID: N/A
3989 W STETSON AVE STE
HEMET, CA 92545
Effective as of 01-MAR-20
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAULHUS, PATRICIA, NP†</td>
<td>3989 W STETSON AVE STE 202</td>
<td>HEMET, CA</td>
<td>92545</td>
<td>01-SEP-20</td>
</tr>
<tr>
<td>RATAJczak, CELESTE, NP</td>
<td>1264 E LATHAM AVE</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-OCT-24</td>
</tr>
<tr>
<td>SALAS-AMIGON, BRENDA, NP†</td>
<td>391 N SAN JACINTO ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>SANCHEZ, YAHaira, NP†</td>
<td>1003 E FLORIDA AVE STE 104</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-OCT-16</td>
</tr>
<tr>
<td>SANCHEZ, YAHaira, NP†</td>
<td>225 LAURSEN ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>SANCHEZ, YAHaira, NP†</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>SANCHEZ, YAHaira, NP†</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>SINGH, JOGENDRA, NP†</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>SINGH, JOGENDRA, NP†</td>
<td>4020 W FLORIDA AVE</td>
<td>HEMET, CA</td>
<td>92545</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>SHEIKH, SARAH, NP</td>
<td>901 S STATE ST STE 600</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>SHIH, LU-HSUN, NP</td>
<td>901 S STATE ST STE 600</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>SHIH, LU-HSUN, NP</td>
<td>225 LAURSEN ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>SHIH, LU-HSUN, NP</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>SHIH, LU-HSUN, NP</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>SHEIKH, SARAH, NP</td>
<td>901 S STATE ST STE 600</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>SHEIKH, SARAH, NP</td>
<td>901 S STATE ST STE 600</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>SHEIKH, SARAH, NP</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>SHEIKH, SARAH, NP</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>VALDEVERONA, KATHY, NP†</td>
<td>4020 W FLORIDA AVE</td>
<td>HEMET, CA</td>
<td>92545</td>
<td>01-NOV-19</td>
</tr>
<tr>
<td>VENTURA, ALEXIS, NP</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>VENTURA, ALEXIS, NP</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>VENTURA, ALEXIS, NP</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>VENTURA, ALEXIS, NP</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>VENTURA, ALEXIS, NP</td>
<td>162 N SANTA FE ST</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-OCT-22</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

VIDAL, ALYSSA, NPF
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Effective as of 01-SEP-23

CHIROPRACTOR

BROWN, KEVIN, DC
Provider ID: N/A
3012 W FLORIDA AVE
HEMET, CA 92545
Effective as of 01-AUG-23

BROWN, KEVIN, DC
Provider ID: N/A
2940 W FLORIDA AVE
HEMET, CA 92545
Effective as of 01-MAR-22

WACHHOLZ, PAMELA, DC
Provider ID: N/A
760 W ACACIA AVE STE 113
HEMET, CA 92543
Effective as of 01-JUL-23

WACHHOLZ, PAMELA, DC
Provider ID: N/A
760 W ACACIA AVE STE 113
HEMET, CA 92543
Effective as of 01-FEB-11

WACHHOLZ, PAMELA, DC
Provider ID: N/A
760 W ACACIA AVE STE 113
HEMET, CA 92543
Effective as of 01-SEP-09

DERMATOLOGY

HARFORD, ROBERT, MD
Provider ID: N/A
750 E LATHAM AVE STE 3
HEMET, CA 92543
Effective as of 01-DEC-20

MITCHELL, JESSE, MD
Provider ID: N/A
3989 W STETSON AVE STE 201
HEMET, CA 92545
Effective as of 01-DEC-23

MITCHELL, JESSE, MD
Provider ID: N/A
3989 W STETSON AVE STE 201
HEMET, CA 92545
Effective as of 01-DEC-23

MITCHELL, JESSE, MD
Provider ID: N/A
3989 W STETSON AVE STE 201
HEMET, CA 92545
Effective as of 01-JUL-22
Effective as of 01-DEC-23

**MITCHELL, JESSE, MD**
Provider ID: N/A
- 3989 W STETSON AVE STE 201
  HEMET, CA 92545
Effective as of 01-DEC-23

**MITCHELL, JESSE, MD**
Provider ID: N/A
- 3853 W STETSON AVE STE 201
  HEMET, CA 92545
Effective as of 01-JUL-21

**MITCHELL, JESSE, MD**
Provider ID: N/A
- 3853 W STETSON AVE STE 201
  HEMET, CA 92545
Effective as of 01-JUL-21

**MUDGE, BRADLEY, MD**
Provider ID: N/A
- 850 E LATHAM AVE STE 201
  HEMET, CA 92543
Effective as of 01-OCT-21

**EMERGENCY MEDICINE**

**MATHUR, ARVIND, MD**
Provider ID: N/A
- 975 SAINT JOHN PL
  HEMET, CA 92543
Effective as of 01-APR-23

**ENDOCRINOLOGY METABOLISM DIABETES**

**HAIDER, UZMA, MD**
Provider ID: N/A
- 1515 W FLORIDA AVE
  HEMET, CA 92543
Effective as of 01-DEC-20

**HAIDER, UZMA, MD**
Provider ID: N/A
- 1515 W FLORIDA AVE
  HEMET, CA 92543
Effective as of 01-APR-24

**SEYED, KAZEM, MD**
Provider ID: N/A
- 750 E LATHAM AVE STE 1
  HEMET, CA 92543
Effective as of 01-AUG-20
C1. 网络提供者名单
专科护理医生

**FAMILY PRACTICE**

CHAMBI-HERNANDEZ, RUTH, MD
Provider ID: N/A
1035 SAINT JOHN PL
HEMET, CA 92543
Effective as of 01-MAY-23

**GASTROENTEROLOGY**

CHAKRABARTY, MILANKUMAR, MD†
Provider ID: N/A
1003 E FLORIDA AVE STE 101
HEMET, CA 92543
Effective as of 01-MAY-15

CHAKRABARTY, MILANKUMAR, MD†
Provider ID: N/A
1003 E FLORIDA AVE STE 101
HEMET, CA 92543
Effective as of 01-MAY-15

CHAKRABARTY, MILANKUMAR, MD†
Provider ID: N/A
1003 E FLORIDA AVE STE 101
HEMET, CA 92543
Effective as of 01-JUL-23

CHAKRABARTY, MILANKUMAR, MD†
Provider ID: N/A
1003 E FLORIDA AVE STE 101
HEMET, CA 92543
Effective as of 01-JUL-23

CHAKRABARTY, MILANKUMAR, MD†
Provider ID: N/A
1003 E FLORIDA AVE STE 101
HEMET, CA 92543
Effective as of 01-JUL-23

CHAKRABARTY, MILANKUMAR, MD†
Provider ID: N/A
1003 E FLORIDA AVE STE 101
HEMET, CA 92543
Effective as of 01-MAY-22

QASEEM, TAHIR, MD
Provider ID: N/A
1003 E FLORIDA AVE STE 101
HEMET, CA 92543
Effective as of 01-DEC-22

QASEEM, TAHIR, MD
Provider ID: N/A
1003 E FLORIDA AVE STE 101
HEMET, CA 92543
Effective as of 01-MAY-22

QASEEM, TAHIR, MD
Provider ID: N/A
1003 E FLORIDA AVE STE 104
HEMET, CA 92543
Effective as of 01-DEC-22

SINGHVI, AJEET, MD†
Provider ID: N/A
397 N SAN JACINTO ST
HEMET, CA 92543
Effective as of 01-DEC-17

**HEMATOLOGY / ONCOLOGY**

AGAJANIAN, RICHY, MD
Provider ID: N/A
1001 S STATE ST STE A
HEMET, CA 92543
Effective as of 01-JUL-23

BANTA, WARREN, MD†
Provider ID: N/A
2390 E FLORIDA AVE STE 105
HEMET, CA 92544
Effective as of 01-AUG-22

BANTA, WARREN, MD†
Provider ID: N/A
2390 E FLORIDA AVE STE 105
HEMET, CA 92544
Effective as of 01-AUG-22
## 网络提供者名单

### 专科护理医生

<table>
<thead>
<tr>
<th>医生名称</th>
<th>医师ID</th>
<th>地址</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANTA, WARREN, MD†</td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92544</td>
<td></td>
</tr>
<tr>
<td>BANTA, WARREN, MD†</td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92544</td>
<td></td>
</tr>
<tr>
<td>BANTA, WARREN, MD†</td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92544</td>
<td></td>
</tr>
<tr>
<td>BASERI, BABAK, MD</td>
<td>N/A</td>
<td>1001 S STATE ST STE A</td>
<td>01-APR-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92543</td>
<td></td>
</tr>
<tr>
<td>BELLO, OSAGIE, MD</td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92544</td>
<td></td>
</tr>
<tr>
<td>BELLO, OSAGIE, MD</td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92544</td>
<td></td>
</tr>
<tr>
<td>BELLO, OSAGIE, MD</td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92544</td>
<td></td>
</tr>
<tr>
<td>MOST, CAROLE, MD†</td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92544</td>
<td></td>
</tr>
<tr>
<td>MOST, CAROLE, MD‡</td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92544</td>
<td></td>
</tr>
<tr>
<td>MOST, CAROLE, MD†</td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92544</td>
<td></td>
</tr>
<tr>
<td>MOST, CAROLE, MD‡</td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92544</td>
<td></td>
</tr>
<tr>
<td>MOST, CAROLE, MD†</td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92544</td>
<td></td>
</tr>
<tr>
<td>MOST, CAROLE, MD‡</td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92544</td>
<td></td>
</tr>
<tr>
<td>SARWARI, NAWID, MD</td>
<td>N/A</td>
<td>1001 S STATE ST STE A</td>
<td>01-APR-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92543</td>
<td></td>
</tr>
<tr>
<td>SAUNDERS, PHILLIP, DO</td>
<td>N/A</td>
<td>1001 S STATE ST STE A</td>
<td>01-APR-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92543</td>
<td></td>
</tr>
<tr>
<td>SAUNDERS, PHILLIP, DO</td>
<td>N/A</td>
<td>1001 S STATE ST STE A</td>
<td>01-APR-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92543</td>
<td></td>
</tr>
<tr>
<td>SCHWERKOSKE, JOHN, MD</td>
<td>N/A</td>
<td>1011 E DEVONSHIRE AVE STE 201</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92543</td>
<td></td>
</tr>
<tr>
<td>SCHWERKOSKE, JOHN, MD</td>
<td>N/A</td>
<td>1001 S STATE ST STE A</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEMET, CA 92543</td>
<td></td>
</tr>
</tbody>
</table>

您的全科医生的医疗集团可能有心理健康提供者在其网络中。请参见下方的列表。

您可能直接联系这些提供者。请注意，某些服务可能需要心理健康提供者从Blue Shield获得预授权，以便提供服务。

要访问心理健康提供者的在线列表，请访问blueshieldca.com/fad。
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SHAIKH, ANWER, MD</strong></td>
<td>N/A</td>
<td>1001 S STATE ST STE A HEMET, CA 92543</td>
<td>01-APR-24</td>
</tr>
<tr>
<td><strong>SHAIKH, ANWER, MD</strong></td>
<td>N/A</td>
<td>1001 S STATE ST STE A HEMET, CA 92543</td>
<td>01-APR-24</td>
</tr>
<tr>
<td><strong>SHUM, MERRILL, MD</strong></td>
<td>N/A</td>
<td>1011 E DEVONSHIRE AVE STE 201 HEMET, CA 92543</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>TSAI, JAMES, MD</strong></td>
<td>N/A</td>
<td>201 LAURSEN ST HEMET, CA 92543</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td><strong>TSANG, WALTER, MD</strong></td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105 HEMET, CA 92544</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td><strong>TSANG, WALTER, MD</strong></td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105 HEMET, CA 92544</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td><strong>TSANG, WALTER, MD</strong></td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105 HEMET, CA 92544</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td><strong>TSAI, JAMES, MD</strong></td>
<td>N/A</td>
<td>201 LAURSEN ST HEMET, CA 92543</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td><strong>TSANG, WALTER, MD</strong></td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105 HEMET, CA 92544</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td><strong>TSANG, WALTER, MD</strong></td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105 HEMET, CA 92544</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td><strong>TSAI, JAMES, MD</strong></td>
<td>N/A</td>
<td>201 LAURSEN ST HEMET, CA 92543</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td><strong>TSANG, WALTER, MD</strong></td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105 HEMET, CA 92544</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td><strong>TSANG, WALTER, MD</strong></td>
<td>N/A</td>
<td>2390 E FLORIDA AVE STE 105 HEMET, CA 92544</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td><strong>GRANT ANDERSON, BETTY, MD</strong></td>
<td>N/A</td>
<td>949 CALHOUN PL STE D HEMET, CA 92543</td>
<td>01-JUN-17</td>
</tr>
<tr>
<td><strong>MATHIAS, HERMAN, MD</strong></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HOSPICE AND PALLIATIVE MEDICINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TAECHARVONGPHAIROJ, VEERAVAT, MD</strong></td>
<td>N/A</td>
<td>850 E LATHAM AVE STE 205 HEMET, CA 92543</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td><strong>HOSPITALIST MD/DO</strong></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TUN, TIN, MD</strong></td>
<td>N/A</td>
<td>1850 W FLORIDA AVE HEMET, CA 92545</td>
<td>01-APR-23</td>
</tr>
<tr>
<td><strong>INTERNAL MEDICINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DHIMAN, DARSHAN, MD</strong></td>
<td>N/A</td>
<td>3989 W STETSON AVE STE 202 HEMET, CA 92545</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td><strong>DHIMAN, DARSHAN, MD</strong></td>
<td>N/A</td>
<td>3989 W STETSON AVE STE 202 HEMET, CA 92545</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td><strong>DHIMAN, DARSHAN, MD</strong></td>
<td>N/A</td>
<td>3989 W STETSON AVE STE 202 HEMET, CA 92545</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td><strong>GRANT ANDERSON, BETTY, MD</strong></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MATHIAS, HERMAN, MD</strong></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RIVA, GREGORY, MD</strong></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PEARCE, DANIEL, DO</strong></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name of Provider</th>
<th>Address</th>
<th>Effective Date</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAECHARVONGPHAIROJ, VEERAVAT, MD</td>
<td>1275 E LATHAM AVE STE C</td>
<td>01-APR-21</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td></td>
<td>HEMET, CA 92543</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1030 E FLORIDA AVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HEMET, CA 92543</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERNAL MEDICINE</td>
<td>GEROPIRIC MEDICINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATHIAS, HERMAN, MD</td>
<td>391 N SAN JACINTO ST</td>
<td>01-AUG-95</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>AGARWAL, ASHOK, MD</td>
<td>136 S SAN JACINTO ST</td>
<td>01-JAN-17</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>AGARWAL, ASHOK, MD</td>
<td>136 S SAN JACINTO ST</td>
<td>01-JAN-17</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>AGARWAL, ASHOK, MD</td>
<td>136 S SAN JACINTO ST</td>
<td>01-JAN-17</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>AMIN, JATIN, MD</td>
<td>3853 W STETSON AVE STE 104</td>
<td>01-AUG-20</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>GRANT ANDERSON, BETTY, MD</td>
<td>949 CALHOUN PL STE D</td>
<td>01-JUL-14</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>MESSENGER, BRADLEY, MD</td>
<td>3853 W STETSON AVE STE 104</td>
<td>01-JAN-19</td>
<td>HEMET, CA 92545</td>
</tr>
<tr>
<td>PAREKH, NIRAJ, MD</td>
<td>3853 W STETSON AVE STE 104</td>
<td>01-JAN-19</td>
<td>HEMET, CA 92545</td>
</tr>
<tr>
<td>RASTOGI, ANISHA, MD</td>
<td>1275 E LATHAM AVE STE A</td>
<td>01-MAR-14</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>RIVA, GREGORY, MD</td>
<td>1275 E LATHAM AVE STE A</td>
<td>01-DEC-13</td>
<td>HEMET, CA 92543</td>
</tr>
<tr>
<td>SANGODKAR, SANDEEP, DO</td>
<td>3853 W STETSON AVE STE 104</td>
<td>01-DEC-22</td>
<td>HEMET, CA 92543</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>License Type</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARIAS-ALISHAHI, ELIZABETH, LCSW</td>
<td>LICENSED CLINICAL SOCIAL WORKER</td>
<td>N/A</td>
<td>903 E DEVONSHIRE AVE STE D, HEMET, CA 92543</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>BRINSON, CIRSTEN, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>BRINSON, CIRSTEN, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>GRANDISON, BROOKE, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>GRANDISON, BROOKE, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>HERSHEY, LINDSEY, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>HERSHEY, LINDSEY, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>HERSH, LINDSEY, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-DEC-22</td>
</tr>
<tr>
<td>HERSH, LINDSEY, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td>HERSHEY, LINDSEY, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>JONES, VALORIA, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>JONES, VALORIA, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>JONES, VALORIA, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>JONES, VALORIA, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>JONES, VALORIA, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>PIDDINGTON, CHRISTINE, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-DEC-22</td>
</tr>
<tr>
<td>PIDDINGTON, CHRISTINE, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-DEC-22</td>
</tr>
<tr>
<td>PIDDINGTON, CHRISTINE, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>PIDDINGTON, CHRISTINE, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>PIDDINGTON, CHRISTINE, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td>VALDEZ-HERNANDEZ, ISRAEL, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>VALDEZ-HERNANDEZ, ISRAEL, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>VALDEZ-HERNANDEZ, ISRAEL, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>VALDEZ-HERNANDEZ, ISRAEL, LCSW</td>
<td></td>
<td>N/A</td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-APR-23</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VALDEZ-HERNANDEZ, ISRAEL, LCSW</strong></td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td><strong>POOR, PATRICK, MFT</strong></td>
<td>162 N SANTA FE ST, HEMET, CA 92543</td>
<td>01-DEC-22</td>
</tr>
<tr>
<td><strong>PARSI, HOOMAN, MD</strong></td>
<td>1001 S STATE ST STE A, HEMET, CA 92543</td>
<td>01-APR-23</td>
</tr>
<tr>
<td><strong>SHAIKH, ANWER, MD</strong></td>
<td>1001 S STATE ST STE A, HEMET, CA 92543</td>
<td>01-APR-23</td>
</tr>
<tr>
<td><strong>NEPHROLOGY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chang, David, MD</td>
<td>1011 E DEVONSHIRE AVE STE 201, HEMET, CA 92543</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td><strong>CHARLES COWAN, TRICIA, DO</strong></td>
<td>3989 W STETSON AVE STE 202, HEMET, CA 92545</td>
<td>01-SEP-17</td>
</tr>
<tr>
<td><strong>CHARLES COWAN, TRICIA, DO</strong></td>
<td>3989 W STETSON AVE STE 202, HEMET, CA 92545</td>
<td>01-SEP-17</td>
</tr>
<tr>
<td><strong>CHARLES COWAN, TRICIA, DO</strong></td>
<td>3989 W STETSON AVE STE 202, HEMET, CA 92545</td>
<td>01-SEP-17</td>
</tr>
</tbody>
</table>
HEMET, CA 92545
Effective as of 01-MAR-21

DHIMAN, DARSHAN, MD†
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Effective as of 01-APR-18

DHIMAN, DARSHAN, MD†
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Effective as of 01-DEC-15

DHIMAN, DARSHAN, MD†
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Effective as of 01-DEC-15

DHIMAN, DARSHAN, MD†
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Effective as of 01-DEC-15

ISHAK, SALAM, MD†
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Effective as of 01-AUG-20

NAGASUNDER, ARABHI, DO
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Teleservice
Effective as of 01-FEB-24

NAGASUNDER, ARABHI, DO
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Teleservice
Effective as of 01-NOV-23

NAGASUNDER, ARABHI, DO
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Teleservice
Effective as of 01-OCT-23

NAGASUNDER, ARABHI, DO
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Teleservice
Effective as of 01-OCT-23

NATH, ASHOK, MD†
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Effective as of 01-SEP-22

NATH, ASHOK, MD†
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Effective as of 01-OCT-23

YAN, ERIC, MD
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Effective as of 01-JUN-23

YAN, ERIC, MD
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Effective as of 01-JUN-23

YOUSSEF, AMR, DO†
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Effective as of 01-SEP-22

YOUSSEF, AMR, DO†
Provider ID: N/A
3989 W STETSON AVE STE 202
HEMET, CA 92545
Effective as of 01-SEP-22

YOUSSEF, AMR, DO†
Provider ID: N/A
3889 W STETSON AVE STE 100
HEMET, CA 92545
Effective as of 01-JUN-22

OBSTETRICS /
GYNECOLOGY

NIHIRA, MIKIO, MD†
Provider ID: N/A
1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-NOV-20

NIHIRA, MIKIO, MD†
Provider ID: N/A
1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-NOV-20

NIHIRA, MIKIO, MD†
Provider ID: N/A
1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-NOV-20

RIZVI, SYED, MD†
Provider ID: N/A
1600 E FLORIDA AVE STE 315
HEMET, CA 92544
Effective as of 01-MAR-22

RIZVI, SYED, MD†
Provider ID: N/A
1600 E FLORIDA AVE STE 315
HEMET, CA 92544
Effective as of 01-FEB-17

URSO, MARY JO, DO†
Provider ID: N/A
1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-DEC-20

URSO, MARY JO, DO†
Provider ID: N/A
1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-DEC-20

URSO, MARY JO, DO†
Provider ID: N/A
1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-DEC-20

URSO, MARY JO, DO†
Provider ID: N/A
1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-DEC-20

OPHTHALMOLOGY

CARLSON, JOHN, MD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-MAY-14

CARLSON, JOHN, MD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-JAN-20

CARLSON, JOHN, MD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-FEB-22

CARLSON, JOHN, MD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-JAN-22

CHOW, JASON, MD†
Provider ID: N/A
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>City, State</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHOW, JASON, MD²</td>
<td>3953 W STETSON AVE</td>
<td>HEMET, CA 92545</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>CHOW, JASON, MD²</td>
<td>3953 W STETSON AVE</td>
<td>HEMET, CA 92545</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>CHOW, JASON, MD²</td>
<td>3953 W STETSON AVE</td>
<td>HEMET, CA 92545</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>DONALDSON, JARED, MD²</td>
<td>3953 W STETSON AVE</td>
<td>HEMET, CA 92545</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>DONALDSON, JARED, MD²</td>
<td>3953 W STETSON AVE</td>
<td>HEMET, CA 92545</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>DONALDSON, JARED, MD²</td>
<td>3953 W STETSON AVE</td>
<td>HEMET, CA 92545</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>DONALDSON, JARED, MD²</td>
<td>3953 W STETSON AVE</td>
<td>HEMET, CA 92545</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>JACOBS, JEFFREY, MD²</td>
<td>2390 E FLORIDA AVE STE</td>
<td>HEMET, CA 92544</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>JACOBS, JEFFREY, MD²</td>
<td>2390 E FLORIDA AVE STE</td>
<td>HEMET, CA 92544</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>JACOBS, JEFFREY, MD²</td>
<td>2390 E FLORIDA AVE STE</td>
<td>HEMET, CA 92544</td>
<td>01-NOV-08</td>
</tr>
<tr>
<td>JACOBS, JEFFREY, MD²</td>
<td>2390 E FLORIDA AVE STE</td>
<td>HEMET, CA 92544</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td>JACOBSON, ARTHUR, MD²</td>
<td>2390 E FLORIDA AVE STE</td>
<td>HEMET, CA 92544</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td>JACOBSON, ARTHUR, MD²</td>
<td>2390 E FLORIDA AVE STE</td>
<td>HEMET, CA 92544</td>
<td>01-MAY-21</td>
</tr>
<tr>
<td>JACOBSON, ARTHUR, MD²</td>
<td>2390 E FLORIDA AVE STE</td>
<td>HEMET, CA 92544</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td>JACOBSON, ARTHUR, MD²</td>
<td>2390 E FLORIDA AVE STE</td>
<td>HEMET, CA 92544</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td>LEE, JOHN, MD²</td>
<td>2390 E FLORIDA AVE STE</td>
<td>HEMET, CA 92544</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td>LEE, JOHN, MD²</td>
<td>2390 E FLORIDA AVE STE</td>
<td>HEMET, CA 92544</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td>LEE, JOHN, MD²</td>
<td>2390 E FLORIDA AVE STE</td>
<td>HEMET, CA 92544</td>
<td>01-SEP-09</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>ID</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEE, JOHN, MD</td>
<td>2390 E FLORIDA AVE STE 207</td>
<td>N/A</td>
<td>01-MAR-14</td>
</tr>
<tr>
<td>NAMBIAR, MARGARET, MD</td>
<td>2390 E FLORIDA AVE STE 207</td>
<td>N/A</td>
<td>01-FEB-11</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>2390 E FLORIDA AVE STE 207</td>
<td>N/A</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>3953 W STETSON AVE 207</td>
<td>N/A</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>3953 W STETSON AVE 207</td>
<td>N/A</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>3953 W STETSON AVE 207</td>
<td>N/A</td>
<td>01-MAY-14</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>3953 W STETSON AVE 207</td>
<td>N/A</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td>SHELTON, RAYMOND, MD</td>
<td>2390 E FLORIDA AVE STE 207</td>
<td>N/A</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>VIDOR, IRA, MD</td>
<td>3953 W STETSON AVE 207</td>
<td>N/A</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>WARNER, MICHAEL, MD</td>
<td>2390 E FLORIDA AVE STE 207</td>
<td>N/A</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>SORENSON, ROBERT, MD</td>
<td>3953 W STETSON AVE 207</td>
<td>N/A</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>SORENSON, ROBERT, MD</td>
<td>3953 W STETSON AVE 207</td>
<td>N/A</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td>OPTOMETRIST</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

ARCHIBALD, JOHN, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-DEC-23

ARCHIBALD, JOHN, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-JUL-23

BARR, AUSTIN, OD
Provider ID: N/A
2390 E FLORIDA AVE STE 207
HEMET, CA 92544
Effective as of 01-NOV-22

BARR, AUSTIN, OD
Provider ID: N/A
2390 E FLORIDA AVE STE 207
HEMET, CA 92544
Effective as of 01-MAR-23

BARR, AUSTIN, OD
Provider ID: N/A
2390 E FLORIDA AVE STE 207
HEMET, CA 92544
Effective as of 01-NOV-22

COLEMAN, BROOKE, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-JUL-23

COLEMAN, BROOKE, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-AUG-20

COLEMAN, BROOKE, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-JUL-23

FENNEMA, ERIC, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-SEP-22

FENNEMA, ERIC, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-SEP-22

FENNEMA, ERIC, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-FEB-22

LANE, KEVIN, OD†
Provider ID: N/A
2390 E FLORIDA AVE STE 207
HEMET, CA 92544
Effective as of 01-FEB-11

LANE, KEVIN, OD†
Provider ID: N/A
2390 E FLORIDA AVE STE 207
HEMET, CA 92544
Effective as of 01-SEP-10

LANE, KEVIN, OD†
Provider ID: N/A
2390 E FLORIDA AVE STE 207
HEMET, CA 92544
Effective as of 01-JUL-23

LARSON, BRETT, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-AUG-20

LARSON, BRETT, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-JUL-23

LARSON, BRETT, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-FEB-22

LARSON, BRETT, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-SEP-10

MC CLEARY, DAVID, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-DEC-21

MC CLEARY, DAVID, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-JUL-23

MC CLEARY, DAVID, OD†
Provider ID: N/A
3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-JUL-23

TADROS, JESSICA, OD†
Provider ID: N/A
2390 E FLORIDA AVE STE
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ULIBARRI, MATTHEW, OD</td>
<td>2390 E FLORIDA AVE STE 207</td>
<td>HEMET, CA</td>
<td>92544</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>LEE, JONATHAN KWANG, MD</td>
<td>3889 W STETSON AVE STE 102</td>
<td>HEMET, CA</td>
<td>92545</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>NIKACHINA, ANNA, MD</td>
<td>3889 W STETSON AVE STE 100</td>
<td>HEMET, CA</td>
<td>92545</td>
<td>01-JUL-15</td>
</tr>
<tr>
<td>SEYED, KAZEM, MD</td>
<td>750 E LATHAM AVE STE 1</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-MAY-15</td>
</tr>
<tr>
<td>ANDERSON, MATTHEW, PA</td>
<td>3889 W STETSON AVE STE 100</td>
<td>HEMET, CA</td>
<td>92545</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>BAKER, ROBERT, PA</td>
<td>1011 E DEVONSHIRE AVE STE 203</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>CERALDE, ALAN, PA</td>
<td>3889 W STETSON AVE STE 100</td>
<td>HEMET, CA</td>
<td>92545</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>CHEN, HAMILTON, MD</td>
<td>1011 E DEVONSHIRE AVE STE 203</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-AUG-16</td>
</tr>
<tr>
<td>AILINANI, HARY, MD</td>
<td>1011 E DEVONSHIRE AVE STE 203</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-MAY-15</td>
</tr>
<tr>
<td>BAKER, ROBERT, PA</td>
<td>1011 E DEVONSHIRE AVE STE 203</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-MAY-15</td>
</tr>
<tr>
<td>BAKER, ROBERT, PA</td>
<td>1011 E DEVONSHIRE AVE STE 203</td>
<td>HEMET, CA</td>
<td>92543</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>CERALDE, ALAN, PA</td>
<td>3889 W STETSON AVE STE 100</td>
<td>HEMET, CA</td>
<td>92545</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>CERALDE, ALAN, PA</td>
<td>3889 W STETSON AVE STE 100</td>
<td>HEMET, CA</td>
<td>92545</td>
<td>01-NOV-16</td>
</tr>
<tr>
<td>Name</td>
<td>Provider ID</td>
<td>Address</td>
<td>Effective As Of</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------</td>
<td>--------------------------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>CERALDE, ALAN, PA</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100</td>
<td>01-AUG-16</td>
<td></td>
</tr>
<tr>
<td>CURTIS, DANIEL, PA</td>
<td>N/A</td>
<td>949 CALHOUN PL STE D</td>
<td>01-DEC-22</td>
<td></td>
</tr>
<tr>
<td>CURTIS, DANIEL, PA</td>
<td>N/A</td>
<td>949 CALHOUN PL STE D</td>
<td>01-DEC-22</td>
<td></td>
</tr>
<tr>
<td>DE CARO, ROBERT, PA</td>
<td>N/A</td>
<td>1264 E LATHAM AVE</td>
<td>01-OCT-19</td>
<td></td>
</tr>
<tr>
<td>DIETZLER, MARQUE, PA</td>
<td>N/A</td>
<td>4020 W FLORIDA AVE</td>
<td>01-JUL-19</td>
<td></td>
</tr>
<tr>
<td>FELIX, FRANCISCO, PA</td>
<td>N/A</td>
<td>1011 E DEVONSHIRE AVE</td>
<td>01-AUG-23</td>
<td></td>
</tr>
<tr>
<td>GONZALEZ, KEVIN, PA</td>
<td>N/A</td>
<td>3989 W STETSON AVE STE 201</td>
<td>01-DEC-23</td>
<td></td>
</tr>
<tr>
<td>GONZALEZ, KEVIN, PA</td>
<td>N/A</td>
<td>3989 W STETSON AVE STE 201</td>
<td>01-DEC-23</td>
<td></td>
</tr>
<tr>
<td>HUNSAKER, NALANI, PA</td>
<td>N/A</td>
<td>1515 W FLORIDA AVE</td>
<td>01-DEC-20</td>
<td></td>
</tr>
<tr>
<td>HUNSAKER, NALANI, PA</td>
<td>N/A</td>
<td>1515 W FLORIDA AVE</td>
<td>01-DEC-20</td>
<td></td>
</tr>
<tr>
<td>HUNSAKER, NALANI, PA</td>
<td>N/A</td>
<td>1515 W FLORIDA AVE</td>
<td>01-JUL-19</td>
<td></td>
</tr>
<tr>
<td>LANIER, JAME, PA</td>
<td>N/A</td>
<td>1264 E LATHAM AVE</td>
<td>01-OCT-19</td>
<td></td>
</tr>
<tr>
<td>LANIER, JAME, PA</td>
<td>N/A</td>
<td>1264 E LATHAM AVE</td>
<td>01-JUL-17</td>
<td></td>
</tr>
<tr>
<td>MACHO, DANIELLA, PA</td>
<td>N/A</td>
<td>1701 E FLORIDA AVE</td>
<td>01-FEB-17</td>
<td></td>
</tr>
<tr>
<td>MITCHELL, PAUL, PA</td>
<td>N/A</td>
<td>1011 E DEVONSHIRE AVE</td>
<td>01-FEB-24</td>
<td></td>
</tr>
<tr>
<td>MITCHELL, PAUL, PA</td>
<td>N/A</td>
<td>422 N SAN JACINTO ST</td>
<td>01-JUN-18</td>
<td></td>
</tr>
<tr>
<td>MOORE, PAMELA, PA</td>
<td>N/A</td>
<td>1515 W FLORIDA AVE</td>
<td>01-NOV-23</td>
<td></td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
3889 W STETSON AVE STE 120
HEMET, CA 92545
Effective as of 01-DEC-17

QUEROL, CYRUS, PA
Provider ID: N/A
901 S STATE ST STE 100
HEMET, CA 92543
Effective as of 01-APR-24

RODDICK, JASON, PA
Provider ID: N/A
3989 W STETSON AVE STE 201
HEMET, CA 92545
Effective as of 01-DEC-23

RODDICK, JASON, PA
Provider ID: N/A
3889 W STETSON AVE STE 200
HEMET, CA 92545
Effective as of 01-JUN-18

SZCZESIK, KRYSTIAN, PA
Provider ID: N/A
3889 W STETSON AVE STE 100
HEMET, CA 92545
Effective as of 01-DEC-23

RODDICK, JASON, PA
Provider ID: N/A
3989 W STETSON AVE STE 201
HEMET, CA 92545
Effective as of 01-DEC-23

RODDICK, JASON, PA
Provider ID: N/A
3989 W STETSON AVE STE 201
HEMET, CA 92545
Effective as of 01-DEC-23

RODDICK, JASON, PA
Provider ID: N/A
3989 W STETSON AVE STE 201
HEMET, CA 92545
Effective as of 01-DEC-23

RODDICK, JASON, PA
Provider ID: N/A
3989 W STETSON AVE STE 201
HEMET, CA 92545
Effective as of 01-DEC-23

RODDICK, JASON, PA
Provider ID: N/A
3889 W STETSON AVE STE 200
HEMET, CA 92545
Effective as of 01-JUN-18

SZCZESIK, KRYSTIAN, PA
Provider ID: N/A
3889 W STETSON AVE STE 100
HEMET, CA 92545
Effective as of 01-DEC-23

PODIATRIST

BRAHM, STEPHEN, DPM
Provider ID: N/A
995 SAINT JOHN PL STE B
HEMET, CA 92543
Effective as of 01-MAY-17

HAAS, RICHARD, DPM
Provider ID: N/A
760 W ACACIA AVE STE 117
HEMET, CA 92543
Effective as of 01-JUL-23

PAOLERCIO, NANCY, DPM
Provider ID: N/A
255 N GILBERT ST STE B1
HEMET, CA 92543
Effective as of 01-MAY-17

PAOLERCIO, NANCY, DPM
Provider ID: N/A
255 N GILBERT ST STE B1
HEMET, CA 92543
Effective as of 01-MAY-17

PSYCHIATRY

ADEYEMO, OLUWAFEMI, MD
Provider ID: N/A
361 N SAN JACINTO ST
HEMET, CA 92543
Effective as of 01-JUN-17

ADEYEMO, OLUWAFEMI, MD
Provider ID: N/A
361 N SAN JACINTO ST
HEMET, CA 92543
Effective as of 01-JUN-17
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
361 N SAN JACINTO ST
HEMET, CA 92543
Effective as of 01-SEP-17

ADEYEMO, OLUWAFEMI, MD
Provider ID: N/A
361 N SAN JACINTO ST
HEMET, CA 92543
Effective as of 01-SEP-17

ADEYEMO, OLUWAFEMI, MD
Provider ID: N/A
361 N SAN JACINTO ST
HEMET, CA 92543
Effective as of 01-JUN-17

ADEYEMO, OLUWAFEMI, MD
Provider ID: N/A
361 N SAN JACINTO ST
HEMET, CA 92543
Effective as of 01-MAR-15

JAKKULA, JAGAN, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-SEP-23

JAKKULA, JAGAN, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-AUG-22

JAKKULA, JAGAN, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-SEP-23

JAKKULA, JAGAN, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-AUG-22

JAKKULA, JAGAN, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-SEP-23

JAKKULA, JAGAN, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-AUG-22

KUNAM, SYAM, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-OCT-20

KUNAM, SYAM, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-OCT-20

KUNAM, SYAM, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-OCT-20

KUNAM, SYAM, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-OCT-20

KUNAM, SYAM, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-OCT-20

PERSAUD, PRIA, MD
Provider ID: N/A
903 E DEVONSHIRE AVE
STE D
HEMET, CA 92543
Effective as of 01-AUG-20

PERSAUD, PRIA, MD
Provider ID: N/A
903 E DEVONSHIRE AVE
STE D
HEMET, CA 92543
Effective as of 01-AUG-20

PERSAUD, PRIA, MD
Provider ID: N/A
903 E DEVONSHIRE AVE
STE D
HEMET, CA 92543
Effective as of 01-AUG-20

PUCHAKAYALA, NANDITA, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-JUN-21

PUCHAKAYALA, NANDITA, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-SEP-23

PUCHAKAYALA, NANDITA, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-SEP-23

PUCHAKAYALA, NANDITA, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-SEP-23

PUCHAKAYALA, NANDITA, MD
Provider ID: N/A
162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-SEP-23

PSYCHOLOGIST

DUNN, JOSEPH, PhD
Provider ID: N/A
1011 E DEVONSHIRE AVE
STE 203
HEMET, CA 92543
Effective as of 01-JUN-23
C1. 网络提供者名单
专科护理医生

DUNN, JOSEPH, PhD
Provider ID: N/A
1011 E DEVONSHIRE AVE
STE 203
HEMET, CA 92543
Effective as of 01-JUN-23

PULMONARY DISEASES

DHANANI, YURZUL, MD†
Provider ID: N/A
1275 E LATHAM AVE STE C
HEMET, CA 92543
Effective as of 01-MAR-14

DHANANI, YURZUL, MD†
Provider ID: N/A
1275 E LATHAM AVE STE C
HEMET, CA 92543
Effective as of 01-JUL-23

DHANANI, YURZUL, MD†
Provider ID: N/A
1275 E LATHAM AVE STE C
HEMET, CA 92543
Effective as of 01-SEP-09

LU, CHONG PING, MD†
Provider ID: N/A
1000 E LATHAM AVE
HEMET, CA 92543
Effective as of 01-SEP-09

LU, CHONG PING, MD†
Provider ID: N/A
1000 E LATHAM AVE
HEMET, CA 92543
Effective as of 01-JUL-23

LU, CHONG PING, MD†
Provider ID: N/A
1000 E LATHAM AVE
HEMET, CA 92543
Effective as of 01-SEP-00

RADIATION ONCOLOGY

BELL, DAVID, MD†
Provider ID: N/A
430 W STETSON AVE
HEMET, CA 92543
Effective as of 01-OCT-21

RHA, JANICE, MD†
Provider ID: N/A
430 W STETSON AVE
HEMET, CA 92543
Effective as of 01-DEC-21

RADIOLOGY DIAGNOSTIC

BURROUGHS, GLORIA, MD†
Provider ID: N/A
850 E LATHAM AVE STE 101
HEMET, CA 92543
Effective as of 01-OCT-17

BURROUGHS, GLORIA, MD†
Provider ID: N/A
850 E LATHAM AVE STE 101
HEMET, CA 92543
Effective as of 01-OCT-17

BURROUGHS, GLORIA, MD†
Provider ID: N/A
850 E LATHAM AVE STE 101
HEMET, CA 92543
Effective as of 01-OCT-17

BURROUGHS, GLORIA, MD†
Provider ID: N/A
850 E LATHAM AVE STE 101
HEMET, CA 92543
Effective as of 01-OCT-17

BURROUGHS, GLORIA, MD†
Provider ID: N/A
850 E LATHAM AVE STE 101
HEMET, CA 92543
Effective as of 01-OCT-17

BURROUGHS, GLORIA, MD†
Provider ID: N/A
850 E LATHAM AVE STE 101
HEMET, CA 92543
Effective as of 01-OCT-17

BURROUGHS, GLORIA, MD†
Provider ID: N/A
850 E LATHAM AVE STE 101
HEMET, CA 92543
Effective as of 01-OCT-17

RHEUMATOLOGY

COLBURN, KEITH, MD†
Provider ID: N/A
949 CALHOUN PL STE F
HEMET, CA 92543
Effective as of 01-MAR-21

MEHTA, AMAL, MD†
Provider ID: N/A
949 CALHOUN PL STE F
HEMET, CA 92543
Effective as of 01-JUL-23

MEHTA, AMAL, MD†
Provider ID: N/A
949 CALHOUN PL STE F
HEMET, CA 92543
Effective as of 01-SEP-18

RAMASWAMY,
DHARMARAJAN, MD†
Provider ID: N/A

REGISTERED PHYSICAL THERAPIST

MONTERO, MARIA, PT
Provider ID: N/A
1515 W FLORIDA AVE STE E
HEMET, CA 92543
Effective as of 01-APR-23

MONTERO, MARIA, PT
Provider ID: N/A
1515 W FLORIDA AVE STE E
HEMET, CA 92543
Effective as of 01-APR-23

SMITH, DIANNE, PT†
Provider ID: N/A
1515 W FLORIDA AVE STE E
HEMET, CA 92543
Effective as of 01-JUN-17
229
IGWE, DANIEL, MD
Provider ID: N/A
1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-JUL-18

IGWE, DANIEL, MD
Provider ID: N/A
1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-JUL-18

IGWE, DANIEL, MD
Provider ID: N/A
1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-JUL-18

JOHNSON, HEGE, MD
Provider ID: N/A
3853 W STETSON AVE STE 105
HEMET, CA 92545
Effective as of 01-SEP-22

JOHNSON, HEGE, MD
Provider ID: N/A
3853 W STETSON AVE STE 105
HEMET, CA 92545
Effective as of 01-SEP-22

JOHNSON, HEGE, MD
Provider ID: N/A
3853 W STETSON AVE STE 105
HEMET, CA 92545
Effective as of 01-SEP-22

MAC, OLIVIA, MD
Provider ID: N/A
3853 W STETSON AVE STE 105
HEMET, CA 92545
Effective as of 01-DEC-22

NAFIU, BOLAJI, MD
Provider ID: N/A
3853 W STETSON AVE STE 105
HEMET, CA 92545
Effective as of 01-MAY-20

NAFIU, BOLAJI, MD
Provider ID: N/A
3853 W STETSON AVE STE 105
HEMET, CA 92545
Effective as of 01-SEP-22

NOURI, SARVENAZ, MD
Provider ID: N/A
3853 W STETSON AVE STE 105
HEMET, CA 92545
Effective as of 01-SEP-22

SURGERY GENERAL
VASCULAR

GORSKI, YARA, MD
Provider ID: N/A
3853 W STETSON AVE STE 105
HEMET, CA 92545
Effective as of 01-MAY-22

GORSKI, YARA, MD
Provider ID: N/A
3853 W STETSON AVE STE 105
HEMET, CA 92545
Effective as of 01-MAY-22

KARMA, AMIT, DO
Provider ID: N/A
3853 W STETSON AVE STE 105
HEMET, CA 92545
Effective as of 01-SEP-22

WANG, XIUJIE, MD
Provider ID: N/A
3853 W STETSON AVE STE 105
HEMET, CA 92545
Effective as of 01-SEP-19

WANG, XIUJIE, MD
Provider ID: N/A
3853 W STETSON AVE STE 105
HEMET, CA 92545
Effective as of 01-DEC-21

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Specialty</th>
<th>Provider ID</th>
<th>Effective Dates</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAFIU, BOLAJI, MD</strong></td>
<td></td>
<td>N/A</td>
<td>01-MAY-22</td>
<td>3853 W STETSON AVE STE 105 HEMET, CA 92545</td>
</tr>
<tr>
<td></td>
<td>SURGERY HEAD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LE, SANG, MD</strong></td>
<td></td>
<td>N/A</td>
<td>01-MAY-22</td>
<td>3853 W STETSON AVE STE 105 HEMET, CA 92545</td>
</tr>
<tr>
<td></td>
<td>SURGERY ORTHOPEDIC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ALLEN, JONATHAN, MD</strong></td>
<td></td>
<td>N/A</td>
<td>01-MAY-22</td>
<td>3853 W STETSON AVE STE 105 HEMET, CA 92545</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WANG, XIUJIE, MD</strong></td>
<td></td>
<td>N/A</td>
<td>01-MAY-22</td>
<td>3853 W STETSON AVE STE 105 HEMET, CA 92545</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BURTON, PAUL, DO</strong></td>
<td></td>
<td>N/A</td>
<td>01-JUL-15</td>
<td>3889 W STETSON AVE STE 100 HEMET, CA 92545</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CAPUTO, ROY, MD</strong></td>
<td></td>
<td>N/A</td>
<td>01-MAY-22</td>
<td>3889 W STETSON AVE STE 100 HEMET, CA 92545</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
## C1. 网络提供者名单
### 专科护理医生

<table>
<thead>
<tr>
<th>医生名</th>
<th>身份证号</th>
<th>地址</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAN, JASON, MD</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100  HEMET, CA 92545</td>
<td>Effective as of 01-MAY-16</td>
</tr>
<tr>
<td>ELSISSY, PETER, MD†</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100  HEMET, CA 92545</td>
<td>Effective as of 01-MAY-16</td>
</tr>
<tr>
<td>ELSISSY, PETER, MD†</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100  HEMET, CA 92545</td>
<td>Effective as of 01-MAY-16</td>
</tr>
<tr>
<td>ELSISSY, PETER, MD†</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100  HEMET, CA 92545</td>
<td>Effective as of 01-MAY-16</td>
</tr>
<tr>
<td>GHAZAL, RONNY, MD</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100  HEMET, CA 92545</td>
<td>Effective as of 01-MAY-16</td>
</tr>
<tr>
<td>GRAMES, BARRY, MD†</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100  HEMET, CA 92545</td>
<td>Effective as of 01-MAY-16</td>
</tr>
<tr>
<td>LE, SANG, MD†</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100  HEMET, CA 92545</td>
<td>Effective as of 01-MAY-16</td>
</tr>
<tr>
<td>LE, SANG, MD†</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100  HEMET, CA 92545</td>
<td>Effective as of 01-MAY-16</td>
</tr>
<tr>
<td>LE, SANG, MD†</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100  HEMET, CA 92545</td>
<td>Effective as of 01-MAY-16</td>
</tr>
<tr>
<td>LE, SANG, MD†</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100  HEMET, CA 92545</td>
<td>Effective as of 01-MAY-16</td>
</tr>
<tr>
<td>HUSAIN, ASGHAR, MD</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100  HEMET, CA 92545</td>
<td>Effective as of 01-MAY-16</td>
</tr>
<tr>
<td>MATIKO, JAMES, MD†</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100  HEMET, CA 92545</td>
<td>Effective as of 01-MAY-16</td>
</tr>
<tr>
<td>PANSE, MILIND, MD†</td>
<td>N/A</td>
<td>1225 E LATHAM AVE STE A  HEMET, CA 92543</td>
<td>Effective as of 01-MAY-16</td>
</tr>
<tr>
<td>PATTON, DANIEL, MD†</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100  HEMET, CA 92545</td>
<td>Effective as of 01-MAY-16</td>
</tr>
<tr>
<td>PATTON, DANIEL, MD†</td>
<td>N/A</td>
<td>3889 W STETSON AVE STE 100  HEMET, CA 92545</td>
<td>Effective as of 01-MAY-16</td>
</tr>
</tbody>
</table>

您的全科医生的医疗集团可能有心理健康服务提供者。请参阅下方列表。您可以直接联系这些提供者。请注意，某些服务可能需要从蓝盾保险公司获得事先授权，以便能够获得覆盖。访问蓝盾保险公司的心理健康服务提供者在线列表，请访问blueshieldca.com/fad。
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Specialty</th>
<th>Address</th>
<th>Effective Date</th>
<th>Provider ID</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATTON, DANIEL, MD</td>
<td>General Practice</td>
<td>3889 W STETSON AVE STE 100, HEMET, CA 92545</td>
<td>Effective as of 01-APR-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>POWERS, BRET, DO</td>
<td>General Practice</td>
<td>3889 W STETSON AVE STE 100, HEMET, CA 92545</td>
<td>Effective as of 01-APR-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>WONG, ANDREW, MD</td>
<td>General Practice</td>
<td>3889 W STETSON AVE STE 100, HEMET, CA 92545</td>
<td>Effective as of 01-APR-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>PATTON, DANIEL, MD</td>
<td>Urology</td>
<td>3889 W STETSON AVE STE 100, HEMET, CA 92545</td>
<td>Effective as of 01-APR-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>POWERS, BRET, DO</td>
<td>Urology</td>
<td>3889 W STETSON AVE STE 100, HEMET, CA 92545</td>
<td>Effective as of 01-APR-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>WONG, ANDREW, MD</td>
<td>Urology</td>
<td>3889 W STETSON AVE STE 100, HEMET, CA 92545</td>
<td>Effective as of 01-APR-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>NIHIRA, MIKIO, MD</td>
<td>Urology</td>
<td>1225 E LATHAM AVE STE A, HEMET, CA 92543</td>
<td>Effective as of 01-OCT-21</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>NIHIRA, MIKIO, MD</td>
<td>Internal Medicine</td>
<td>1225 E LATHAM AVE STE A, HEMET, CA 92543</td>
<td>Effective as of 01-OCT-21</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Chisum, Faith, MD</td>
<td>General Practice</td>
<td>949 PALM AVE</td>
<td>Effective as of 01-JUL-22</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Summers-Day, Courtney, MD</td>
<td>Internal Medicine</td>
<td>949 PALM AVE</td>
<td>Effective as of 01-JUL-22</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Ryan, Dana, MD</td>
<td>Internal Medicine</td>
<td>949 PALM AVE</td>
<td>Effective as of 01-APR-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Cheng, Brandon, PT</td>
<td>Registered Physical Therapist</td>
<td>600 PALM AVE STE 126, IMPERIAL BEACH, CA 91932</td>
<td>Effective as of 01-FEB-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Dorsey, Kyle, PT</td>
<td>Registered Physical Therapist</td>
<td>600 PALM AVE STE 126, IMPERIAL BEACH, CA 91932</td>
<td>Effective as of 01-FEB-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Herman, Rachel, PT</td>
<td>Registered Physical Therapist</td>
<td>600 PALM AVE STE 126, IMPERIAL BEACH, CA 91932</td>
<td>Effective as of 01-FEB-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Karande, Prachi, PT</td>
<td>Registered Physical Therapist</td>
<td>600 PALM AVE STE 126, IMPERIAL BEACH, CA 91932</td>
<td>Effective as of 01-JAN-22</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Friedman, Bruce, MD</td>
<td>Allergy Immunology</td>
<td>15785 LAGUNA CANYON RD STE 100, IRVINE, CA 92618</td>
<td>Effective as of 01-JUL-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Friedman, Bruce, MD</td>
<td>Allergy Immunology</td>
<td>22 ODYSSEY STE 240, IRVINE, CA 92618</td>
<td>Effective as of 01-JUL-23</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
FRIEDMAN, BRUCE, MD†
Provider ID: N/A
22 ODYSSEY STE 240
IRVINE, CA 92618
Effective as of 01-DEC-21

FRIEDMAN, BRUCE, MD†
Provider ID: N/A
22 ODYSSEY STE 240
IRVINE, CA 92618
Effective as of 01-DEC-21

FRIEDMAN, BRUCE, MD†
Provider ID: N/A
22 ODYSSEY STE 240
IRVINE, CA 92618
Effective as of 01-DEC-21

FRIEDMAN, BRUCE, MD†
Provider ID: N/A
22 ODYSSEY STE 240
IRVINE, CA 92618
Effective as of 01-DEC-21

FRIEDMAN, BRUCE, MD†
Provider ID: N/A
22 ODYSSEY STE 240
IRVINE, CA 92618
Effective as of 01-MAY-23

FRIEDMAN, BRUCE, MD†
Provider ID: N/A
22 ODYSSEY STE 240
IRVINE, CA 92618
Effective as of 01-MAY-23

FRIEDMAN, BRUCE, MD†
Provider ID: N/A
22 ODYSSEY STE 240
IRVINE, CA 92618
Effective as of 01-MAY-23

LEE-KIM, CHRISTINE, DO
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-FEB-23

LEE-KIM, CHRISTINE, DO
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-FEB-23

VENKAT, GEETA, MD†
Provider ID: N/A
18 ENDEAVOR STE 208
IRVINE, CA 92618
Effective as of 01-OCT-17

VENKAT, GEETA, MD†
Provider ID: N/A
18 ENDEAVOR STE 208
IRVINE, CA 92618
Effective as of 01-OCT-17

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
15785 LAGUNA CANYON RD STE 100
IRVINE, CA 92618
Effective as of 01-MAY-23

VENKAT, GEETA, MD†
Provider ID: N/A
18 ENDEAVOR STE 208
IRVINE, CA 92618
Effective as of 01-OCT-17

VENKAT, GEETA, MD†
Provider ID: N/A
18 ENDEAVOR STE 208
IRVINE, CA 92618
Effective as of 01-OCT-17

VENKAT, GEETA, MD†
Provider ID: N/A
18 ENDEAVOR STE 208
IRVINE, CA 92618
Effective as of 01-OCT-17

ANESTHESIOLOGY
HO, LARRY, MD  
Provider ID: N/A  
15701 ROCKFIELD BLVD  
IRVINE, CA 92618  
Effective as of 01-SEP-10

PERERA-THANGARATNAM, D, MD†  
Provider ID: N/A  
5 HOLLAND STE 101  
IRVINE, CA 92618  
Effective as of 01-SEP-19

ANESTHESIOLOGY PAIN MANAGEMENT

BESHAI, ALFRED, MD  
Provider ID: N/A  
16405 SAND CANYON AVE STE 210  
IRVINE, CA 92618  
Effective as of 01-JUN-22

BESHAI, ALFRED, MD  
Provider ID: N/A  
16405 SAND CANYON AVE STE 210  
IRVINE, CA 92618  
Effective as of 01-DEC-23

BESHAI, ALFRED, MD  
Provider ID: N/A  
16405 SAND CANYON AVE STE 210  
IRVINE, CA 92618  
Effective as of 01-MAR-24

HO, LARRY, MD  
Provider ID: N/A  
15701 ROCKFIELD BLVD  
IRVINE, CA 92618  
Effective as of 01-APR-11

HO, LARRY, MD  
Provider ID: N/A  
15701 ROCKFIELD BLVD  
IRVINE, CA 92618  
Effective as of 01-OCT-01

JILLANI, ASIF, MD  
Provider ID: N/A  
16300 SAND CANYON AVE STE 511  
IRVINE, CA 92618  
Effective as of 01-NOV-17

JILLANI, ASIF, MD  
Provider ID: N/A  
16300 SAND CANYON AVE STE 511  
IRVINE, CA 92618  
Effective as of 01-NOV-17

MAHROU, REZA, MD†  
Provider ID: N/A  
113 WATERWORKS WAY STE 345  
IRVINE, CA 92618  
Effective as of 01-JAN-15

MAHROU, REZA, MD†  
Provider ID: N/A  
113 WATERWORKS WAY STE 345  
IRVINE, CA 92618  
Effective as of 01-JAN-15

RAFIZAD, AMIR, MD†  
Provider ID: N/A  
113 WATERWORKS WAY STE 345  
IRVINE, CA 92618  
Effective as of 01-JAN-15

RAFIZAD, AMIR, MD†  
Provider ID: N/A  
113 WATERWORKS WAY STE 345  
IRVINE, CA 92618  
Effective as of 01-JAN-15

AUDIOLOGIST

NIAVARANY, PIRAYEH, AuD  
Provider ID: N/A  
18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-NOV-22

NIAVARANY, PIRAYEH, AuD  
Provider ID: N/A  
18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-NOV-22

PANEK, KRISTI, AuD  
Provider ID: N/A  
18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-NOV-22

PANEK, KRISTI, AuD  
Provider ID: N/A  
18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-NOV-22

CARDIAC ELECTROPHYSIOLOGY

BURRIS, RYAN, MD  
Provider ID: N/A  
16300 SAND CANYON AVE STE 201  
IRVINE, CA 92618  
Effective as of 01-NOV-22

BURRIS, RYAN, MD  
Provider ID: N/A  
16300 SAND CANYON AVE STE 201  
IRVINE, CA 92618  
Effective as of 01-NOV-22
MITIKU, TEFERI, MD†
Provider ID: N/A
16305 SAND CANYON AVE
STE 255
IRVINE, CA 92618
Effective as of 01-FEB-22

MITIKU, TEFERI, MD†
Provider ID: N/A
16305 SAND CANYON AVE
STE 255
IRVINE, CA 92618
Effective as of 01-FEB-22

WARRIER, NIKHIL, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-FEB-22

CARDOVASCULAR
DISEASE

ASHTIANI, ALI, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-FEB-22

ASHTIANI, ALI, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-FEB-22

ASHTIANI, ALI, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-OCT-23

ASHTIANI, ALI, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-OCT-23

DOAN VAN, NICOLAS, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-DEC-21

DOAN VAN, NICOLAS, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-May-22

COHEN, STEPHEN, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-MAY-22

COHEN, STEPHEN, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-OCT-23

COHEN, STEPHEN, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-APR-18

COHEN, STEPHEN, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-JAN-22

COHEN, STEPHEN, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-APR-22

ELOXAYED, SABRA SABRY, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-OCT-23

ELOXAYED, SABRA SABRY, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-OCT-23

ELOXAYED, SABRA SABRY, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-OCT-23

ELOXAYED, SABRA SABRY, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-OCT-23

ELOXAYED, SABRA SABRY, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-OCT-23

ESLAMI, BAHRAM, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-APR-18

ESLAMI, BAHRAM, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-APR-18

ESLAMI, BAHRAM, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-APR-18

ESLAMI, BAHRAM, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-APR-18

236
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

WERTMAN, BRETT, MD
Provider ID: N/A
16305 SAND CANYON AVE STE 255
IRVINE, CA 92618
Effective as of 01-JAN-20

WONG, JENNIFER, MD†
Provider ID: N/A
16300 SAND CANYON AVE STE 708
IRVINE, CA 92618
Effective as of 01-OCT-23

CERTIFIED ACUPUNCTURIST

CHOI, JI, LAC†
Provider ID: N/A
15785 LAGUNA CANYON RD STE 330
IRVINE, CA 92618
Effective as of 01-FEB-23

HONG, HEE KYUNG, LAC
Provider ID: N/A
113 WATERWORKS WAY STE 205
IRVINE, CA 92618
Effective as of 01-AUG-22

KIM, LAUREN SOOJIN, LAC
Provider ID: N/A
113 WATERWORKS WAY STE 205
IRVINE, CA 92618
Effective as of 01-MAY-21

KIM, CHEL, LAC
Provider ID: N/A
113 WATERWORKS WAY STE 205
IRVINE, CA 92618
Effective as of 01-MAY-21

238
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEE, BRIAN, LAC†</td>
<td>N/A</td>
<td>15785 LAGUNA CANYON RD STE 330</td>
<td>IRVINE, CA 92618</td>
<td>Effective as of 01-MAY-21</td>
</tr>
<tr>
<td>LEE, BRIAN, LAC†</td>
<td>N/A</td>
<td>15785 LAGUNA CANYON RD STE 330</td>
<td>IRVINE, CA 92618</td>
<td>Effective as of 01-FEB-23</td>
</tr>
<tr>
<td>LEE, BRIAN, LAC†</td>
<td>N/A</td>
<td>15785 LAGUNA CANYON RD STE 330</td>
<td>IRVINE, CA 92618</td>
<td>Effective as of 01-AUG-22</td>
</tr>
<tr>
<td>LEE, SEMI, LAC</td>
<td>N/A</td>
<td>15785 LAGUNA CANYON RD STE 330</td>
<td>IRVINE, CA 92618</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>LEE, SEMI, LAC</td>
<td>N/A</td>
<td>15785 LAGUNA CANYON RD STE 330</td>
<td>IRVINE, CA 92618</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>CHOI, RANA, NP†</td>
<td>N/A</td>
<td>15775 LAGUNA CANYON RD STE 210</td>
<td>IRVINE, CA 92618</td>
<td>Effective as of 01-MAY-21</td>
</tr>
<tr>
<td>CHOI, RANA, NP†</td>
<td>N/A</td>
<td>15775 LAGUNA CANYON RD STE 210</td>
<td>IRVINE, CA 92618</td>
<td>Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>PARSI KANEMOTO, MARYAM, LAC†</td>
<td>N/A</td>
<td>22 ODYSSEY STE 165</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

IRVINE, CA 92618
Effective as of 01-SEP-19

DESAI, SONAM, NPF
Provider ID: N/A
16300 SAND CANYON AVE
STE 311
IRVINE, CA 92618
Effective as of 01-OCT-22

FERRANTE, JADE, NP
Provider ID: N/A
8607 IRVINE CENTER DR
IRVINE, CA 92618
Effective as of 01-NOV-23

LIU, GRACE, NP
Provider ID: N/A
113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-MAY-23

LIU, GRACE, NP
Provider ID: N/A
113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-MAY-23

MANALESE, MARIA THERESA, NPF
Provider ID: N/A
16100 SAND CANYON AVE
STE 240
IRVINE, CA 92618
Effective as of 01-APR-23

PARK, SE, NP
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-JUL-23

SHIRKHANI, PARISA, NPF
Provider ID: N/A
8607 IRVINE CENTER DR
IRVINE, CA 92618
Effective as of 01-NOV-23

WU, JENNY, NP
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-JUL-23

CERTIFIED REGISTERED NURSE MIDWIFE

SAJADI, ALISA, CRNM
Provider ID: N/A
15375 BARRANCA PKWY

CHIROPRACTOR

KANG, KYUNG, DC
Provider ID: N/A
14875 JEFFREY RD STE 210
IRVINE, CA 92618
Effective as of 01-OCT-23

KIM, SEON-HOON SEAN, DC
Provider ID: N/A
113 WATERWORKS WAY
STE 205
IRVINE, CA 92618
Effective as of 01-OCT-23

KIM, SEON-HOON SEAN, DC
Provider ID: N/A
113 WATERWORKS WAY
STE 205
IRVINE, CA 92618
Effective as of 01-JAN-23

KIM, SEON-HOON SEAN, DC
Provider ID: N/A
113 WATERWORKS WAY
STE 205
IRVINE, CA 92618
Effective as of 01-MAR-22

KIM, SEON-HOON SEAN, DC
Provider ID: N/A
113 WATERWORKS WAY
STE 205
IRVINE, CA 92618
Effective as of 01-MAR-22

WEDDLE, DIRK, DC
Provider ID: N/A
15375 BARRANCA PKWY
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>City, State</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 230</td>
<td>IRVINE, CA 92618</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 220</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>N/A</td>
<td>11 TECHNOLOGY DR</td>
<td>IRVINE, CA 92618</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>N/A</td>
<td>11 TECHNOLOGY DR</td>
<td>IRVINE, CA 92618</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>N/A</td>
<td>22 ODYSSEY STE 115</td>
<td>IRVINE, CA 92618</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>N/A</td>
<td>22 ODYSSEY STE 115</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>11 TECHNOLOGY DR</td>
<td>IRVINE, CA 92618</td>
<td>01-MAY-22</td>
</tr>
<tr>
<td>N/A</td>
<td>11 TECHNOLOGY DR</td>
<td>IRVINE, CA 92618</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>N/A</td>
<td>16305 SAND CANYON AVE STE 220</td>
<td>IRVINE, CA 92618</td>
<td>01-MAR-22</td>
</tr>
<tr>
<td>N/A</td>
<td>16305 SAND CANYON AVE</td>
<td>IRVINE, CA 92618</td>
<td>01-JAN-21</td>
</tr>
</tbody>
</table>
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. Network Providers List

专科护理医生

- **SHOURESHI, POONE, MD**
  - Address: 16305 SAND CANYON AVE
  - Provider ID: N/A
  - Effective as of 01-MAR-22

- **SHOURESHI, POONE, MD**
  - Address: 16305 SAND CANYON AVE
  - Provider ID: N/A
  - Effective as of 01-SEP-23

**GASTROENTEROLOGY**

- **ASHRAF, HEBA, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-JAN-23

- **ASHRAF, HEBA, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-SEP-22

- **ASHRAF, HEBA, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-MAY-23

- **ASHRAF, HEBA, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-JAN-23

- **ASHRAF, HEBA, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-SEP-22

- **ASHRAF, HEBA, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-SEP-22

- **ASHRAF, HEBA, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-OCT-23

- **ASHRAF, HEBA, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-SEP-22

- **ASHRAF, HEBA, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-MAY-23

- **ASHRAF, HEBA, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-NOV-22

- **BABAKNIA, ARDALAN, MD**
  - Address: 15775 LAGUNA CANYON RD
  - Provider ID: N/A
  - Effective as of 01-MAY-12

- **BABAKNIA, ARDALAN, MD**
  - Address: 15775 LAGUNA CANYON RD
  - Provider ID: N/A
  - Effective as of 01-APR-11

- **BEMANIAN, SHAHROOZ, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-SEP-22

- **BEMANIAN, SHAHROOZ, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-SEP-22

- **BEMANIAN, SHAHROOZ, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-OCT-23

- **BEMANIAN, SHAHROOZ, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-MAY-16

- **BEMANIAN, SHAHROOZ, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-SEP-22

- **BEMANIAN, SHAHROOZ, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-SEP-22

- **BEMANIAN, SHAHROOZ, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-MAY-16

- **BEMANIAN, SHAHROOZ, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-JAN-21

- **BEMANIAN, SHAHROOZ, MD**
  - Address: 113 WATERWORKS WAY
  - Provider ID: N/A
  - Effective as of 01-JAN-20
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective As Of</th>
<th>Provider ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEMANIAN, SHAHROOZ, MD</td>
<td>113 WATERWORKS WAY STE 155</td>
<td>01-JAN-16</td>
<td>N/A</td>
</tr>
<tr>
<td>CHOI, DAVID, DO</td>
<td>113 WATERWORKS WAY STE 155</td>
<td>01-JUL-22</td>
<td>N/A</td>
</tr>
<tr>
<td>HWANG, CAROLINE, MD</td>
<td>16405 SAND CANYON AVE STE 280</td>
<td>01-AUG-23</td>
<td>N/A</td>
</tr>
<tr>
<td>KAUFMAN, DAVID, DO</td>
<td>18 ENDEAVOR STE 204</td>
<td>01-MAY-22</td>
<td>N/A</td>
</tr>
<tr>
<td>KUMAR, RASHMI, MD</td>
<td>16405 SAND CANYON AVE STE 280</td>
<td>01-OCT-23</td>
<td>N/A</td>
</tr>
<tr>
<td>LEE, JAMES, MD</td>
<td>16305 SAND CANYON AVE STE 220</td>
<td>01-OCT-23</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单

专科护理医生

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEE, PAUL, MD</td>
</tr>
<tr>
<td>16105 SAND CANYON AVE STE 230 IRVINE, CA 92618 Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>LEE, PAUL, MD†</td>
</tr>
<tr>
<td>113 WATERWORKS WAY STE 155 IRVINE, CA 92618 Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>LEE, PAUL, MD†</td>
</tr>
<tr>
<td>113 WATERWORKS WAY STE 155 IRVINE, CA 92618 Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>LEE, JAMES, MD</td>
</tr>
<tr>
<td>16305 SAND CANYON AVE STE 220 IRVINE, CA 92618 Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>LEE, PAUL, MD†</td>
</tr>
<tr>
<td>113 WATERWORKS WAY STE 155 IRVINE, CA 92618 Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>LEE, PAUL, MD†</td>
</tr>
<tr>
<td>113 WATERWORKS WAY STE 155 IRVINE, CA 92618 Effective as of 01-JAN-20</td>
</tr>
<tr>
<td>LEE, PAUL, MD†</td>
</tr>
<tr>
<td>22 ODYSSEY STE 170A IRVINE, CA 92618 Effective as of 01-JAN-19</td>
</tr>
<tr>
<td>OHARA, JUN ICHI, MD</td>
</tr>
<tr>
<td>16105 SAND CANYON AVE STE 230 IRVINE, CA 92618 Effective as of 01-AUG-18</td>
</tr>
<tr>
<td>OHARA, JUN ICHI, MD</td>
</tr>
<tr>
<td>113 WATERWORKS WAY STE 155 IRVINE, CA 92618 Effective as of 01-JUN-19</td>
</tr>
<tr>
<td>OHARA, JUN ICHI, MD</td>
</tr>
<tr>
<td>113 WATERWORKS WAY STE 155 IRVINE, CA 92618 Effective as of 01-JAN-18</td>
</tr>
<tr>
<td>OHARA, JUN ICHI, MD</td>
</tr>
<tr>
<td>113 WATERWORKS WAY STE 155 IRVINE, CA 92618 Effective as of 01-OCT-23</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-MAY-17

YAP, KONG PENG, MD†
Provider ID: N/A
15825 LAGUNA CANYON
RD STE 106
IRVINE, CA 92618
Effective as of 01-OCT-23

OMAN, MATTHEW, MD†
Provider ID: N/A
113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-AUG-18

SINGH, HARDEEP, MD†
Provider ID: N/A
16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-FEB-18

SINGH, HARDEEP, MD†
Provider ID: N/A
113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-JUN-23

SINGH, HARDEEP, MD†
Provider ID: N/A
16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-OCT-23

SINGH, HARDEEP, MD†
Provider ID: N/A
113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-NOV-18

YU, VICTOR, MD†
Provider ID: N/A
113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-JAN-14

YU, VICTOR, MD†
Provider ID: N/A
113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-JUN-23

YU, VICTOR, MD†
Provider ID: N/A
15825 LAGUNA CANYON
RD STE 106
IRVINE, CA 92618
Effective as of 01-MAY-16

YU, FANG, MD†
Provider ID: N/A
15825 LAGUNA CANYON
RD STE 106
IRVINE, CA 92618
Effective as of 01-JAN-18

YU, VICTOR, MD†
Provider ID: N/A
113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-MAY-17

YU, VICTOR, MD†
Provider ID: N/A
113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-MAY-16

YU, VICTOR, MD†
Provider ID: N/A
113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-OCT-23

YU, VICTOR, MD†
Provider ID: N/A
15825 LAGUNA CANYON
RD STE 106
IRVINE, CA 92618
Effective as of 01-JAN-21

YU, FANG, MD†
Provider ID: N/A
15825 LAGUNA CANYON
RD STE 106
IRVINE, CA 92618
Effective as of 01-OCT-23

GYNECOLOGIC
ONCOLOGY

ABAID, LISA, MD†
Provider ID: N/A
16105 SAND CANYON AVE
STE 260
IRVINE, CA 92618
Effective as of 01-JAN-17

246
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>BECK, TIFFANY, MD†</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 260</td>
<td>Effective as of 01-AUG-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
<tr>
<td>LEVINE, MONICA, MD</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 260</td>
<td>Effective as of 01-AUG-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
<tr>
<td>MENDIVIL, ALBERTO, MD†</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 260</td>
<td>Effective as of 01-FEB-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
<tr>
<td>MENDIVIL, ALBERTO, MD†</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 260</td>
<td>Effective as of 01-AUG-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
<tr>
<td>MENDIVIL, ALBERTO, MD†</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 260</td>
<td>Effective as of 01-FEB-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
<tr>
<td>MENDIVIL, ALBERTO, MD†</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 260</td>
<td>Effective as of 01-AUG-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
<tr>
<td>PANDIT, LALITA, MD†</td>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 609</td>
<td>Effective as of 01-OCT-19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
<tr>
<td>SEERY, TARA, MD†</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 230</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
<tr>
<td>SEERY, TARA, MD†</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 230</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
<tr>
<td>SARAFIAN, FARJAD, MD</td>
<td>N/A</td>
<td>16300 SAND CANYON AVE</td>
<td>Effective as of 01-OCT-19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
</tbody>
</table>

**HEMATOLOGY / ONCOLOGY**

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOLDENSON, BENJAMIN, MD</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 260</td>
<td>Effective as of 01-AUG-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
<tr>
<td>NANGIA, CHAITALI, MD†</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 230</td>
<td>Effective as of 01-OCT-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
<tr>
<td>NANGIA, CHAITALI, MD†</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 230</td>
<td>Effective as of 01-OCT-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
<tr>
<td>PANDIT, LALITA, MD†</td>
<td>N/A</td>
<td>16300 SAND CANYON AVE</td>
<td>Effective as of 01-OCT-19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
</tbody>
</table>

**HEPATOLGY**

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>FONG, TSE LING, MD</td>
<td>N/A</td>
<td>16405 SAND CANYON AVE STE 280</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
<tr>
<td>FONG, TSE LING, MD</td>
<td>N/A</td>
<td>16405 SAND CANYON AVE STE 280</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
</tbody>
</table>

**INFECTIOUS DISEASE**

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARAFIAN, FARJAD, MD</td>
<td>N/A</td>
<td>16300 SAND CANYON AVE</td>
<td>Effective as of 01-OCT-19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRVINE, CA 92618</td>
<td></td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

- 16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-APR-23
SARAFIAN, FARJAD, MD
Provider ID: N/A

- 16100 SAND CANYON AVE
STE 240
IRVINE, CA 92618
Effective as of 01-AUG-20
SARAFIAN, FARJAD, MD
Provider ID: N/A

- 16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-MAY-23
INTERNAL MEDICINE

- 15775 LAGUNA CANYON RD STE 220
IRVINE, CA 92618
Effective as of 01-JAN-20
AHDOOT, JACOB, MD†
Provider ID: N/A

- 11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18
APPEL, RICHARD, MD†
Provider ID: N/A

- 16300 SAND CANYON AVE
STE 614
IRVINE, CA 92618
Effective as of 01-JAN-18
BILLECI, BARTON, MD†
Provider ID: N/A

- 16305 SAND CANYON AVE
STE 225
IRVINE, CA 92618
Effective as of 01-MAR-21

- 11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18
GEIGER, ERIK, MD†
Provider ID: N/A

- 11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18
GHOSH, SUBRATO, MD†
Provider ID: N/A

- 11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18
HUNG, JENNIFER, DO†
Provider ID: N/A

- 11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18
LEE, RONALD, MD†
Provider ID: N/A

- 11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18
LU, CHRISTIAN, MD†
Provider ID: N/A

- 11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18
MIRSAEID GHAZI, POURYA,
MD†
Provider ID: N/A

- 11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18
NGUYEN, VIET, DO†
Provider ID: N/A

* Teleservice
* Effective as of 01-OCT-15

** Provider ID: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
NGUYEN, THUY, DO
Provider ID: N/A
11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18

PEREZ, FRANCISCO, MD
Provider ID: N/A
11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18

SHAHAMIRI, SEAN, MD
Provider ID: N/A
11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18

SHUNE, HONG, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 311
IRVINE, CA 92618
Effective as of 01-JAN-18

SYCHANGCO, PAUL, MD
Provider ID: N/A
11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18

TAHERI, NIMA, MD
Provider ID: N/A
11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18

YAP, MICHAEL, MD
Provider ID: N/A
11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18

ESLAMI-FARSAHI, MAHMOUD, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-APR-18

ESLAMI-FARSAHI, MAHMOUD, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-APR-18

HOWELL, STACEY, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-NOV-23

HOWELL, STACEY, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-NOV-23

HOWELL, STACEY, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-NOV-23

HOWELL, STACEY, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-NOV-23
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
16300 SAND CANYON AVE STE 708
IRVINE, CA 92618
Effective as of 01-NOV-23

KAZEMI, SEPIDEH, MD
Provider ID: N/A
16300 SAND CANYON AVE STE 601
IRVINE, CA 92618
Effective as of 01-JAN-21

NGUYEN, HUY, MD
Provider ID: N/A
16305 SAND CANYON AVE STE 255
IRVINE, CA 92618
Effective as of 01-SEP-17

NGUYEN, HUY, MD
Provider ID: N/A
16305 SAND CANYON AVE STE 255
IRVINE, CA 92618
Effective as of 01-SEP-17

SCHACHTER, JESSICA, DO
Provider ID: N/A
16300 SAND CANYON AVE STE 708
IRVINE, CA 92618
Effective as of 01-NOV-23

NGUYEN, HUY, MD
Provider ID: N/A
16305 SAND CANYON AVE STE 255
IRVINE, CA 92618
Effective as of 01-JAN-21

SCHACHTER, JESSICA, DO
Provider ID: N/A
16300 SAND CANYON AVE STE 708
IRVINE, CA 92618
Effective as of 01-NOV-23

SCHACHTER, JESSICA, DO
Provider ID: N/A
16300 SAND CANYON AVE STE 708
IRVINE, CA 92618
Effective as of 01-NOV-23

YALVAC, ETHAN, MD
Provider ID: N/A
16300 SAND CANYON AVE STE 201
IRVINE, CA 92618
Effective as of 01-APR-18

YALVAC, ETHAN, MD
Provider ID: N/A
16300 SAND CANYON AVE STE 201
IRVINE, CA 92618
Effective as of 01-JAN-21

YALVAC, ETHAN, MD
Provider ID: N/A
16300 SAND CANYON AVE STE 201
IRVINE, CA 92618
Effective as of 01-JAN-21

LICENSED CLINICAL SOCIAL WORKER

BOODMAN, SANDRA, LCSW
Provider ID: N/A
15635 ALTON PKWY STE 350
IRVINE, CA 92618
Effective as of 01-DEC-23

HUMPHRIES, CORINNE, LCSW
Provider ID: N/A
15635 ALTON PKWY STE 350
IRVINE, CA 92618
Effective as of 01-DEC-23

HUMPHRIES, CORINNE, LCSW
Provider ID: N/A
15635 ALTON PKWY STE 350
IRVINE, CA 92618
Effective as of 01-DEC-23

250
C1. 网络提供者名单
专科护理医生

**MARRIAGE FAMILY THERAPIST**

LIU, CHIA CHI, MFT
Provider ID: N/A
- 15635 ALTON PKWY STE 350
  IRVINE, CA 92618
  Effective as of 01-JUL-23

LIU, CHIA CHI, MFT
Provider ID: N/A
- 15635 ALTON PKWY STE 350
  IRVINE, CA 92618
  Effective as of 01-JUL-23

MAJDALANI, KAREN, MFT
Provider ID: N/A
- 60 STEPPING STONE
  IRVINE, CA 92603
  Effective as of 01-JUN-23

MAJDALANI, KAREN, MFT
Provider ID: N/A
- 60 STEPPING STONE
  IRVINE, CA 92603
  Effective as of 01-JUN-23

MCINTYRE, SUSAN, MFT
Provider ID: N/A
- 15635 ALTON PKWY STE 350
  IRVINE, CA 92618
  Effective as of 01-DEC-23

MCINTYRE, SUSAN, MFT
Provider ID: N/A
- 15635 ALTON PKWY STE 350
  IRVINE, CA 92618
  Effective as of 01-DEC-23

ONEILL, SEAN, MFT
Provider ID: N/A
- 15785 LAGUNA CANYON RD STE 360
  IRVINE, CA 92618
  Effective as of 01-MAY-22

**MATERNAL AND FETAL MEDICINE**

BUSH, MELISSA, MD†
Provider ID: N/A
- 15785 LAGUNA CANYON RD STE 360
  IRVINE, CA 92618
  Effective as of 01-JAN-23

BUSH, MELISSA, MD†
Provider ID: N/A
- 15785 LAGUNA CANYON RD STE 360
  IRVINE, CA 92618
  Effective as of 01-FEB-21

DAY, ROBERT, MD†
Provider ID: N/A
- 15785 LAGUNA CANYON RD STE 360
  IRVINE, CA 92618
  Effective as of 01-JAN-20

KFIR, MENASHE, MD†
Provider ID: N/A
- 15785 LAGUNA CANYON RD STE 360
  IRVINE, CA 92618
  Effective as of 01-SEP-16

KFIR, MENASHE, MD†
Provider ID: N/A
- 15785 LAGUNA CANYON RD STE 360
  IRVINE, CA 92618
  Effective as of 01-JAN-23

KFIR, MENASHE, MD†
Provider ID: N/A
- 15785 LAGUNA CANYON RD STE 360
  IRVINE, CA 92618
  Effective as of 01-JAN-23

KFIR, MENASHE, MD†
Provider ID: N/A
- 15785 LAGUNA CANYON RD STE 360
  IRVINE, CA 92618
  Effective as of 01-FEB-23

KFIR, MENASHE, MD†
Provider ID: N/A
- 15785 LAGUNA CANYON RD STE 360
  IRVINE, CA 92618
  Effective as of 01-JAN-20

SHAH, SALMA, MFT
Provider ID: N/A
- 15635 ALTON PKWY STE 350
  IRVINE, CA 92618
  Effective as of 01-DEC-23

SHAH, SALMA, MFT
Provider ID: N/A
- 15635 ALTON PKWY STE 350
  IRVINE, CA 92618
  Effective as of 01-JUN-23

MATERNAL AND FETAL MEDICINE

BUSH, MELISSA, MD†
Provider ID: N/A
- 15785 LAGUNA CANYON RD STE 360
  IRVINE, CA 92618
  Effective as of 01-JAN-23

BUSH, MELISSA, MD†
Provider ID: N/A
- 15785 LAGUNA CANYON RD STE 360
  IRVINE, CA 92618
  Effective as of 01-FEB-21

DAY, ROBERT, MD†
Provider ID: N/A
- 15785 LAGUNA CANYON RD STE 360
  IRVINE, CA 92618
  Effective as of 01-SEP-16

One PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### C1. 网络提供者名单

#### 专科护理医生

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address 1</th>
<th>Address 2</th>
<th>City, State Zip</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>KFIR, MENASHE, MD†</td>
<td>N/A</td>
<td>15785 LAGUNA CANYON RD STE 360</td>
<td>IRVINE, CA 92618</td>
<td></td>
<td>Effective as of 01-JUN-19</td>
</tr>
<tr>
<td>MASAKI, DAMON, MD†</td>
<td>N/A</td>
<td>15785 LAGUNA CANYON RD STE 360</td>
<td>IRVINE, CA 92618</td>
<td></td>
<td>Effective as of 01-DEC-19</td>
</tr>
<tr>
<td>MASAKI, DAMON, MD†</td>
<td>N/A</td>
<td>15785 LAGUNA CANYON RD STE 360</td>
<td>IRVINE, CA 92618</td>
<td></td>
<td>Effective as of 01-MAY-19</td>
</tr>
<tr>
<td>SHRIVASTAVA, VINEET, MD</td>
<td>N/A</td>
<td>15785 LAGUNA CANYON RD STE 360</td>
<td>IRVINE, CA 92618</td>
<td></td>
<td>Effective as of 01-MAR-23</td>
</tr>
<tr>
<td><strong>MEDICAL ONCOLOGY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BECERRA, CARLOS, MD</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 230</td>
<td>IRVINE, CA 92618</td>
<td></td>
<td>Effective as of 01-MAR-23</td>
</tr>
<tr>
<td>BECERRA, CARLOS, MD</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 230</td>
<td>IRVINE, CA 92618</td>
<td></td>
<td>Effective as of 01-MAY-12</td>
</tr>
<tr>
<td>AHDOOT, JACOB, MD†</td>
<td>N/A</td>
<td>15775 LAGUNA CANYON RD STE 220</td>
<td>IRVINE, CA 92618</td>
<td></td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>AHDOOT, JACOB, MD†</td>
<td>N/A</td>
<td>15775 LAGUNA CANYON RD STE 220</td>
<td>IRVINE, CA 92618</td>
<td></td>
<td>Effective as of 01-JAN-14</td>
</tr>
<tr>
<td>AHDOOT, JACOB, MD†</td>
<td>N/A</td>
<td>15775 LAGUNA CANYON RD STE 220</td>
<td>IRVINE, CA 92618</td>
<td></td>
<td>Effective as of 01-JAN-20</td>
</tr>
<tr>
<td>AHDOOT, JACOB, MD†</td>
<td>N/A</td>
<td>15775 LAGUNA CANYON RD STE 220</td>
<td>IRVINE, CA 92618</td>
<td></td>
<td>Effective as of 01-JAN-18</td>
</tr>
<tr>
<td>AHDOOT, JACOB, MD†</td>
<td>N/A</td>
<td>15775 LAGUNA CANYON RD STE 220</td>
<td>IRVINE, CA 92618</td>
<td></td>
<td>Effective as of 01-APR-11</td>
</tr>
<tr>
<td>JAMES, JOJI, MD</td>
<td>N/A</td>
<td>22 ODYSSEY STE 115</td>
<td>IRVINE, CA 92618</td>
<td></td>
<td>Effective as of 01-AUG-23</td>
</tr>
</tbody>
</table>

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单

专科护理医生

MANSOURY, HADI, MD†
Provider ID: N/A
11 TECHNOLOGY DR
IRVINE, CA 92618
Effective as of 01-JAN-18

MESBAH, AZITA, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-MAY-23

SAWHNEY, SAJEET, MD†
Provider ID: N/A
16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-APR-21

YANG, PHILIP, MD†
Provider ID: N/A
15825 LAGUNA CANYON RD STE 202
IRVINE, CA 92618
Effective as of 01-MAY-20

NEUROLOGY

CLEEREMANS, BRUCE, MD
Provider ID: N/A
16405 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JAN-21

JANKOWSKI, PAWEL, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JUL-18

YANG, PHILIP, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 609
IRVINE, CA 92618
Effective as of 01-OCT-22

MAHDAD, MEHRDAD, MD†
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-OCT-21

PATEL, JAY, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618
Effective as of 01-JAN-20
C1. 网络提供者名单
专科护理医生

THAKKAR, SANDEEP, DO
Provider ID: N/A
16405 SAND CANYON AVE
STE 265
IRVINE, CA 92618
Effective as of 01-AUG-22

THAKKAR, SANDEEP, DO
Provider ID: N/A
16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-MAR-19

THAKKAR, SANDEEP, DO
Provider ID: N/A
16405 SAND CANYON AVE
STE 265
IRVINE, CA 92618
Effective as of 01-AUG-22

THAKKAR, SANDEEP, DO
Provider ID: N/A
16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-MAR-19

WHITMAN, GREGORY, MD
Provider ID: N/A
16405 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JAN-20

WHITMAN, GREGORY, MD
Provider ID: N/A
16405 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JAN-21

NEUROLOGY CHILD
ELBALALESY, NASER, MD
Provider ID: N/A
113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-AUG-23

ELBALALESY, NASER, MD
Provider ID: N/A
113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-AUG-23

ELBALALESY, NASER, MD
Provider ID: N/A
113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-AUG-23

ELBALALESY, NASER, MD
Provider ID: N/A
113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-MAR-19

ELBALALESY, NASER, MD
Provider ID: N/A
113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-MAR-19

ELBALALESY, NASER, MD
Provider ID: N/A
113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-MAR-19

ELBALALESY, NASER, MD
Provider ID: N/A
113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-JUN-19

ELBALALESY, NASER, MD
Provider ID: N/A
113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-MAR-19

ELBALALESY, NASER, MD
Provider ID: N/A
113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-MAR-19

NUCLEAR MEDICINE
REDDY, RYAN, MD
Provider ID: N/A
16105 SAND CANYON AVE
STE 215
IRVINE, CA 92618
Effective as of 01-OCT-23

REDDY, RYAN, MD
Provider ID: N/A
16105 SAND CANYON AVE
STE 215
IRVINE, CA 92618
Effective as of 01-OCT-23

OBSTETRICS / GYNECOLOGY

AHDOOT, MORRIS, MD†
Provider ID: N/A
15775 LAGUNA CANYON RD STE 200
IRVINE, CA 92618
Effective as of 01-APR-20

AHDOOT, MORRIS, MD†
Provider ID: N/A
15775 LAGUNA CANYON RD STE 200
IRVINE, CA 92618
Effective as of 01-MAY-12

AHDOOT, MORRIS, MD†
Provider ID: N/A
15775 LAGUNA CANYON RD STE 200
IRVINE, CA 92618
Effective as of 01-FEB-21

AHDOOT, MORRIS, MD†
Provider ID: N/A
15775 LAGUNA CANYON RD STE 200
IRVINE, CA 92618
Effective as of 01-APR-11

AHDOOT, MORRIS, MD†
Provider ID: N/A
15775 LAGUNA CANYON RD STE 200
IRVINE, CA 92618
Effective as of 01-JUL-12

AHDOOT, MORRIS, MD†
Provider ID: N/A
15775 LAGUNA CANYON RD STE 200
IRVINE, CA 92618
Effective as of 01-JAN-18

AHDOOT, MORRIS, MD†
Provider ID: N/A
15775 LAGUNA CANYON RD STE 200
IRVINE, CA 92618
Effective as of 01-JAN-21

BARR, JESSICA, DO
Provider ID: N/A
22 ODYSSEY STE 200
IRVINE, CA 92618
Effective as of 01-DEC-23

BARR, JESSICA, DO
Provider ID: N/A
22 ODYSSEY STE 200
IRVINE, CA 92618
Effective as of 01-DEC-21

BUSH, MELISSA, MD†
Provider ID: N/A
15785 LAGUNA CANYON RD STE 360
IRVINE, CA 92618
Effective as of 01-MAY-24

COUGH, HEIDI, MD
Provider ID: N/A
16105 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-OCT-22

DAVIS, STEPHANIE, MD
Provider ID: N/A
16105 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-OCT-22

HASHEMI, EMAD, MD†
Provider ID: N/A
16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-NOV-20

HASHEMI, EMAD, MD†
Provider ID: N/A
16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-NOV-20

KONG, GRACE, MD
Provider ID: N/A
16105 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-OCT-22

LEE, KATHERINE, MD
Provider ID: N/A
16105 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-OCT-22

255
### C1. Network Providers List

**Katherine Lee, MD**
- Provider ID: N/A
- Address: 16305 Sand Canyon Ave, Ste 275, Irvine, CA 92618
- Effective as of 01-Jun-23

**James Lin, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 901, Irvine, CA 92618
- Effective as of 01-Sep-15

**Catalin Marinescu, MD**
- Provider ID: N/A
- Address: 16305 Sand Canyon Ave, Ste 265, Irvine, CA 92618
- Effective as of 01-Jan-20

**Catalin Marinescu, MD**
- Provider ID: N/A
- Address: 16305 Sand Canyon Ave, Ste 265, Irvine, CA 92618
- Effective as of 01-Jan-21

**Damon Masaki, MD**
- Provider ID: N/A
- Address: 15785 Laguna Canyon Rd, Ste 360, Irvine, CA 92618
- Effective as of 01-Jan-22

**Damon Masaki, MD**
- Provider ID: N/A
- Address: 16305 Sand Canyon Ave, Ste 275, Irvine, CA 92618
- Effective as of 01-Jan-22

**Susan Mendelsohn, MD**
- Provider ID: N/A
- Address: 16105 Sand Canyon Ave, Ste 200, Irvine, CA 92618
- Effective as of 01-Nov-23

**Jamie Miller, MD**
- Provider ID: N/A
- Address: 16305 Sand Canyon Ave, Ste 200, Irvine, CA 92618
- Effective as of 01-Nov-23

**Kendra Perkens, DO**
- Provider ID: N/A
- Address: 16305 Sand Canyon Ave, Ste 265, Irvine, CA 92618
- Effective as of 01-Jan-21

**Amy Peters, DO**
- Provider ID: N/A
- Address: 16305 Sand Canyon Ave, Ste 275, Irvine, CA 92618
- Effective as of 01-Nov-23

**Daniel Sternfeld, MD**
- Provider ID: N/A
- Address: 16305 Sand Canyon Ave, Ste 275, Irvine, CA 92618
- Effective as of 01-Oct-22

**Vaya Tanamai, MD**
- Provider ID: N/A
- Address: 16305 Sand Canyon Ave, Ste 275, Irvine, CA 92618
- Effective as of 01-Nov-23

**Grace Yao, MD**
- Provider ID: N/A
- Address: 22 Odyssey Ste 155, Irvine, CA 92618
- Effective as of 01-Jan-21

**Grace Yao, MD**
- Provider ID: N/A
- Address: 22 Odyssey Ste 155, Irvine, CA 92618
- Effective as of 01-Jan-21

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23

**Nengjie Ge, MD**
- Provider ID: N/A
- Address: 16300 Sand Canyon Ave, Ste 608, Irvine, CA 92618
- Effective as of 01-Jan-23
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>City, State</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-MAY-19</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>16300 SAND CANYON AVE STE 608</td>
<td>IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>16100 SAND CANYON AVE STE 385 IRVINE, CA 92618</th>
<th>Effective as of 01-OCT-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAIYDIYA, NADEEM, MD†</td>
<td>15825 LAGUNA CANYON RD STE 201 IRVINE, CA 92618</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>OWYANG, ASHLEY, OD</td>
<td>22 ODYSSEY STE 150 IRVINE, CA 92618</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>OWYANG, ASHLEY, OD</td>
<td>22 ODYSSEY STE 150 IRVINE, CA 92618</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>RUDE, LOREN, OD</td>
<td>22 ODYSSEY STE 150 IRVINE, CA 92618</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>RUDE, LOREN, OD</td>
<td>114 PACIFICA STE 420 IRVINE, CA 92618</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>TRAN, STEPHANIE, OD</td>
<td>18 ENDEAVOR STE 208 IRVINE, CA 92618</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>TRAN, STEPHANIE, OD</td>
<td>18 ENDEAVOR STE 208 IRVINE, CA 92618</td>
<td>Effective as of 01-NOV-20</td>
</tr>
<tr>
<td>BALAKER, ASHLEY, MD†</td>
<td>18 ENDEAVOR STE 208 IRVINE, CA 92618</td>
<td>Effective as of 01-DEC-20</td>
</tr>
</tbody>
</table>

**OPTOMETRIST**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>15825 LAGUNA CANYON RD STE 201 IRVINE, CA 92618</th>
<th>Effective as of 01-OCT-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>WANG, STEVEN, OD</td>
<td>22 ODYSSEY STE 150 IRVINE, CA 92618</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>WANG, MATTHEW, OD†</td>
<td>22 ODYSSEY STE 150 IRVINE, CA 92618</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>WANG, MATTHEW, OD†</td>
<td>22 ODYSSEY STE 150 IRVINE, CA 92618</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>WANG, MATTHEW, OD†</td>
<td>22 ODYSSEY STE 150 IRVINE, CA 92618</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>BUEN, FLOYD, MD†</td>
<td>18 ENDEAVOR STE 208 IRVINE, CA 92618</td>
<td>Effective as of 01-NOV-20</td>
</tr>
<tr>
<td>BUEN, FLOYD, MD†</td>
<td>18 ENDEAVOR STE 208 IRVINE, CA 92618</td>
<td>Effective as of 01-NOV-20</td>
</tr>
<tr>
<td>BUEN, FLOYD, MD†</td>
<td>18 ENDEAVOR STE 208 IRVINE, CA 92618</td>
<td>Effective as of 01-DEC-20</td>
</tr>
</tbody>
</table>

**ORAL MAXILLOFACIAL SURGEON**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>114 PACIFICA STE 420 IRVINE, CA 92618</th>
<th>Effective as of 01-JAN-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>KALANTARI, OUZHAN, DMD</td>
<td>18 ENDEAVOR STE 208 IRVINE, CA 92618</td>
<td>Effective as of 01-JAN-23</td>
</tr>
</tbody>
</table>

**OTOLOGYNGOLOGY**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>18 ENDEAVOR STE 208 IRVINE, CA 92618</th>
<th>Effective as of 01-JAN-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUEN, FLOYD, MD†</td>
<td>18 ENDEAVOR STE 208 IRVINE, CA 92618</td>
<td>Effective as of 01-JAN-23</td>
</tr>
</tbody>
</table>

*Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.*
LUU, QUANG, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-OCT-18

LUU, QUANG, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-OCT-18

MUNDI, JAGMEET, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-JUN-16

MUNDI, JAGMEET, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-JUN-16

MUNDI, JAGMEET, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-MAY-19

PETTIS, ROBERT, MD+ Provider ID: N/A
- 16100 SAND CANYON AVE
  STE 230
  IRVINE, CA 92618
  Effective as of 01-MAY-20

SUN, JOHN, MD+ Provider ID: N/A
- 22 ODYSSEY STE 100
  IRVINE, CA 92618
  Effective as of 01-MAR-16

SUN, PAUL, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-OCT-18

GE, NORMAN, MD+ Provider ID: N/A
- 113 WATERWORKS WAY
  STE 145
  IRVINE, CA 92618
  Effective as of 01-OCT-18

GE, NORMAN, MD+ Provider ID: N/A
- 113 WATERWORKS WAY
  STE 145
  IRVINE, CA 92618
  Effective as of 01-JAN-23

GE, NORMAN, MD+ Provider ID: N/A
- 113 WATERWORKS WAY
  STE 145
  IRVINE, CA 92618
  Effective as of 01-FEB-23

GE, NORMAN, MD+ Provider ID: N/A
- 113 WATERWORKS WAY
  STE 145
  IRVINE, CA 92618
  Effective as of 01-FEB-23

GE, NORMAN, MD+ Provider ID: N/A
- 113 WATERWORKS WAY
  STE 145
  IRVINE, CA 92618
  Effective as of 01-OCT-12

CHO, MICHAEL, MD+ Provider ID: N/A
- 16300 SAND CANYON AVE
  STE 201
  IRVINE, CA 92618
  Effective as of 01-JAN-15

CHO, MICHAEL, MD+ Provider ID: N/A
- 16300 SAND CANYON AVE
  STE 201
  IRVINE, CA 92618
  Effective as of 01-JAN-15

CROCKETT, DENNIS, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-JUL-19

CROCKETT, DENNIS, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-JUL-19

CROCKETT, DENNIS, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-JUL-19

GE, NORMAN, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-JAN-18

GE, NORMAN, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-DEC-20

BUEN, FLOYD, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-DEC-20

BUEN, FLOYD, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-DEC-20

CROCKETT, DENNIS, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-JUL-19

GE, NORMAN, MD+ Provider ID: N/A
- 113 WATERWORKS WAY
  STE 145
  IRVINE, CA 92618
  Effective as of 01-OCT-18

GE, NORMAN, MD+ Provider ID: N/A
- 113 WATERWORKS WAY
  STE 145
  IRVINE, CA 92618
  Effective as of 01-JAN-18

GE, NORMAN, MD+ Provider ID: N/A
- 113 WATERWORKS WAY
  STE 145
  IRVINE, CA 92618
  Effective as of 01-JAN-23

GE, NORMAN, MD+ Provider ID: N/A
- 113 WATERWORKS WAY
  STE 145
  IRVINE, CA 92618
  Effective as of 01-FEB-23

GE, NORMAN, MD+ Provider ID: N/A
- 113 WATERWORKS WAY
  STE 145
  IRVINE, CA 92618
  Effective as of 01-FEB-23

GE, NORMAN, MD+ Provider ID: N/A
- 113 WATERWORKS WAY
  STE 145
  IRVINE, CA 92618
  Effective as of 01-OCT-12

LUU, QUANG, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-OCT-18

LUU, QUANG, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-OCT-18

MUNDI, JAGMEET, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-JUN-16

MUNDI, JAGMEET, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-JUN-16

MUNDI, JAGMEET, MD+ Provider ID: N/A
- 18 ENDEAVOR STE 208
  IRVINE, CA 92618
  Effective as of 01-MAY-19

PETTIS, ROBERT, MD+ Provider ID: N/A
- 16100 SAND CANYON AVE
  STE 230
  IRVINE, CA 92618
  Effective as of 01-MAY-20

SUN, JOHN, MD+ Provider ID: N/A
- 22 ODYSSEY STE 100
  IRVINE, CA 92618
  Effective as of 01-MAR-16

SUN, PAUL, MD+ Provider ID: N/A
<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>22 ODYSSEY STE 100 IRVINE, CA 92618</th>
<th>Effective as of 01-NOV-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUN, JOHN, MD</strong></td>
<td>Provider ID: N/A</td>
<td>22 ODYSSEY STE 100 IRVINE, CA 92618</td>
</tr>
<tr>
<td><strong>SUN, PAUL, MD</strong></td>
<td>Provider ID: N/A</td>
<td>22 ODYSSEY STE 100 IRVINE, CA 92618</td>
</tr>
<tr>
<td><strong>SUN, JOHN, MD</strong></td>
<td>Provider ID: N/A</td>
<td>22 ODYSSEY STE 100 IRVINE, CA 92618</td>
</tr>
<tr>
<td><strong>SUN, PAUL, MD</strong></td>
<td>Provider ID: N/A</td>
<td>22 ODYSSEY STE 100 IRVINE, CA 92618</td>
</tr>
<tr>
<td><strong>SUN, JOHN, MD</strong></td>
<td>Provider ID: N/A</td>
<td>22 ODYSSEY STE 100 IRVINE, CA 92618</td>
</tr>
<tr>
<td><strong>SUN, PAUL, MD</strong></td>
<td>Provider ID: N/A</td>
<td>22 ODYSSEY STE 100 IRVINE, CA 92618</td>
</tr>
<tr>
<td><strong>SUN, JOHN, MD</strong></td>
<td>Provider ID: N/A</td>
<td>22 ODYSSEY STE 100 IRVINE, CA 92618</td>
</tr>
<tr>
<td><strong>SUN, PAUL, MD</strong></td>
<td>Provider ID: N/A</td>
<td>22 ODYSSEY STE 100 IRVINE, CA 92618</td>
</tr>
<tr>
<td><strong>THOMPSON, CHRISTOPHER, MD</strong></td>
<td>Provider ID: N/A</td>
<td>18 ENDEAVOR STE 208 IRVINE, CA 92618</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Effective as of 01-JUL-12

PHYSICAL MEDICINE / REHABILITATION

LAI, KHANG, DO
Provider ID: N/A
15701 ROCKFIELD BLVD
IRVINE, CA 92618
Effective as of 01-NOV-14

LAI, KHANG, DO
Provider ID: N/A
15701 ROCKFIELD BLVD
IRVINE, CA 92618
Effective as of 01-DEC-14

LAI, KHANG, DO
Provider ID: N/A
15701 ROCKFIELD BLVD
IRVINE, CA 92618
Effective as of 01-APR-11

PHYSICIANS ASSISTANT

BOW, LINDA, PA
Provider ID: N/A
22 ODYSSEY STE 205
IRVINE, CA 92618
Effective as of 01-SEP-23

CARR, OLIVIA, PA
Provider ID: N/A
16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618
Effective as of 01-DEC-23

CARR, OLIVIA, PA
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-APR-24

CARR, OLIVIA, PA
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-APR-24

CHRISTIE, CAMERON, PA
Provider ID: N/A
8607 IRVINE CENTER DR
IRVINE, CA 92618
Effective as of 01-DEC-23

KIM, MOSES, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-APR-24

KISCADEN, LAUREN, PA
Provider ID: N/A
18 ENDEAVOR STE 208
IRVINE, CA 92618
Effective as of 01-APR-23

KISCADEN, LAUREN, PA
Provider ID: N/A
18 ENDEAVOR STE 208
IRVINE, CA 92618
Effective as of 01-APR-23

STONE, MICHELLE, PA
Provider ID: N/A
16105 SAND CANYON AVE
STE 260
IRVINE, CA 92618
Effective as of 01-FEB-23

STONE, MICHELLE, PA
Provider ID: N/A
16105 SAND CANYON AVE
STE 260
IRVINE, CA 92618
Effective as of 01-FEB-23

STONE, MICHELLE, PA
Provider ID: N/A
16105 SAND CANYON AVE
STE 260
IRVINE, CA 92618
Effective as of 01-JAN-23
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>STONE, MICHELLE, PA</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 260, IRVINE, CA 92618</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>WONG, POLLYANNA, PA</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 230, IRVINE, CA 92618</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>WONG, POLLYANNA, PA</td>
<td>N/A</td>
<td>16105 SAND CANYON AVE STE 230, IRVINE, CA 92618</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>WU, VANNA, PA</td>
<td>N/A</td>
<td>113 WATERWORKS WAY STE 155, IRVINE, CA 92618</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>WU, VANNA, PA</td>
<td>N/A</td>
<td>113 WATERWORKS WAY STE 155, IRVINE, CA 92618</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>WU, VANNA, PA</td>
<td>N/A</td>
<td>113 WATERWORKS WAY STE 155, IRVINE, CA 92618</td>
<td>01-MAR-24</td>
</tr>
</tbody>
</table>

**Podiatrist**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BATHAEE, FARSHAD, DPM</td>
<td>N/A</td>
<td>113 WATERWORKS WAY STE 155, IRVINE, CA 92618</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>COYER, MICHAEL, DPM</td>
<td>N/A</td>
<td>16405 SAND CANYON AVE STE 250, IRVINE, CA 92618</td>
<td>01-JUL-18</td>
</tr>
<tr>
<td>COYER, MICHAEL, DPM</td>
<td>N/A</td>
<td>16405 SAND CANYON AVE STE 270, IRVINE, CA 92618</td>
<td>01-JUL-18</td>
</tr>
<tr>
<td>ROOHIAN, ARSHIA, DPM</td>
<td>N/A</td>
<td>113 WATERWORKS WAY STE 250, IRVINE, CA 92618</td>
<td>01-JUL-20</td>
</tr>
<tr>
<td>SOLAR, SARA, DPM</td>
<td>N/A</td>
<td>16405 SAND CANYON AVE STE 270, IRVINE, CA 92618</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>SOLAR, SARA, DPM</td>
<td>N/A</td>
<td>16405 SAND CANYON AVE STE 270, IRVINE, CA 92618</td>
<td>01-NOV-22</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Specialty</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIEN, AUDRIS, DPM†</td>
<td>Specialty</td>
<td>N/A</td>
<td>16405 SAND CANYON AVE STE 270</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td>VINCENT, EBONIE, DPM†</td>
<td>Specialty</td>
<td>N/A</td>
<td>16405 SAND CANYON AVE STE 270</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>YANG, ANDREW, DPM†</td>
<td>Specialty</td>
<td>N/A</td>
<td>16405 SAND CANYON AVE STE 270</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>YANG, ANDREW, DPM†</td>
<td>Specialty</td>
<td>N/A</td>
<td>16405 SAND CANYON AVE STE 270</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td>YANG, DAVID, DPM</td>
<td>Specialty</td>
<td>N/A</td>
<td>18 ENDEAVOR STE 206</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>SALO, CLINT, DO†</td>
<td>Specialty</td>
<td>N/A</td>
<td>2 HUGHES STE 100</td>
<td>01-AUG-17</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
2 HUGHES STE 100
IRVINE, CA 92618
Effective as of 01-NOV-16

SAŁO, CLINT, DO
Provider ID: N/A
2 HUGHES STE 100
IRVINE, CA 92618
Effective as of 01-NOV-16

SAŁO, CLINT, DO
Provider ID: N/A
2 HUGHES STE 100
IRVINE, CA 92618
Effective as of 01-AUG-17

SZPUNAR, MERCEDES, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-MAR-23

SZPUNAR, MERCEDES, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-MAR-23

SZPUNAR, MERCEDES, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-MAR-23

KANG, EILEEN, PhD
Provider ID: N/A
6 VENTURE
IRVINE, CA 92618
Effective as of 01-JAN-20

MORIN, RUTH, PSYD
Provider ID: N/A
16405 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JAN-24

KANG, EILEEN, PhD
Provider ID: N/A
6 VENTURE
IRVINE, CA 92618
Effective as of 01-JAN-20

MORIN, RUTH, PSYD
Provider ID: N/A
16405 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JAN-24

MORIN, RUTH, PSYD
Provider ID: N/A
16405 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JAN-24

MUNAVU, LILY, PSYD
Provider ID: N/A
15635 ALTON PKWY STE 350
IRVINE, CA 92618
Effective as of 01-DEC-23

MUNAVU, LILY, PSYD
Provider ID: N/A
15635 ALTON PKWY STE 350
IRVINE, CA 92618
Effective as of 01-DEC-23

MUNAVU, LILY, PSYD
Provider ID: N/A
15635 ALTON PKWY STE 350
IRVINE, CA 92618
Effective as of 01-DEC-23

PSYCHOLOGIST
C1. 网络提供者名单
专科护理医生

PULMONARY DISEASES

EL-BERSHAWI, AHMED, MD†
Provider ID: N/A
4 HUGHES STE 100
IRVINE, CA 92618
Effective as of 01-JUN-22

EL-BERSHAWI, AHMED, MD†
Provider ID: N/A
4 HUGHES STE 100
IRVINE, CA 92618
Effective as of 01-JUN-22

RADIOLOGY DIAGNOSTIC

ULANER, GARY, MD†
Provider ID: N/A
16105 SAND CANYON AVE
STE 215
IRVINE, CA 92618
Effective as of 01-OCT-22

ULANER, GARY, MD†
Provider ID: N/A
16105 SAND CANYON AVE
STE 215
IRVINE, CA 92618
Effective as of 01-OCT-22

SURGERY COLON

MILANCHI, SIAMAK, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 604
IRVINE, CA 92618
Effective as of 01-APR-15

MILANCHI, SIAMAK, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 604
IRVINE, CA 92618
Effective as of 01-APR-15

265
SURGERY GENERAL

CHUNG, NATHAN, MD
Provider ID: N/A
16405 SAND CANYON AVE
STE 230
IRVINE, CA 92618
Effective as of 01-MAR-21

CHUNG, NATHAN, MD
Provider ID: N/A
16405 SAND CANYON AVE
STE 230
IRVINE, CA 92618
Effective as of 01-MAR-21

COLEMAN, COLLEEN, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 260
IRVINE, CA 92618
Effective as of 01-OCT-23

FORRESTER, JARED, MD
Provider ID: N/A
16105 SAND CANYON AVE
STE 230
IRVINE, CA 92618
Effective as of 01-OCT-23

FORRESTER, JARED, MD
Provider ID: N/A
16105 SAND CANYON AVE
STE 230
IRVINE, CA 92618
Effective as of 01-OCT-23

HAMOUI, NAHID, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 604
IRVINE, CA 92618
Effective as of 01-JAN-20

JENSEN, NATISHA, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 260
IRVINE, CA 92618
Effective as of 01-AUG-23

KRAFT, ELIZABETH, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 160
IRVINE, CA 92618
Effective as of 01-OCT-23

MACDONALD, HEATHER, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 160
IRVINE, CA 92618
Effective as of 01-OCT-23

MILANCHI, SIAMAK, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 604
IRVINE, CA 92618
Effective as of 01-JAN-21

NISHANIAN, GARABED, MD
Provider ID: N/A
16100 SAND CANYON AVE
STE 350
IRVINE, CA 92618
Effective as of 01-JAN-20

NISHANIAN, GARABED, MD
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
16100 SAND CANYON AVE
STE 350
IRVINE, CA 92618
Effective as of 01-NOV-15

**Surgery Neurological**

JANKOWSKI, PAWEL, MD
Provider ID: N/A
16305 SAND CANYON AVE
IRVINE, CA 92618
Effective as of 01-NOV-19

MEHTA, VIVEK, MD
Provider ID: N/A
16405 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-AUG-21

MEHTA, VIVEK, MD
Provider ID: N/A
16405 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-NOV-19

**Surgey General Vascular**

NISHANIAN, GARABED, MD
Provider ID: N/A
16100 SAND CANYON AVE
STE 350
IRVINE, CA 92618
Effective as of 01-JAN-21

NISHANIAN, GARABED, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618
Effective as of 01-NOV-15

ALEXANDER, GERALD, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618
Effective as of 01-NOV-15

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

IRVINE, CA 92618
Effective as of 01-JAN-21

ALEXANDER, GERALD, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618
Effective as of 01-MAR-18

ALI, RAED, MD
Provider ID: N/A
113 WATERWORKS WAY
STE 225
IRVINE, CA 92618
Effective as of 01-OCT-23

AMINIAN, ARASH, MD†
Provider ID: N/A
22 ODYSSEY STE 205
IRVINE, CA 92618
Effective as of 01-OCT-23

DEBOTTIS, DANIEL, MD
Provider ID: N/A
16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618
Effective as of 01-OCT-23

DINH, PAUL, MD²
Provider ID: N/A
16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618
Effective as of 01-DEC-21

DUNPHY, TAYLOR, MD²
Provider ID: N/A
16300 SAND CANYON AVE
STE 400
IRVINE, CA 92618
Effective as of 01-SEP-23

Gittings, Daniel, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618
Effective as of 01-NOV-21
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### Effective as of 01-MAR-21

**KADAKIA, NIMISH, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-SEP-23

**KADAKIA, NIMISH, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-DEC-21

**KASSAM, HAFIZ, MD**
Provider ID: N/A
- 16300 SAND CANYON AVE
  - STE 400
  - IRVINE, CA 92618
Effective as of 01-FEB-22

**KIM, ABRAHAM, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-JAN-23

**KIM, ABRAHAM, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-JAN-24

**KIM, ABRAHAM, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-SEP-23

**KIM, ABRAHAM, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-OCT-23

**KIM, ABRAHAM, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-JAN-24

**KIM, ABRAHAM, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-DEC-23

**KIM, ABRAHAM, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-DEC-23

**KIM, ABRAHAM, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-DEC-23

**KIM, ABRAHAM, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-DEC-23

**KIM, ABRAHAM, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-DEC-23

**KIM, ABRAHAM, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-DEC-23

**LEE, RICHARD, MD**
Provider ID: N/A
- 16300 SAND CANYON AVE
  - STE 400
  - IRVINE, CA 92618
Effective as of 01-SEP-23

**LIN, DARIUS, MD**
Provider ID: N/A
- 22 ODYSSEY STE 270B
  - IRVINE, CA 92618
Effective as of 01-JUN-17

**MONTGOMERY, ROBERT, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-SEP-23

**MOSKOW, LONNIE, MD**
Provider ID: N/A
- 22 ODYSSEY STE 205
  - IRVINE, CA 92618
Effective as of 01-SEP-23

**NIETO, MICHAEL, MD**
Provider ID: N/A
- 16300 SAND CANYON AVE
  - STE 511
  - IRVINE, CA 92618
Effective as of 01-JUN-21

**NIETO, MICHAEL, MD**
Provider ID: N/A
- 16300 SAND CANYON AVE
  - STE 511
  - IRVINE, CA 92618
<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NINH, CHRISTOPHER, MD</td>
<td>113 WATERWORKS WAY STE 240, IRCINE, CA 92618</td>
<td>01-JUN-21</td>
</tr>
<tr>
<td>NINH, CHRISTOPHER, MD</td>
<td>113 WATERWORKS WAY STE 240, IRCINE, CA 92618</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>NINH, CHRISTOPHER, MD</td>
<td>113 WATERWORKS WAY STE 240, IRCINE, CA 92618</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>NINH, CHRISTOPHER, MD</td>
<td>113 WATERWORKS WAY STE 240, IRCINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>PARVARESH, KEVIN, MD</td>
<td>16300 SAND CANYON AVE STE 511, IRCINE, CA 92618</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td>TING, JAMES, MD</td>
<td>16300 SAND CANYON AVE STE 400, IRCINE, CA 92618</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>PARVARESH, KEVIN, MD</td>
<td>16300 SAND CANYON AVE STE 511, IRCINE, CA 92618</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>PYRKO, PETER, MD</td>
<td>22 ODYSSEY STE 205, IRCINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>SCUDDAY, TRAVIS, MD</td>
<td>16300 SAND CANYON AVE STE 511, IRCINE, CA 92618</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td>SCUDDAY, TRAVIS, MD</td>
<td>16300 SAND CANYON AVE STE 511, IRCINE, CA 92618</td>
<td>01-AUG-18</td>
</tr>
<tr>
<td>SCUDDAY, TRAVIS, MD</td>
<td>16300 SAND CANYON AVE STE 511, IRCINE, CA 92618</td>
<td>01-DEC-12</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

**C1. 网络提供者名单**

**专科护理医生**

- **16300 SAND CANYON AVE STE 511**
  IRVINE, CA 92618
  Effective as of 01-SEP-23
  YOUDEHERIAN, ARI, MD
  Provider ID: N/A
  22 ODYSSEY STE 205
  IRVINE, CA 92618
  Effective as of 01-SEP-23

- **16300 SAND CANYON AVE STE 400**
  IRVINE, CA 92618
  Effective as of 01-OCT-23
  YOUDEHERIAN, ARI, MD
  Provider ID: N/A
  22 ODYSSEY STE 205
  IRVINE, CA 92618
  Effective as of 01-OCT-23

**SURGERY THORACIC**

- **KANAAN, SAMER, MD**
  Provider ID: N/A
  16105 SAND CANYON AVE
  IRVINE, CA 92618
  Effective as of 01-APR-19

- **KANAAN, SAMER, MD**
  Provider ID: N/A
  4 HUGHES STE 100
  IRVINE, CA 92618
  Effective as of 01-DEC-21

- **KANAAN, SAMER, MD**
  Provider ID: N/A
  4 HUGHES STE 100
  IRVINE, CA 92618
  Effective as of 01-APR-22

- **KANAAN, SAMER, MD**
  Provider ID: N/A
  4 HUGHES STE 100
  IRVINE, CA 92618
  Effective as of 01-APR-22

- **KANAAN, SAMER, MD**
  Provider ID: N/A
  4 HUGHES STE 100
  IRVINE, CA 92618
  Effective as of 01-APR-22
C1. 网络提供者名单
专科护理医生

KANAAN, SAMER, MD†
Provider ID: N/A
4 HUGHES STE 100
IRVINE, CA 92618
Effective as of 01-APR-22

MARMUREANU, ALEXANDRU, MD
Provider ID: N/A
5 HOLLAND STE 101
IRVINE, CA 92618
Effective as of 01-NOV-23

UROLOGY

BUI, DON, MD†
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-DEC-23

BUI, DON, MD†
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-JUN-18

BUI, DON, MD†
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-OCT-22

BUI, DON, MD†
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-OCT-23

ELKHOURY, FUAD, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-FEB-23

ELKHOURY, FUAD, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-FEB-23

ELKHOURY, FUAD, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-FEB-23

ELKHOURY, FUAD, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-OCT-23

GRUENENFELDER, JENNIFER, MD
Provider ID: N/A
16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-JAN-21
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEAGLIA, JAMES, MD</td>
<td>N/A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-JUN-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-JUN-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-JAN-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-JUN-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-DEC-19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-JAN-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-DEC-19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-DEC-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-AUG-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-APR-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-AUG-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>NAKAMURA, LEAH, MD</td>
<td>N/A</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>SHOURESHEI, POONE, MD</td>
<td>N/A</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-OCT-22</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单

专科护理医生

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHOURESHI, POONE, MD</td>
<td>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618</td>
<td>Effective as of 01-AUG-23</td>
</tr>
<tr>
<td>SINGH, KARAN, MD</td>
<td>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618</td>
<td>Effective as of 01-AUG-23</td>
</tr>
<tr>
<td>SINGH, KARAN, MD</td>
<td>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618</td>
<td>Effective as of 01-JUN-18</td>
</tr>
<tr>
<td>SINGH, KARAN, MD</td>
<td>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618</td>
<td>Effective as of 01-JUN-18</td>
</tr>
<tr>
<td>SINGH, KARAN, MD</td>
<td>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>SINGH, KARAN, MD</td>
<td>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618</td>
<td>Effective as of 01-JAN-18</td>
</tr>
<tr>
<td>SINGH, KARAN, MD</td>
<td>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618</td>
<td>Effective as of 01-OCT-22</td>
</tr>
<tr>
<td>SINGH, KARAN, MD</td>
<td>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>SINGH, KARAN, MD</td>
<td>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618</td>
<td>Effective as of 01-OCT-23</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPITZ, AARON, MD(^\d)</td>
<td>N/A</td>
<td>16305 SAND CANYON AVE STE 200, IRVINE, CA 92618</td>
<td>01-DEC-19</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SU, DANIEL, MD(^\d)</td>
<td>N/A</td>
<td>16305 SAND CANYON AVE STE 200, IRVINE, CA 92618</td>
<td>01-DEC-19</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEYLANI, NEYSSAN, MD(^\d)</td>
<td>N/A</td>
<td>16305 SAND CANYON AVE STE 200, IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SU, DANIEL, MD(^\d)</td>
<td>N/A</td>
<td>16305 SAND CANYON AVE STE 200, IRVINE, CA 92618</td>
<td>01-DEC-19</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SU, DANIEL, MD(^\d)</td>
<td>N/A</td>
<td>16305 SAND CANYON AVE STE 200, IRVINE, CA 92618</td>
<td>01-OCT-15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SU, DANIEL, MD(^\d)</td>
<td>N/A</td>
<td>16305 SAND CANYON AVE STE 200, IRVINE, CA 92618</td>
<td>01-JUN-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SU, DANIEL, MD(^\d)</td>
<td>N/A</td>
<td>16305 SAND CANYON AVE STE 200, IRVINE, CA 92618</td>
<td>01-OCT-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SU, DANIEL, MD(^\d)</td>
<td>N/A</td>
<td>16305 SAND CANYON AVE STE 200, IRVINE, CA 92618</td>
<td>01-JUN-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAKESITA, KEN, MD(^\d)</td>
<td>N/A</td>
<td>15775 LAGUNA CANYON RD STE 200, IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEBYANI, NEYSSAN, MD(^\d)</td>
<td>N/A</td>
<td>16305 SAND CANYON AVE STE 200, IRVINE, CA 92618</td>
<td>01-OCT-15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEBYANI, NEYSSAN, MD(^\d)</td>
<td>N/A</td>
<td>16305 SAND CANYON AVE STE 200, IRVINE, CA 92618</td>
<td>01-OCT-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZHAO, HANSON, MD</td>
<td>N/A</td>
<td>16305 SAND CANYON AVE STE 200, IRVINE, CA 92618</td>
<td>01-OCT-23</td>
</tr>
</tbody>
</table>
16105 SAND CANYON AVE
STE 260
IRVINE, CA 92618
Effective as of 01-NOV-22

ZHAO, HANSON, MD
Provider ID: N/A
16105 SAND CANYON AVE
STE 260
IRVINE, CA 92618
Effective as of 01-NOV-22

ALLERGY IMMUNOLOGY

MODENA, BRIAN, MD†
Provider ID: N/A
9850 GENESEE AVE STE
710
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JUN-22

ROY, KEVIN, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

SUYDAM, STEVEN, MD†
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-DEC-21

TULLY, JEFFREY, MD†
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-21

TZENG, ERIC, MD†
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-21

ANESTHESIOLOGY

BECERRA SONGOLO, TOSHA, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

FUNDINGSLAND, BRENT, MD†
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-22

GAYAM, SAJJAN, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUL-21

NARLA, VINOD, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-DEC-23

ANESTHESIOLOGY

CRITICAL CARE MEDICINE

KRAUSE, MARTIN, MD†
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUL-21
ANESTHESIOLOGY PAIN MANAGEMENT

MADHAV, SANDIP, MD†
Provider ID: N/A
9850 GENESEE AVE STE 530
LA JOLLA, CA 92037
Teleservice
Effective as of 01-APR-21

MADHAV, SANDIP, MD†
Provider ID: N/A
9850 GENESEE AVE STE 530
LA JOLLA, CA 92037
Teleservice
Effective as of 01-MAR-21

AUDIOLIGHT

BAXTER, STEPHANIE, AuD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

BAXTER, STEPHANIE, AuD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

BAXTER, STEPHANIE, AuD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

BAXTER, STEPHANIE, AuD
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093

ZETTNER, ERIKA, AuD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

CARDIAC ELECTROPHYSIOLOGY

COHEN, DAVID, MD†
Provider ID: N/A
9850 GENESEE AVE STE 940
LA JOLLA, CA 92037
Effective as of 01-SEP-21

COHEN, DAVID, MD†
Provider ID: N/A
9850 GENESEE AVE STE 940
LA JOLLA, CA 92037
Effective as of 01-MAY-20

HAMZEI, ALI, MD†
Provider ID: N/A
9850 GENESEE AVE STE 780
LA JOLLA, CA 92037
Effective as of 01-JAN-21

MENDENHALL, GEORGE, MD†
Provider ID: N/A
9850 GENESEE AVE STE 940
LA JOLLA, CA 92037
Effective as of 01-JUL-18

MENDENHALL, GEORGE, MD†
Provider ID: N/A
9850 GENESEE AVE STE 940
LA JOLLA, CA 92037
Effective as of 01-JAN-23

PATEL, JIGAR, DO†
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
9850 GENESEE AVE STE 810
LA JOLLA, CA 92037
Effective as of 01-JAN-22

WHITWAM, WAYNE, MD†
Provider ID: N/A
9850 GENESEE AVE STE 780
LA JOLLA, CA 92037
Effective as of 01-JAN-21

CARDIOVASCULAR DISEASE

AIZIN, VITALI, MD†
Provider ID: N/A
9834 GENESEE AVE STE 101
LA JOLLA, CA 92037
Effective as of 01-FEB-21

AIZIN, VITALI, MD†
Provider ID: N/A
9834 GENESEE AVE STE 101
LA JOLLA, CA 92037
Effective as of 01-JAN-23

AVALOS, ROY, MD†
Provider ID: N/A
9850 GENESEE AVE STE 780
LA JOLLA, CA 92037
Effective as of 01-JAN-21

BERMAN, BRETT, MD†
Provider ID: N/A
9834 GENESEE AVE STE 101
LA JOLLA, CA 92037
Effective as of 01-FEB-21

CARAZO, MATTHEW, MD†
Provider ID: N/A
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-DEC-23

LA JOLLA, CA 92037
Effective as of 01-NOV-21

CHARLAT, MARTIN, MD†
Provider ID: N/A
9850 GENESEE AVE STE 780
LA JOLLA, CA 92037
Effective as of 01-JAN-21

COHEN, DAVID, MD†
Provider ID: N/A
9850 GENESEE AVE STE 940
LA JOLLA, CA 92037
Effective as of 01-JAN-21

COSTELLO, DENNIS, MD†
Provider ID: N/A
9850 GENESEE AVE STE 430
LA JOLLA, CA 92037
Effective as of 01-JUL-20

COSTELLO, DENNIS, MD†
Provider ID: N/A
9850 GENESEE AVE STE 430
LA JOLLA, CA 92037
Effective as of 01-JUL-20

DAMANI, SAMIR, MD†
Provider ID: N/A
9850 GENESEE AVE STE 650
LA JOLLA, CA 92037
Effective as of 01-JUN-22

DURAN, EDWARD, MD
Provider ID: N/A
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-JAN-21

HONG, ERIC, MD†
Provider ID: N/A
9850 GENESEE AVE STE 780
LA JOLLA, CA 92037
Effective as of 01-JAN-21

KARIMIAN, AMIR, MD
Provider ID: N/A
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-DEC-23

KEEN, WILLIAM, MD†
Provider ID: N/A
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-AUG-22

KULHANEK, JAN, MD
Provider ID: N/A
9850 GENESEE AVE STE 780
LA JOLLA, CA 92037
Effective as of 01-JUL-23

KUMAR, KRIS, DO
Provider ID: N/A
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-DEC-23

MENDENHALL, GEORGE, MD†
Provider ID: N/A
9850 GENESEE AVE STE 940
LA JOLLA, CA 92037
Effective as of 01-JAN-21

PATEL, JIGAR, DO†
Provider ID: N/A
9850 GENESEE AVE STE 810
LA JOLLA, CA 92037
Effective as of 01-MAR-24
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAPEPORT, KEVIN, MD</td>
<td></td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 350</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
</tr>
<tr>
<td>RUSSO, ROBERT, MD</td>
<td></td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 350</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
</tr>
<tr>
<td>SAB, SHIV, MD</td>
<td></td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 780</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
</tr>
<tr>
<td>SHAPIRO, HILARY, MD</td>
<td></td>
<td>N/A</td>
<td>9434 MEDICAL CENTER DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
</tr>
<tr>
<td>SHEREV, DIMITRI, MD</td>
<td></td>
<td>N/A</td>
<td>4225 EXECUTIVE SQ STE 450</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
</tr>
<tr>
<td>TANG-RITCHIE, LENG, LAC</td>
<td></td>
<td>N/A</td>
<td>8910 VILLA LA JOLLA DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
</tr>
<tr>
<td>TANG-RITCHIE, LENG, LAC</td>
<td></td>
<td>N/A</td>
<td>9400 CAMPUS POINT DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
</tr>
<tr>
<td>TANG-RITCHIE, LENG, LAC</td>
<td></td>
<td>N/A</td>
<td>9500 CAMPUS POINT DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
</tr>
<tr>
<td>TANG-RITCHIE, LENG, LAC</td>
<td></td>
<td>N/A</td>
<td>9400 CAMPUS POINT DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
</tr>
<tr>
<td>CERTIFIED NURSE PRACTITIONER</td>
<td></td>
<td>N/A</td>
<td>9400 CAMPUS POINT DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
</tr>
<tr>
<td>ASHMAN, ELLEN, NP</td>
<td></td>
<td>N/A</td>
<td>9434 MEDICAL CENTER DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
</tr>
<tr>
<td>ATILLO, RONALD MAR, NP</td>
<td></td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
</tr>
<tr>
<td>BELL, ANDREA, NP</td>
<td></td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 320</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
</tr>
<tr>
<td>BIRD, JEREMY, NP</td>
<td></td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIRD, JEREMY, NP</td>
<td>N/A</td>
<td>9350 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>Effective as of 01-DEC-23</td>
</tr>
<tr>
<td>BISCHER, MARGARET, NP</td>
<td>N/A</td>
<td>7855 IVANHOE AVE STE 110 LA JOLLA, CA 92037</td>
<td>Effective as of 01-MAR-24</td>
</tr>
<tr>
<td>BURNEY, BRAEANNE, NP</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>Effective as of 01-AUG-22</td>
</tr>
<tr>
<td>CAMAQUIN, MIA, NP</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>CONNER, PAMELA, NP</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>CONNER, CAROLINE, NP</td>
<td>N/A</td>
<td>8910 VILLA LA JOLLA DR STE 200 LA JOLLA, CA 92037</td>
<td>Effective as of 01-JUN-21</td>
</tr>
<tr>
<td>CYPULL, MONICA, NP</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 320 LA JOLLA, CA 92037</td>
<td>Teleservice Effective as of 01-SEP-21</td>
</tr>
<tr>
<td>CYPULL, MONICA, NP</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 320 LA JOLLA, CA 92037</td>
<td>Teleservice Effective as of 01-AUG-21</td>
</tr>
<tr>
<td>DE DIOS, SARAH, NP</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>DRISCOLL, KARRIE, NP</td>
<td>N/A</td>
<td>3855 HEALTH SCIENCES DR LA JOLLA, CA 92093</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>GOMEZ, LESLIE, NP</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>GOMEZ, LESLIE, NP</td>
<td>N/A</td>
<td>3855 HEALTH SCIENCES DR LA JOLLA, CA 92093</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>GOREN, KIRSTEN, NP</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 570 LA JOLLA, CA 92037</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>GOREN, KIRSTEN, NP</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 570 LA JOLLA, CA 92037</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>HADINGER, JANE, NP</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>8950 VILLA LA JOLLA DR STE C129 LA JOLLA, CA 92037 Teleservice Effective as of 01-DEC-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HALPERN, DAVID, NP</td>
<td>Provider ID: N/A 9850 GENESEE AVE STE 320 LA JOLLA, CA 92037 Effective as of 01-JAN-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hanna, Lindsay, NP</td>
<td>Provider ID: N/A 9350 CAMPUS POINT DR LA JOLLA, CA 92037 Effective as of 01-OCT-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heuring, Julie, NP</td>
<td>Provider ID: N/A 9850 GENESEE AVE STE 320 LA JOLLA, CA 92037 Effective as of 01-DEC-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jenkins, Erin, NP</td>
<td>Provider ID: N/A 9434 MEDICAL CENTER DR LA JOLLA, CA 92037 Effective as of 01-AUG-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jenkins, Erin, NP</td>
<td>Provider ID: N/A 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Effective as of 01-AUG-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jones, Christa, NP</td>
<td>Provider ID: N/A 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Effective as of 01-JAN-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jones, Laila, NP</td>
<td>Provider ID: N/A 9850 GENESEE AVE STE 320 LA JOLLA, CA 92037 Effective as of 01-JUN-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jorjadze, Ketevan, NP</td>
<td>Provider ID: N/A 9850 GENESEE AVE STE 320 LA JOLLA, CA 92037 Teleservice Effective as of 01-AUG-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Khuat, Lien, NP</td>
<td>Provider ID: N/A 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Effective as of 01-JUN-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kormanik, Patricia, NP</td>
<td>Provider ID: N/A 3855 HEALTH SCIENCES DR LA JOLLA, CA 92037 Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lee, Mindy, NP</td>
<td>Provider ID: N/A 9400 CAMPUS POINT DR LA JOLLA, CA 92093 Effective as of 01-NOV-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lee, Mindy, NP</td>
<td>Provider ID: N/A 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Effective as of 01-MAY-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lee, Mindy, NP</td>
<td>Provider ID: N/A 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Effective as of 01-MAY-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lee, Mindy, NP</td>
<td>Provider ID: N/A 9415 CAMPUS POINT DR LA JOLLA, CA 92093 Effective as of 01-FEB-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mccallion, Danielle, NP</td>
<td>Provider ID: N/A 8998 GENESEE AVE FL 4 LA JOLLA, CA 92037 Effective as of 01-MAY-16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mattera, Beth, NPF</td>
<td>Provider ID: N/A 9415 CAMPUS POINT DR LA JOLLA, CA 92093 Effective as of 01-FEB-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matthes, Janette, NP</td>
<td>Provider ID: N/A 8998 GENESEE AVE FL 4 LA JOLLA, CA 92037 Effective as of 01-MAY-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATTHESS, JANETTE, NP</td>
<td>Provider ID: N/A 9415 CAMPUS POINT DR LA JOLLA, CA 92093 Effective as of 01-FEB-22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
4225 EXECUTIVE SQ STE 450
LA JOLLA, CA 92037
Effective as of 01-OCT-21

MCCALLION, DANIELLE, NP
Provider ID: N/A
4225 EXECUTIVE SQ STE 450
LA JOLLA, CA 92037
Effective as of 01-SEP-22

MCCLAIN, MEGAN, NP
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-AUG-22

MCCLAIN, MEGAN, NP
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

MCPHERSON, SAMANTHA, NP
Provider ID: N/A
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-24

MICHAEL, NICOLE, NP
Provider ID: N/A
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Teleservice
Effective as of 01-AUG-21

MICK, SHARON, NP
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-22

MICK, SHARON, NP
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

MICK, SHARON, NP
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Teleservice
Effective as of 01-MAY-23

MICK, SHARON, NP
Provider ID: N/A
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JUN-21

MOONEY, PATRICIA, NP
Provider ID: N/A
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-21

MWAURA, WAIRIMU, NP
Provider ID: N/A
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Teleservice
Effective as of 01-MAY-23

MORENO, MANUEL, NP
Provider ID: N/A
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Teleservice
Effective as of 01-MAY-23

MULVEY, CAOILFHIONN, NP
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23

ROSSI, CATHERINE, NP
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

SALINAS, NIECEL, NP
Provider ID: N/A
7855 IVANHOE AVE STE 110
LA JOLLA, CA 92037
Teleservice
Effective as of 01-DEC-21

RENFROE, ILANA, NP
Provider ID: N/A
855 IVANHOE AVE STE 110
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-21
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-22

SETIAWAN, EUGENIE, NPF
Provider ID: N/A
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Teleservice
Effective as of 01-DEC-21

SILVESTRI, NICOLE, NP
Provider ID: N/A
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Effective as of 01-MAY-21

SOLOMON, AMANDA, NP
Provider ID: N/A
8950 VILLA LA JOLLA DR STE C101
LA JOLLA, CA 92037
Effective as of 01-JUN-23

SRILASAK, MICHELE, NP
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-JUL-21

TOMICICH, STEPHANIE, NP
Provider ID: N/A
9834 GENESEE AVE STE 416
LA JOLLA, CA 92037
Effective as of 01-JAN-21

TOMICICH, STEPHANIE, NP
Provider ID: N/A
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JUL-21

TRUJILLO, DALE, NP
Provider ID: N/A
9350 CAMPUS POINT DR STE 2B
LA JOLLA, CA 92037
Effective as of 01-JAN-24

YEO, ALEXANDRIA, NP
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

ZUNIGA, VANIA, NP
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-24
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>Effective Date</th>
<th>Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMADOR, LINDSAY, CRNA†</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-AUG-22</td>
<td>CRNA†</td>
</tr>
<tr>
<td>CALABRIA, MEGAN, CRNA</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-JUN-23</td>
<td>CRNA</td>
</tr>
<tr>
<td>CANTRELL, SARAH, CRNA</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-DEC-23</td>
<td>CRNA</td>
</tr>
<tr>
<td>COLE, JASON, CRNA†</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-JUL-21</td>
<td>CRNA†</td>
</tr>
<tr>
<td>DOLLAND, STEVEN, CRNA†</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-JUL-21</td>
<td>CRNA†</td>
</tr>
<tr>
<td>DULAY, JOTI, CRNA</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-SEP-23</td>
<td>CRNA</td>
</tr>
<tr>
<td>JOHNSTON, RACHEL, CRNA</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-DEC-23</td>
<td>CRNA</td>
</tr>
<tr>
<td>LAZARUS, ELIZABETH, CRNA</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 440 LA JOLLA, CA 92037</td>
<td>01-JUL-23</td>
<td>CRNA</td>
</tr>
<tr>
<td>POLIKOWSKI, SAMANTHA,</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-SEP-23</td>
<td>CRNA</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
CHOI, NATHALIE, CRNM  
Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

Corry, Andrea, CRNM  
Provider ID: N/A  
8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

ELY-KONOSKE, RACHEL, CRNM  
Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

NATHAN, CARLY, CRNM  
Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

CHIROPRACCTOR  
BERKOFF, GREGORY, DC  
Provider ID: N/A  
8950 VILLA LA JOLLA DR  
STE C129  
LA JOLLA, CA 92037  
Effective as of 01-MAY-22

CLINICAL  
NEUROPSYCHOLOGIST  
ALASANTRO, LORI, PhD†  
Provider ID: N/A  
9850 GENESEE AVE STE 470  
LA JOLLA, CA 92037  
Effective as of 01-MAY-22

EMERGENCY MEDICINE  
BLACK, NICHOLAS, MD†  
Provider ID: N/A  
8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

CHEN, ALICE, MD†  
Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

DERMATOLOGY  
CHANG, TIMOTHY, MD†  
Provider ID: N/A  
9850 GENESEE AVE STE 850  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

GONZALEZ, DARRELL, MD  
Provider ID: N/A  
9850 GENESEE AVE STE 850  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

HARDIN, JEREMY, MD†  
Provider ID: N/A  
8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

HERNANDEZ, CRISTINA, MD†  
Provider ID: N/A  
8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

HOGUE, BRENNA, MD  
Provider ID: N/A  
7720 FAY AVE  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

HOGUE, BRENNNA, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

KUTZ, CRAIG, MD†
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-21

KUTZ, CRAIG, MD†
Provider ID: N/A
8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037
Effective as of 01-AUG-21

LIOTTA, BENJAMIN, MD†
Provider ID: N/A
8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037
Effective as of 01-AUG-21

MUELLER, MATTHEW, DO†
Provider ID: N/A
8910 VILLA LA JOLLA DR
STE 100
LA JOLLA, CA 92037
Effective as of 01-JUL-21

MUELLER, MATTHEW, DO†
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUL-21

PARK, JAY, MD†
Provider ID: N/A
8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037
Effective as of 01-JUL-21

PARK, JAY, MD†
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

METABOLISM DIABETES

GUERIN, CHRIS, MD†
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-21

PARK, JAY, MD†
Provider ID: N/A
8910 VILLA LA JOLLA DR
STE 100
LA JOLLA, CA 92037
Effective as of 01-SEP-21

IYENGAR, RAVI, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

IYENGAR, RAVI, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

MBA, MBA UZOMA, MD
Provider ID: N/A
9850 GENENESEE AVE STE
470
LA JOLLA, CA 92037
Effective as of 01-DEC-22

NAGELBERG, JODI, MD†
Provider ID: N/A
8939 VILLA LA JOLLA DR
LA JOLLA, CA 92037
Effective as of 01-NOV-21

PETTUS, JEREMY, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JAN-24

NAGELBERG, JODI, MD†
Provider ID: N/A
8939 VILLA LA JOLLA DR
LA JOLLA, CA 92037
Effective as of 01-NOV-21

PETTUS, JEREMY, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JAN-24

SCHNEIDER, DARIUS, MD
Provider ID: N/A
9850 GENENESEE AVE STE
470
LA JOLLA, CA 92037
Teleservice
C1. 网络提供者名单
专科护理医生

Effective as of 01-JAN-23

**SCHNEIDER, DARIUS, MD**
Provider ID: N/A
📍 9850 GENESEE AVE STE 470
LA JOLLA, CA 92037
Teleservice
Effective as of 01-OCT-21

**SHAH, NANDI, MD**
Provider ID: N/A
📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JAN-24

**SHAH, NANDI, MD**
Provider ID: N/A
📍 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JAN-24

**FAMILY PRACTICE**

**BOYD, JAMES, MD**
Provider ID: N/A
📍 9850 GENESEE AVE STE 900
LA JOLLA, CA 92037
Effective as of 01-JAN-21

**JOLICOEUR, MEGAN, DO**
Provider ID: N/A
📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

**GASTROENTEROLOGY**

**BORTNIKER, ETHAN, MD**
Provider ID: N/A
📍 9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-JUN-23

**GOLDKLANG, ROBERT, MD**
Provider ID: N/A
📍 9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-APR-23

**GOLDKLANG, ROBERT, MD**
Provider ID: N/A
📍 9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-SEP-22

**HASN, AWS, MD**
Provider ID: N/A
📍 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

**HASN, AWS, MD**
Provider ID: N/A
📍 9850 GENESEE AVE STE 820
LA JOLLA, CA 92037
Effective as of 01-SEP-22

**KLPHEKE, ROBERT, MD**
Provider ID: N/A
📍 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-21

**LAJOIE, ADRIANNE, MD**
Provider ID: N/A
📍 9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-SEP-22

**MAYER, ANDREW, MD**
Provider ID: N/A
📍 9850 GENESEE AVE STE 820
LA JOLLA, CA 92037
Effective as of 01-JAN-21

**MAYER, ANDREW, MD**
Provider ID: N/A
📍 9850 GENESEE AVE STE 820
LA JOLLA, CA 92037
Effective as of 01-MAR-23

**MAYER, ANDREW, MD**
Provider ID: N/A
📍 9850 GENESEE AVE STE 820
LA JOLLA, CA 92037
Effective as of 01-FEB-05

**MAYER, ANDREW, MD**
Provider ID: N/A
📍 9850 GENESEE AVE STE 820
LA JOLLA, CA 92037
Effective as of 01-JAN-21

**PAREDEZ, EDWARD, MD**
Provider ID: N/A
📍 9850 GENESEE AVE STE 820
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-21

**PAREDEZ, EDWARD, MD**
Provider ID: N/A
📍 9850 GENESEE AVE STE 820
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-21

**PAREDEZ, EDWARD, MD**
Provider ID: N/A
📍 9850 GENESEE AVE STE 820
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-21

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Effective as of 01-SEP-22

PAREDEZ, EDWARD, MD
Provider ID: N/A
9850 GENESEE AVE STE 820
LA JOLLA, CA 92037
Teleservice
Effective as of 01-NOV-14

SHAH, SHAILJA, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-21

SHAH, SHAILJA, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-21

SYAL, GAURAV, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

SYAL, GAURAV, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

YOUSSEF, FADY, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

YOUSSEF, FADY, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

GENETICS MEDICAL
JONES, MARYLIN, MD
Provider ID: N/A
9434 MEDICAL CENTER DR
FL 1
LA JOLLA, CA 92037
Effective as of 01-JUN-21

GYNECOLOGIC ONCOLOGY
ESKANDER, RAMEZ, MD
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-JUL-21

GYNECOLOGY
MARSHALL, CATHARINE, MD
Provider ID: N/A
7301 GIRARD AVE STE 300
LA JOLLA, CA 92037
Effective as of 01-NOV-18

HEMATOLOGY / ONCOLOGY
BANERJEE, PUSHPENDU, MD
Provider ID: N/A
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-21

SINCLAIR, JAMES, MD
Provider ID: N/A
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037
Effective as of 01-JAN-21

SINCLAIR, JAMES, MD
Provider ID: N/A
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037
Effective as of 01-JAN-21

SULLIVAN, JESSICA, DO
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-SEP-23

WALLACH, SABINA, MD
Provider ID: N/A
9850 GENESEE AVE STE
### C1. 网络提供者名单
### 专科护理医生

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WALLACH, SABINA, MD†</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 400</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>RUBENZIK, TAMARA, MD†</td>
<td>N/A</td>
<td>3855 HEALTH SCIENCES DR</td>
<td>01-FEB-21</td>
</tr>
<tr>
<td>BADALYAN, SEDA, MD†</td>
<td>N/A</td>
<td>9888 GENESEE AVE</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>COFFLER, ELIANE, MD</td>
<td>N/A</td>
<td>9888 GENESEE AVE</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>DJEKIC, KRISTINA, DO†</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>01-JUL-23</td>
</tr>
</tbody>
</table>

### Hospice and Palliative Medicine

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WALLACH, SABINA, MD†</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 400</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>HAMMOND, CHARLES, MD†</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>PAPP, STEPHAN, MD</td>
<td>N/A</td>
<td>9888 GENESEE AVE</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>SHUETZ, HESTON, MD</td>
<td>N/A</td>
<td>9888 GENESEE AVE</td>
<td>01-AUG-23</td>
</tr>
</tbody>
</table>

### Hospitalist MD/DO

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BARTHEL, ROBERT, MD†</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 900</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>KUPPALLI, KRUTIKA, MD</td>
<td>N/A</td>
<td>9350 CAMPUS POINT DR</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>MILLER, HOWARD, MD</td>
<td>N/A</td>
<td>9834 GENESEE AVE STE 310</td>
<td>01-FEB-21</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

RAMIREZ SANCHEZ, CLAUDIA, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-22

TANG, MICHAEL, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

INTERNAL MEDICINE

BORTZ, DAVID, MD†
Provider ID: N/A
9850 GENESEE AVE STE 570
LA JOLLA, CA 92037
Effective as of 01-OCT-22

BRAZEL, DANIELLE, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JAN-24

CHETLAPALLI, SURYA, MD†
Provider ID: N/A
9850 GENESEE AVE STE 900
LA JOLLA, CA 92037
Effective as of 01-JAN-21

CROWLEY, DOUGLAS, MD†
Provider ID: N/A
9850 GENESEE AVE STE 900
LA JOLLA, CA 92037
Effective as of 01-JAN-21

DASHI, ARBEN, MD†
Provider ID: N/A
9888 GENESEE AVE
LA JOLLA, CA 92037
Effective as of 01-AUG-22

LEWIS, GREG, MD†
Provider ID: N/A
9850 GENESEE AVE STE 900
LA JOLLA, CA 92037
Effective as of 01-DEC-22

LIU, ANDREW, MD
Provider ID: N/A
4225 EXECUTIVE SQ STE 450
LA JOLLA, CA 92037
Effective as of 01-SEP-23

MCCUTCHEON, CLAIRE, MD†
Provider ID: N/A
9888 GENESEE AVE
LA JOLLA, CA 92037
Effective as of 01-SEP-23

LEWIS, GREG, MD†
Provider ID: N/A
9850 GENESEE AVE STE 900
LA JOLLA, CA 92037
Effective as of 01-JAN-21

GADIYARAM, VARUNA, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

GAN, TERENCE, MD†
Provider ID: N/A
9850 GENESEE AVE STE 900
LA JOLLA, CA 92037
Effective as of 01-JAN-21

GELBERG, ANNA, MD†
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

KATSNELSON, MARCELLA, DO
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JAN-21

LAM, PAMELA, DO†
Provider ID: N/A
9850 GENESEE AVE STE 900
LA JOLLA, CA 92037
Effective as of 01-SEP-23

LIU, ANDREW, MD
Provider ID: N/A
4225 EXECUTIVE SQ STE 450
LA JOLLA, CA 92037
Effective as of 01-SEP-23

LAM, PAMELA, DO†
Provider ID: N/A
9850 GENESEE AVE STE 900
LA JOLLA, CA 92037
Effective as of 01-JAN-21

LEWIS, GREG, MD†
Provider ID: N/A
9888 GENESEE AVE
LA JOLLA, CA 92037
Effective as of 01-JAN-21

LUGO, GUSTAVO, MD†
Provider ID: N/A
9850 GENESEE AVE STE 900
LA JOLLA, CA 92037
Effective as of 01-AUG-22

MARTINEZ, ARMANDO, MD†
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JAN-21

MIRZA, BASHAR, MD
Provider ID: N/A
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9888 GENESEE AVE LA JOLLA, CA 92037</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>MOOLANI, UJJALA, MD</td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9834 GENESEE AVE STE 312 LA JOLLA, CA 92037</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td></td>
<td>9888 GENESEE AVE LA JOLLA, CA 92037</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td></td>
<td>4225 EXECUTIVE SQ STE 450 LA JOLLA, CA 92037</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>NOKES, BRANDON, MD†</td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>PATEL, KRUTI, MD†</td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9350 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>PATEL, KRUTI, MD†</td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-FEB-21</td>
</tr>
<tr>
<td>RADWAN, MOHAMED, MD†</td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9850 GENESEE AVE STE 370 LA JOLLA, CA 92037</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>RAMOS, JEFFREY, MD†</td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9888 GENESEE AVE LA JOLLA, CA 92037</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>TRAN, PHI, DO†</td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9888 GENESEE AVE LA JOLLA, CA 92037</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>TRAN, PHI, DO†</td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9850 GENESEE AVE STE 900 LA JOLLA, CA 92037</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>TRVEDI, NAYANA MOHAN, MD†</td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9850 GENESEE AVE STE 900 LA JOLLA, CA 92037</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>TRVEDI, MEHUL, MD</td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9850 GENESEE AVE STE 900 LA JOLLA, CA 92037</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>YANG, JENNY, MD†</td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9850 GENESEE AVE STE 900 LA JOLLA, CA 92037</td>
<td>01-JAN-21</td>
</tr>
</tbody>
</table>

**INTERNAL MEDICINE**

**CRITICAL CARE MEDICINE**

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>BOROK, ZEA, MD†</td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>JAFFE, GILAD, MD</td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-SEP-23</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>JONES, DANIEL, MD</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 780</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>RAPEPORT, KEVIN, MD</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 940B</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>SULLIVAN, LAUREN, MD</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>AIZIN, VITALI, MD</td>
<td>N/A</td>
<td>9834 GENESEE AVE STE 101</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-SEP-15</td>
</tr>
<tr>
<td>AL KHIAMI, BELAL, MD</td>
<td>N/A</td>
<td>9434 MEDICAL CENTER DR FL 1</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>CRUZ RODRIGUEZ, JOSE, MD</td>
<td>N/A</td>
<td>9434 MEDICAL CENTER DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>DAMANI, SAMIR, MD</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 650</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>GOVEA, ALAYN, MD</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICINE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMERUWA, UKACHI, MD</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>MEDICAL ONCOLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BANERJEE, PUSHPENDU, MD</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 560</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-JUN-18</td>
</tr>
<tr>
<td>FLORES, EDNA, MD</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 560</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-JUN-18</td>
</tr>
<tr>
<td>FLORES, EDNA, MD</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 560</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-JUN-18</td>
</tr>
<tr>
<td>NEPHROLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AL-DAHHAN, ZAID, MD</td>
<td>N/A</td>
<td>4225 EXECUTIVE SQ STE 450</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>marriage family therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POZUN, CARA, MFT</td>
<td>N/A</td>
<td>8950 VILLA LA JOLLA DR STE C101</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-DEC-23</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

LA JOLLA, CA 92037
Effective as of 01-MAY-23

DAVIS, JASON, MD
Provider ID: N/A
4225 EXECUTIVE SQ STE 450
LA JOLLA, CA 92037
Effective as of 01-JUN-23

LAKHERA, YOGITA, MD†
Provider ID: N/A
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JUL-22

NAMAZY, DAVID, MD
Provider ID: N/A

4225 EXECUTIVE SQ STE 450
LA JOLLA, CA 92037
Effective as of 01-SEP-15

RANA, SHAUNAK, MD†
Provider ID: N/A
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Effective as of 01-NOV-21

STEER, DYLAN, MD†
Provider ID: N/A
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037
Effective as of 01-DEC-17

NEUROLOGY

ANSARI, HOSSEIN, MD†
Provider ID: N/A
4180 LA JOLLA VILLAGE DR STE 240
LA JOLLA, CA 92037
Effective as of 01-MAY-22

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

CHoudry, Bilal, MD†
Provider ID: N/A
9850 Genesee Ave Ste 470
La Jolla, CA 92037
Effective as of 01-Feb-16

Kocharian, Naira, MD†
Provider ID: N/A
9850 Genesee Ave Ste 340
La Jolla, CA 92037
Effective as of 01-Jan-21

LuHar, Riya, DO
Provider ID: N/A
9850 Genesee Ave Ste 530
La Jolla, CA 92037
Teleservice
Effective as of 01-Jan-23

NieLsen, Amy, DO‡
Provider ID: N/A
9850 Genesee Ave Ste 530
La Jolla, CA 92037
Teleservice
Effective as of 01-Feb-21

NieLsen, Amy, DO‡
Provider ID: N/A
9850 Genesee Ave Ste 530
La Jolla, CA 92037
Teleservice
Effective as of 01-Feb-21

NieLsen, Amy, DO‡
Provider ID: N/A
9850 Genesee Ave Ste 530
La Jolla, CA 92037
Teleservice
Effective as of 01-Feb-21

NieLsen, Amy, DO‡
Provider ID: N/A
9850 Genesee Ave Ste 530
La Jolla, CA 92037
Teleservice
Effective as of 01-Feb-21

OH, Irene, MD‡
Provider ID: N/A
9850 Genesee Ave Ste 470
La Jolla, CA 92037
Effective as of 01-Feb-16

PAduga, Remia, MD‡
Provider ID: N/A
9850 Genesee Ave Ste 530
La Jolla, CA 92037
Effective as of 01-Mar-21

Qayoumi, Wali, MD‡
Provider ID: N/A
9350 Campus Point Dr Ste LLB
La Jolla, CA 92037
Effective as of 01-Oct-21

Qayoumi, Wali, MD‡
Provider ID: N/A
9500 Gilman Dr Ste 2069
La Jolla, CA 92093
Effective as of 01-Oct-21

Sadoff, Mark, MD‡
Provider ID: N/A
9850 Genesee Ave Ste 530
La Jolla, CA 92037
Effective as of 01-Feb-21

Sadoff, Mark, MD‡
Provider ID: N/A
9850 Genesee Ave Ste 470
La Jolla, CA 92037
Effective as of 01-Feb-16

Schim, Jack, MD‡
Provider ID: N/A
9850 Genesee Ave Ste 470
La Jolla, CA 92037
Effective as of 01-Feb-16

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Specialty</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHULTE, JESSICA, MD†</td>
<td>N/A</td>
<td>N/A</td>
<td>3855 HEALTH SCIENCES DR</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>WANG, CHUNYANG, MD†</td>
<td>N/A</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 530</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>WANG, ANCHI, MD†</td>
<td>N/A</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 470</td>
<td>01-FEB-16</td>
</tr>
<tr>
<td>WANG, CHUNYANG, MD†</td>
<td>N/A</td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 470</td>
<td>01-FEB-16</td>
</tr>
<tr>
<td>WANG, CHUNYANG, MD†</td>
<td>N/A</td>
<td>N/A</td>
<td>3855 HEALTH SCIENCES DR</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>BINDER, PRATIBHA, MD†</td>
<td>OB/GYN</td>
<td>N/A</td>
<td>3855 HEALTH SCIENCES DR</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>BONDE, IOANA, MD†</td>
<td>OB/GYN</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>DELCORE, LAURA, MD†</td>
<td>OB/GYN</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>DRIEBE, AMY, MD†</td>
<td>OB/GYN</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>HARVEY, SCOTT, MD†</td>
<td>OB/GYN</td>
<td>N/A</td>
<td>9350 CAMPUS POINT DR</td>
<td>01-MAY-21</td>
</tr>
<tr>
<td>HARVEY, SCOTT, MD†</td>
<td>OB/GYN</td>
<td>N/A</td>
<td>9444 MEDICAL CENTER DR</td>
<td>01-MAY-21</td>
</tr>
<tr>
<td>HILL, KAITLYN, MD</td>
<td>OB/GYN</td>
<td>N/A</td>
<td>8910 VILLA LA JOLLA DR</td>
<td>01-MAY-21</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
9850 GENEESEE AVE STE 820
LA JOLLA, CA 92037
Effective as of 01-JAN-24

KURTULUS, MEL, MD
Provider ID: N/A
9850 GENEESEE AVE STE 820
LA JOLLA, CA 92037
Effective as of 01-JAN-24

MACKAY, GILLIAN, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JAN-24

MACKAY, GILLIAN, MD
Provider ID: N/A
8910 VILLA LA JOLLA DR STE 200
LA JOLLA, CA 92037
Effective as of 01-DEC-23

MELENDEZ, ARIANA, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-DEC-23

MEURICE, MARIELLE
ERENDIRA LUCILLE, MD‡
Provider ID: N/A
8910 VILLA LA JOLLA DR STE 200
LA JOLLA, CA 92037
Effective as of 01-SEP-23

PICKETT, CHARLOTTE, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUL-23

MUNCADA, CAESAR, OT†
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-APR-22

OPHTHALMOLOGY

ARNETT, JUSTIN, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

ARNETT, JUSTIN, MD
Provider ID: N/A
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-SEP-23

ARYA, MALVIKA, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

ARYA, MALVIKA, MD
Provider ID: N/A
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-SEP-23

THOMSON, SAMANTHA, MD†
Provider ID: N/A
8910 VILLA LA JOLLA DR STE 200
LA JOLLA, CA 92037
Effective as of 01-OCT-21

THOMSON, SAMANTHA, MD†
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-OCT-21

THOMSON, SAMANTHA, MD†
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-OCT-21

ARYA, MALVIKA, MD
Provider ID: N/A
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-SEP-23

BINDER, NICHOLAS, MD†
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>Address: 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037</th>
<th>Effective as of 01-SEP-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIU, STEPHAN, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>BINDER, NICHOLAS, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>CHIU, STEPHAN, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>CHIU, STEPHAN, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>BINDER, NICHOLAS, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>BINDER, NICHOLAS, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9834 GENESEE AVE STE 428 LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>BOLO, KYLE, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>CHOPLIN, NEIL, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9834 GENESEE AVE STE 428 LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>BOLO, KYLE, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9350 CAMPUS POINT DR LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>CHOPLIN, NEIL, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>CHOPLIN, NEIL, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>FISH, STEVEN, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>FISH, STEVEN, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>ESLANI, MEDI, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>GARFF, KEVIN, MD</td>
<td>Provider ID: N/A</td>
<td>Address: 9415 CAMPUS POINT DR LA JOLLA, CA 92093</td>
</tr>
<tr>
<td>Name</td>
<td>Address</td>
<td>Effective Date</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>LA JOLLA, CA 92093</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GOLLOGLY, HEIDRUN, MD</strong></td>
<td>9850 GENESEE AVE STE 310</td>
<td>Effective as of 01-MAY-21</td>
</tr>
<tr>
<td><strong>HOLLOGLY, HEIDRUN, MD</strong></td>
<td>9850 GENESEE AVE STE 310</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td><strong>HENNEIN, LAUREN, MD</strong></td>
<td>9415 CAMPUS POINT DR</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td><strong>HUANG, ALEX, MD</strong></td>
<td>9415 CAMPUS POINT DR</td>
<td>Effective as of 01-JUN-23</td>
</tr>
<tr>
<td><strong>HUBBON, HENRY, MD</strong></td>
<td>9850 GENESEE AVE STE 310</td>
<td>Effective as of 01-AUG-23</td>
</tr>
<tr>
<td><strong>JIN, MAN, MD</strong></td>
<td>9415 CAMPUS POINT DR</td>
<td>Effective as of 01-FEB-24</td>
</tr>
<tr>
<td><strong>MORRISON-REYES, JOSHUA, MD</strong></td>
<td>9850 GENESEE AVE STE 310</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td><strong>MORTON, ASA, MD</strong></td>
<td>9834 GENESEE AVE STE 428</td>
<td>Effective as of 01-AUG-23</td>
</tr>
<tr>
<td><strong>PERRY, ARTHUR, MD</strong></td>
<td>9850 GENESEE AVE STE 310</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td><strong>MCGRAW, JOSEPH, MD</strong></td>
<td>9850 GENESEE AVE STE 310</td>
<td>Effective as of 01-SEP-23</td>
</tr>
</tbody>
</table>
Effective as of 01-OCT-95

PERRY, ARTHUR, MD
Provider ID: N/A
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Effective as of 01-JAN-21

PERRY, ARTHUR, MD
Provider ID: N/A
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Effective as of 01-OCT-95

PERRY, ARTHUR, MD
Provider ID: N/A
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Effective as of 01-OCT-95

PERRY, ARTHUR, MD
Provider ID: N/A
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Effective as of 01-OCT-95

PRATT, STEVEN, MD
Provider ID: N/A
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Effective as of 01-FEB-07

PRATT, STEVEN, MD
Provider ID: N/A
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Effective as of 01-JAN-21

PRATT, STEVEN, MD
Provider ID: N/A
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Effective as of 01-OCT-12

PRATT, STEVEN, MD
Provider ID: N/A
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Effective as of 01-JAN-21

PUIG LLANO, MANUEL, MD
Provider ID: N/A
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-OCT-95

RAHMATNEJAD, KAMRAN, MD
Provider ID: N/A
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-JUL-23

RAHMATNEJAD, KAMRAN, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JAN-24

RAHMATNEJAD, KAMRAN, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JAN-24

ROESKE, RICHMOND, MD
Provider ID: N/A
9834 GENESEE AVE STE 200
LA JOLLA, CA 92037
Effective as of 01-SEP-22

SATTERFIELD, KELLIE, MD
Provider ID: N/A
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Effective as of 01-OCT-12

SATTERFIELD, KELLIE, MD
Provider ID: N/A
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Effective as of 01-JAN-21

SATTERFIELD, KELLIE, MD
Provider ID: N/A
9834 GENESEE AVE STE 200
LA JOLLA, CA 92037
Effective as of 01-SEP-22

SATTERFIELD, KELLIE, MD
Provider ID: N/A
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Effective as of 01-JAN-21

SATTERFIELD, KELLIE, MD
Provider ID: N/A
9834 GENESEE AVE STE 200
LA JOLLA, CA 92037
Effective as of 01-SEP-22

SCHONBACH, ETIENNE, MD
Provider ID: N/A
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-SEP-21

SCHONBACH, ETIENNE, MD
Provider ID: N/A
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-SEP-21

SHEILS, CATHERINE, MD
Provider ID: N/A
9834 GENESEE AVE STE 200
LA JOLLA, CA 92037
Effective as of 01-JUL-23

SHEILS, CATHERINE, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

SHEILS, CATHERINE, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

SHEILS, CATHERINE, MD
Provider ID: N/A
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-SEP-23

SHEILS, CATHERINE, MD
Provider ID: N/A
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-SEP-23

SONG, DELU, MD
Provider ID: N/A
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-SEP-21

SUK, KEVIN, MD
Provider ID: N/A
9850 GENESEE AVE STE
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Provider</th>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOPILOW, NICOLE, MD</td>
<td>TOPILOW, NICOLE, MD²</td>
<td>Provider ID: N/A</td>
<td>9415 CAMPUS POINT DR</td>
<td>LA JOLLA, CA</td>
<td>92093</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>WESTEREN, ALAN, MD</td>
<td>WESTEREN, ALAN, MD</td>
<td>Provider ID: N/A</td>
<td>6529 LA JOLLA BLVD</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>ZHAO, TAILUN, MD</td>
<td>ZHAO, TAILUN, MD</td>
<td>Provider ID: N/A</td>
<td>9850 GENESEE AVE STE 310</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>ZHAO, TAILUN, MD</td>
<td>ZHAO, TAILUN, MD</td>
<td>Provider ID: N/A</td>
<td>9850 GENESEE AVE STE 310</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>Effective as of 01-NOV-23</td>
</tr>
<tr>
<td>ZHAO, TAILUN, MD</td>
<td>ZHAO, TAILUN, MD</td>
<td>Provider ID: N/A</td>
<td>9850 GENESEE AVE STE 310</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>OPTOMETRIST</td>
<td>OPTOMETRIST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GARDNER, KRISTA, OD</td>
<td>GARDNER, KRISTA, OD²</td>
<td>Provider ID: N/A</td>
<td>8950 VILLA LA JOLLA DR STE C130</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>Effective as of 01-MAY-22</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>4150 REGENTS PARK ROW STE 345 LA JOLLA, CA 92037</th>
<th>Tel eservice Effective as of 01-MAY-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAREISS, ANNA, MD</td>
<td>4150 REGENTS PARK ROW STE 345 LA JOLLA, CA 92037</td>
<td>Tel eservice Effective as of 01-DEC-23</td>
</tr>
<tr>
<td>BRUMUND, KEVIN, MD</td>
<td>3855 HEALTH SCIENCES DR LA JOLLA, CA 92093</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>BRUMUND, KEVIN, MD</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>CALIFANO, JOSEPH, MD</td>
<td>9400 CAMPUS POINT DR LA JOLLA, CA 92093</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>CALIFANO, JOSEPH, MD</td>
<td>3855 HEALTH SCIENCES DR LA JOLLA, CA 92093</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>CALIFANO, JOSEPH, MD</td>
<td>9350 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>COFFEY, CHARLES, MD</td>
<td>9350 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>DECONDE, ADAM, MD</td>
<td>9400 CAMPUS POINT DR LA JOLLA, CA 92093</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>DECONDE, ADAM, MD</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>DECONDE, ADAM, MD†</td>
<td>9350 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>DECONDE, ADAM, MD†</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>FRIEDMAN, RICK, MD</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>Effective as of 01-MAY-23</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

LA JOLLA, CA 92037
Effective as of 01-MAY-23

FRIEDMAN, RICK, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

FRIEDMAN, RICK, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

FRIEDMAN, RICK, MD
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GILANI, SAPIDEH, MD
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GILANI, SAPIDEH, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GILANI, SAPIDEH, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GILANI, SAPIDEH, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GREENE, JACQUELINE, MD
Effective as of 01-MAY-23

GREENE, JACQUELINE, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GREENE, JACQUELINE, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GREENE, JACQUELINE, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GREENE, JACQUELINE, MD
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GUO, THERESA, MD
Effective as of 01-MAY-23

GUO, THERESA, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GUO, THERESA, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GUO, THERESA, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GUO, THERESA, MD
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

HARRIS, JEFFREY, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

HARRIS, JEFFREY, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

HARRIS, JEFFREY, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

HARRIS, JEFFREY, MD
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

HOM, DAVID, MD
Effective as of 01-MAY-23

HOM, DAVID, MD
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

HOM, DAVID, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

HOM, DAVID, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

HOM, DAVID, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

HOM, DAVID, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

HUGHES, CHARLOTTE, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

HUGHES, CHARLOTTE, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

HUGHES, CHARLOTTE, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23

HUSSEMAN, JACOB, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-23

JANSEN, CORNELIUS, MD
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23

JANSEN, CORNELIUS, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23

JANSEN, CORNELIUS, MD
Provider ID: N/A
9350 CAMPUS POINT DR
STE LLA
LA JOLLA, CA 92037
Effective as of 01-MAY-23

JANSEN, CORNELIUS, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

KARI, ELINA, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

KARI, ELINA, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

KARI, ELINA, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23

KARI, ELINA, MD
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23

3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23

MAGIT, ANTHONY, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23

MAGIT, ANTHONY, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

MATSUOKA, AKIHIRO, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

MATSUOKA, AKIHIRO, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

MATSUOKA, AKIHIRO, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

MATSUOKA, AKIHIRO, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单

专科护理医生

LA JOLLA, CA 92093
Effective as of 01-MAY-23
MATSUOKA, AKIHIRO, MD
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23
NGUYEN, QUYEN, MD
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23
NGUYEN, QUYEN, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23
NGUYEN, QUYEN, MD†
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23
NGUYEN, QUYEN, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23
REUTHER, MARSHA, MD†
Provider ID: N/A
4150 REGENTS PARK ROW STE 345
LA JOLLA, CA 92037
Effective as of 01-JAN-21
REUTHER, MARSHA, MD†
Provider ID: N/A
4150 REGENTS PARK ROW
LA JOLLA, CA 92037
Effective as of 01-MAY-23
SCHALCH LEPE, PAUL, MD
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23
SCHALCH LEPE, PAUL, MD†
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23
SCHALCH LEPE, PAUL, MD†
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23
SCHALCH LEPE, PAUL, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23
SCHALCH LEPE, PAUL, MD²
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23
SCHALCH LEPE, PAUL, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23
SCHALCH LEPE, PAUL, MD²
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23
SCHALCH LEPE, PAUL, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23
VAHABZADEH-HAGH, ANDREW, MD
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23
VAHABZADEH-HAGH, ANDREW, MD
Provider ID: N/A
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23
VAHABZADEH-HAGH, ANDREW, MD
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23
VAHABZADEH-HAGH, ANDREW, MD
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23
WATSON, DEBORAH, MD
Provider ID: N/A
4150 REGENTS PARK ROW STE 345
LA JOLLA, CA 92037
Effective as of 01-MAY-23
WATSON, DEBORAH, MD
Provider ID: N/A
4150 REGENTS PARK ROW
LA JOLLA, CA 92037
Effective as of 01-MAY-23
WATSON, DEBORAH, MD
Provider ID: N/A
4150 REGENTS PARK ROW
LA JOLLA, CA 92037
Effective as of 01-MAY-23
WEISSBROD, PHILIP, MD
Provider ID: N/A
4150 REGENTS PARK ROW
LA JOLLA, CA 92037
Effective as of 01-MAY-23
WEISSBROD, PHILIP, MD†
| Provider ID: N/A | 9350 CAMPUS POINT DR  
| LA JOLLA, CA 92037 |  
| Effective as of 01-MAY-23 |
| WEISSBROD, PHILIP, MD |  
| Provider ID: N/A |  
| 9400 CAMPUS POINT DR  
| LA JOLLA, CA 92093 |  
| Effective as of 01-MAY-23 |
| WEISSBROD, PHILIP, MD † |  
| Provider ID: N/A |  
| 3855 HEALTH SCIENCES  
| DR  
| LA JOLLA, CA 92093 |  
| Effective as of 01-MAY-23 |
| WOO, LINDA, MD † |  
| Provider ID: N/A |  
| 9834 GENESEE AVE STE 101  
| LA JOLLA, CA 92037 |  
| Effective as of 01-JAN-21 |
| WOO, LINDA, MD † |  
| Provider ID: N/A |  
| 9834 GENESEE AVE STE 101  
| LA JOLLA, CA 92037 |  
| Effective as of 01-JUL-22 |
| YAN, CAROL, MD |  
| Provider ID: N/A |  
| 3855 HEALTH SCIENCES  
| DR  
| LA JOLLA, CA 92093 |  
| Effective as of 01-MAY-23 |
| YAN, CAROL, MD † |  
| Provider ID: N/A |  
| 9350 CAMPUS POINT DR  
| STE LLA  
| LA JOLLA, CA 92037 |  
| Effective as of 01-MAY-23 |
| YAN, CAROL, MD |  
| Provider ID: N/A |  
| 9400 CAMPUS POINT DR  
| LA JOLLA, CA 92093 |  
| Effective as of 01-MAY-23 |
| PATHOLOGY ANATOMIC  
| CLINICAL |
| LIN, GRACE, MD † |  
| Provider ID: N/A |  
| 9444 MEDICAL CENTER DR  
| LA JOLLA, CA 92037 |  
| Effective as of 01-FEB-22 |
| PEDIATRICS |
| GROBMAN, LILLIAN, MD † |  
| Provider ID: N/A |  
| 9300 CAMPUS POINT DR  
| LA JOLLA, CA 92037 |  
| Effective as of 01-DEC-21 |
| KOOROS, KOOROSH, MD † |  
| Provider ID: N/A |  
| 4150 REGENTS PARK ROW  
| STE 345  
| LA JOLLA, CA 92037 |  
| Effective as of 01-FEB-22 |
| PHYSICAL MEDICINE /  
| REHABILITATION |
| MADHAV, SANDIP, MD † |  
| Provider ID: N/A |  
| 9850 GENESEE AVE STE  
| 530  
| LA JOLLA, CA 92037 |  
| Teleservice  
| Effective as of 01-JAN-24 |
| PHYSICIANS ASSISTANT |
| ABDELWAHHAB, EANAS, PA |  
| Provider ID: N/A |  
| 9850 GENESEE AVE STE  
| 320  
<p>| LA JOLLA, CA 92037 |<br />
| Effective as of 01-JUN-23 |</p>
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABRAHAMSEN, KELSEY, PA</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 320</td>
<td>01-FEB-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LA JOLLA, CA 92037</td>
<td></td>
</tr>
<tr>
<td>ALBRIGHT, KELSEY, PA</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LA JOLLA, CA 92037</td>
<td></td>
</tr>
<tr>
<td>ALLERS, JENNA, PA</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>ARMEEN, GARY, PA</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>BAKER, LINDZEE, PA</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 320</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>BECKER, JANTIMA, PA</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 320</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>CANDARE, VANESSA, PA</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 320</td>
<td></td>
</tr>
<tr>
<td>CASO, STEPHEN, PA</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 320</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>DOUGHERTY, CLARA, PA</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 320</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>DOUGHERTY, CLARA, PA</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 400</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>FELLION, LAUREN, PA</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 440</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>FLORENCE, BRYNA, PA</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 320</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>FRY, LAUREN, PA</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 320</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>GALLAMEZ, ANDREA, PA</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 320</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>GOTTESFELD, STEVEN, PA</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 650</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>HANSEN, CHRISTINA, PA</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 210</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>HIGGINS, JOSHUA, PA</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 200</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>HIGGINS, JOSHUA, PA</td>
<td>N/A</td>
<td>8910 VILLA LA JOLLA DR STE 200</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Effective Date</th>
<th>Provider ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUNTER, JACOB, PA</td>
<td>8910 VILLA LA JOLLA DR STE 100</td>
<td>LA JOLLA, CA 92037</td>
<td>01-MAY-21</td>
<td>N/A</td>
</tr>
<tr>
<td>HUNTER, JACOB, PA</td>
<td>3855 HEALTH SCIENCES DR</td>
<td>LA JOLLA, CA 92093</td>
<td>01-MAY-23</td>
<td>N/A</td>
</tr>
<tr>
<td>HUNTER, JACOB, PA</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
<td>01-MAY-23</td>
<td>N/A</td>
</tr>
<tr>
<td>HUNTER, JACOB, PA</td>
<td>9400 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
<td>01-MAY-23</td>
<td>N/A</td>
</tr>
<tr>
<td>MARTIN, HALEY, PA</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
<td>01-MAR-24</td>
<td>N/A</td>
</tr>
<tr>
<td>MATTIOLI, TAYLOR, PA</td>
<td>9850 GENESEE AVE STE 320</td>
<td>LA JOLLA, CA 92037</td>
<td>01-AUG-22</td>
<td>N/A</td>
</tr>
<tr>
<td>MEGALI, NICOLE, PA</td>
<td>9850 GENESEE AVE STE 530</td>
<td>LA JOLLA, CA 92037</td>
<td>01-AUG-24</td>
<td>N/A</td>
</tr>
<tr>
<td>MORDEN, JACQUELINE, PA</td>
<td>9850 GENESEE AVE STE 320</td>
<td>LA JOLLA, CA 92037</td>
<td>01-APR-24</td>
<td>N/A</td>
</tr>
<tr>
<td>MOTT, KRISTEN, PA</td>
<td>9850 GENESEE AVE STE 320</td>
<td>LA JOLLA, CA 92037</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
<tr>
<td>OKADA, MICHELLE, PA</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
<td>01-APR-21</td>
<td>N/A</td>
</tr>
<tr>
<td>OKADA, MICHELLE, PA</td>
<td>3855 HEALTH SCIENCES DR</td>
<td>LA JOLLA, CA 92093</td>
<td>01-APR-21</td>
<td>N/A</td>
</tr>
<tr>
<td>PAAMONI, ARIELLE, PA</td>
<td>9850 GENESEE AVE STE 530</td>
<td>LA JOLLA, CA 92037</td>
<td>01-AUG-22</td>
<td>N/A</td>
</tr>
<tr>
<td>PELIO, DARREN, PA</td>
<td>3855 HEALTH SCIENCES DR</td>
<td>LA JOLLA, CA 92093</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
<tr>
<td>PELIO, DARREN, PA</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
<tr>
<td>PERREault, Mark, PA</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
<tr>
<td>PERREault, Mark, PA</td>
<td>9400 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92093</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
<tr>
<td>PERREault, Mark, PA</td>
<td>9400 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92093</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
<tr>
<td>OKADA, MICHELLE, PA</td>
<td>9850 GENESEE AVE STE 530</td>
<td>LA JOLLA, CA 92037</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
<tr>
<td>RAHIM, ARIANNA, PA</td>
<td>9850 GENESEE AVE STE 530</td>
<td>LA JOLLA, CA 92037</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
</tbody>
</table>
530
LA JOLLA, CA 92037
Effective as of 01-OCT-23

SAIKHON, TALIA, PA
Provider ID: N/A
8910 VILLA LA JOLLA DR
STE 100
LA JOLLA, CA 92037
Effective as of 01-SEP-22

SAINT, MEAGHAN, PA
Provider ID: N/A
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Effective as of 01-DEC-21

SAUNDERS, SARA, PA
Provider ID: N/A
9898 GENESEE AVE FL 4
LA JOLLA, CA 92037
Effective as of 01-MAY-16

SHARAF, KAREEM, PA
Provider ID: N/A
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-DEC-21

SHARAF, KAREEM, PA
Provider ID: N/A
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-DEC-21

SNOWDEN, KELLY, PA
Provider ID: N/A
7855 IVANHOE AVE STE 110
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-21

SPEH, BRIAN, PA
Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAR-24

SZABO, HAYLIE, PA
Provider ID: N/A
9850 GENESEE AVE STE 210
LA JOLLA, CA 92037
Teleservice
Effective as of 01-OCT-22

WAHLIN, TAMARA, PA
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

WAHLIN, TAMARA, PA
Provider ID: N/A
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

WEIR, JACQUELINE, PA
Provider ID: N/A
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Effective as of 01-DEC-21

PODIATRIST

BERENTER, JAY, DPM
Provider ID: N/A
9850 GENESEE AVE STE 510
LA JOLLA, CA 92037
Effective as of 01-JAN-21

BERGER, COLBY, DPM
Provider ID: N/A
9850 GENESEE AVE STE 510
LA JOLLA, CA 92037
Effective as of 01-APR-23

BERGER, COLBY, DPM
Provider ID: N/A
9850 GENESEE AVE STE 510
LA JOLLA, CA 92037
Effective as of 01-JUN-23

KREPS, CHRISTOPHER, DPM
Provider ID: N/A
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Effective as of 01-DEC-21

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
510
LA JOLLA, CA 92037
Effective as of 01-MAR-22

KREPS, CHRISTOPHER, DPM Provider ID: N/A
9850 GENESEE AVE STE 510
LA JOLLA, CA 92037
Effective as of 01-SEP-21

PREVENTATIVE MEDICINE

STERN, ANNA, MD Provider ID: N/A
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-21

PSYCHIATRY

BRAR, SIMERJEET, MD Provider ID: N/A
8950 VILLA LA JOLLA DR STE C101
LA JOLLA, CA 92037
Effective as of 01-AUG-21

BRAR, SIMERJEET, MD Provider ID: N/A
8950 VILLA LA JOLLA DR STE C101
LA JOLLA, CA 92037
Effective as of 01-AUG-21

FINN, DAPHNA, MD Provider ID: N/A
8950 VILLA LA JOLLA DR STE C101
LA JOLLA, CA 92037
Effective as of 01-SEP-21

JOSHI, YASH, MD Provider ID: N/A
9300 CAMPUS POINT DR LA JOLLA, CA 92037
Effective as of 01-JAN-24

JOSHI, YASH, MD Provider ID: N/A
9300 CAMPUS POINT DR LA JOLLA, CA 92037
Effective as of 01-JAN-24

KARANJIA, NAVAZ, MD Provider ID: N/A
9350 CAMPUS POINT DR LA JOLLA, CA 92037
Effective as of 01-FEB-22

KARANJIA, NAVAZ, MD Provider ID: N/A
9350 CAMPUS POINT DR LA JOLLA, CA 92037
Effective as of 01-FEB-22

KARIPPOT, ANOOP, MD Provider ID: N/A
9300 CAMPUS POINT DR LA JOLLA, CA 92037
Effective as of 01-NOV-21

LIU, FRED, MD Provider ID: N/A
9300 CAMPUS POINT DR LA JOLLA, CA 92037
Effective as of 01-NOV-21

MOORE, SHAVON, MD Provider ID: N/A
9300 CAMPUS POINT DR
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOORE, SHAVON, MD</td>
<td>N/A</td>
<td>8950 VILLA LA JOLLA DR STE C101</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>MOORE, SHAVON, MD</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>NICHOLS, ALPHONSO, MD</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 710</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>NICHOLS, ALPHONSO, MD</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 710</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>QAYOUMI, WALI, MD</td>
<td>N/A</td>
<td>9350 CAMPUS POINT DR STE LLB</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>QAYOUMI, WALI, MD</td>
<td>N/A</td>
<td>9500 GILMAN DR STE 2069</td>
<td>LA JOLLA, CA</td>
<td>92093</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>MOORE, SHAVON, MD</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>NICHOLS, ALPHONSO, MD</td>
<td>N/A</td>
<td>9850 GENEESE AVE STE 710</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>QAYOUMI, WALI, MD</td>
<td>N/A</td>
<td>9350 CAMPUS POINT DR STE LLB</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>REGO-KEARNEY, JENNIFER, MD</td>
<td>N/A</td>
<td>9350 CAMPUS POINT DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>SCHNEEBERGER, ANDRES, MD</td>
<td>N/A</td>
<td>8950 VILLA LA JOLLA DR STE C101</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>TARVER, LESLIE, MD</td>
<td>N/A</td>
<td>8950 VILLA LA JOLLA DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>REGO-KEARNEY, JENNIFER, MD</td>
<td>N/A</td>
<td>9500 GILMAN DR STE 2069</td>
<td>LA JOLLA, CA</td>
<td>92093</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>QAYOUMI, WALI, MD</td>
<td>N/A</td>
<td>9350 CAMPUS POINT DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>REGO-KEARNEY, JENNIFER, MD</td>
<td>N/A</td>
<td>9500 GILMAN DR STE 2069</td>
<td>LA JOLLA, CA</td>
<td>92093</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>SCHNEEBERGER, ANDRES, MD</td>
<td>N/A</td>
<td>8950 VILLA LA JOLLA DR STE C101</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>TARVER, LESLIE, MD</td>
<td>N/A</td>
<td>8950 VILLA LA JOLLA DR</td>
<td>LA JOLLA, CA</td>
<td>92037</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>Name</td>
<td>Provider ID</td>
<td>Address</td>
<td>Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------</td>
<td>----------------------------------------------</td>
<td>----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TARVER, LESLIE, MD</strong></td>
<td>N/A</td>
<td>8950 VILLA LA JOLLA DR STE C101</td>
<td>Effective as of 01-AUG-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KARIPPOT, ANOOP, MD</strong></td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 710 LA JOLLA, CA 92037</td>
<td>Effective as of 01-AUG-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KARIPPOT, ANOOP, MD</strong></td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 710 LA JOLLA, CA 92037</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KARIPPOT, ANOOP, MD</strong></td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 710 LA JOLLA, CA 92037</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KARIPPOT, ANOOP, MD</strong></td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 710 LA JOLLA, CA 92037</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KARIPPOT, ANOOP, MD</strong></td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 710 LA JOLLA, CA 92037</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KARIPPOT, ANOOP, MD</strong></td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 710 LA JOLLA, CA 92037</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KARIPPOT, ANOOP, MD</strong></td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 710 LA JOLLA, CA 92037</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KARIPPOT, ANOOP, MD</strong></td>
<td>N/A</td>
<td>9850 GENESEE AVE STE 710 LA JOLLA, CA 92037</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REGO-KEARNEY, JENNIFER, MD</strong></td>
<td>N/A</td>
<td>8950 VILLA LA JOLLA DR STE C217</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REGO-KEARNEY, JENNIFER, MD</strong></td>
<td>N/A</td>
<td>8950 VILLA LA JOLLA DR STE C217</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REGO-KEARNEY, JENNIFER, MD</strong></td>
<td>N/A</td>
<td>8950 VILLA LA JOLLA DR STE C217</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REGO-KEARNEY, JENNIFER, MD</strong></td>
<td>N/A</td>
<td>8950 VILLA LA JOLLA DR STE C217</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REGO-KEARNEY, JENNIFER, MD</strong></td>
<td>N/A</td>
<td>8950 VILLA LA JOLLA DR STE C217</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REGO-KEARNEY, JENNIFER, MD</strong></td>
<td>N/A</td>
<td>8950 VILLA LA JOLLA DR STE C217</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REGO-KEARNEY, JENNIFER, MD</strong></td>
<td>N/A</td>
<td>8950 VILLA LA JOLLA DR STE C217</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Effective as of 01-OCT-23

**PSYCHIATRY SLEEP MEDICINE**

**KARIPPOT, ANOOP, MD**
Provider ID: N/A

8950 GENESEE AVE STE 710
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-24

**BAILIS, JESSICA, PSYD**
Provider ID: N/A

8950 VILLA LA JOLLA DR STE C101
LA JOLLA, CA 92037
Effective as of 01-JUN-23

**BAILIS, JESSICA, PSYD**
Provider ID: N/A

8950 VILLA LA JOLLA DR STE C101
LA JOLLA, CA 92037
Effective as of 01-DEC-23

**EICHEN, DAWN, PhD**
Provider ID: N/A

3344 N TORREY PINES CT
LA JOLLA, CA 92037
Effective as of 01-JAN-24

**KAUP, ALLISON, PhD**
Provider ID: N/A

9850 GENESEE AVE STE 530
LA JOLLA, CA 92037
Teleservice
Effective as of 01-OCT-23

**EICHEN, DAWN, PhD**
Provider ID: N/A

3344 N TORREY PINES CT
LA JOLLA, CA 92037
Effective as of 01-DEC-23

**KAUP, ALLISON, PhD**
Provider ID: N/A

9850 GENESEE AVE STE 530
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-24

**BOUTELLE, KERRI, PhD**
Provider ID: N/A

3344 N TORREY PINES CT
LA JOLLA, CA 92037
Effective as of 01-DEC-23

**MINASSIAN, ARPI, PhD**
Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-DEC-23

**EICHEN, DAWN, PhD**
Provider ID: N/A

3344 N TORREY PINES CT
LA JOLLA, CA 92037
Effective as of 01-DEC-23

**KAUP, ALLISON, PhD**
Provider ID: N/A

9850 GENESEE AVE STE 530
LA JOLLA, CA 92037
Teleservice
Effective as of 01-OCT-23

**KAUP, ALLISON, PhD**
Provider ID: N/A

9850 GENESEE AVE STE 530
LA JOLLA, CA 92037
Teleservice
Effective as of 01-OCT-23

**MINASSIAN, ARPI, PhD**
Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-OCT-23

**MINASSIAN, ARPI, PhD**
Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-OCT-23

**MINASSIAN, ARPI, PhD**
Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-OCT-23

**MINASSIAN, ARPI, PhD**
Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-OCT-23

**MINASSIAN, ARPI, PhD**
Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-NOV-21

PARK, JESSIE, PSYD†
Provider ID: N/A
8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Effective as of 01-DEC-21

PARK, JESSIE, PSYD†
Provider ID: N/A
8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Effective as of 01-DEC-21

REED, KRISTIE, PhD†
Provider ID: N/A
8950 VILLA LA JOLLA DR
STE C212
LA JOLLA, CA 92037
Effective as of 01-AUG-22

REED, KRISTIE, PhD
Provider ID: N/A
3344 N TORREY PINES CT
LA JOLLA, CA 92037
Effective as of 01-DEC-23

REED, KRISTIE, PhD†
Provider ID: N/A
8950 VILLA LA JOLLA DR
STE C212
LA JOLLA, CA 92037
Effective as of 01-AUG-22

REED, KRISTIE, PhD
Provider ID: N/A
3344 N TORREY PINES CT
LA JOLLA, CA 92037
Effective as of 01-DEC-23

TARLE, STEPHANIE, PhD
Provider ID: N/A
8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Effective as of 01-DEC-23

PUBLIC HEALTH

PULMONARY DISEASES

BAILEY, JACOB, MD
Provider ID: N/A
9050 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Effective as of 01-DEC-23

CORATE, LALAIN, MD†
Provider ID: N/A
9850 GENESEE AVE STE
370
LA JOLLA, CA 92037
Effective as of 01-JUL-20

FRICKS, CARL, MD†
Provider ID: N/A
9850 GENESEE AVE STE
370
LA JOLLA, CA 92037
Effective as of 01-JUL-20

GLICKMAN, SAMUEL, MD†
Provider ID: N/A
9850 GENESEE AVE STE
370
LA JOLLA, CA 92037
Effective as of 01-JUL-20

JONES, DANIEL, MD†
Provider ID: N/A
9850 GENESEE AVE STE
370
LA JOLLA, CA 92037
Effective as of 01-JUL-20

FE, ALEXANDER, MD†
Provider ID: N/A
9050 GENESEE AVE STE
370
LA JOLLA, CA 92037
Effective as of 01-SEP-21

FE, ALEXANDER, MD†
Provider ID: N/A
9850 GENESEE AVE STE
370
LA JOLLA, CA 92037
Effective as of 01-FEB-23
LA JOLLA, CA 92037
Effective as of 01-JUL-20

MCCAUL, DAVID, MD
Provider ID: N/A
ensus 9850 GENESEE AVE STE
370
LA JOLLA, CA 92037
Effective as of 01-JUL-20

MCCAUL, DAVID, MD
Provider ID: N/A
ensus 9850 GENESEE AVE STE
370
LA JOLLA, CA 92037
Effective as of 01-JUL-20

MCGUIRE, WILLIAM, MD
Provider ID: N/A
ensus 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

MUNOZ PINEDA, JORGE, MD
Provider ID: N/A
ensus 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-DEC-23

PEARCE, ALEX, MD
Provider ID: N/A
ensus 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-DEC-23

RADWAN, MOHAMED, MD
Provider ID: N/A
ensus 9850 GENESEE AVE STE
370
LA JOLLA, CA 92037
Effective as of 01-JUL-20

RADIATION ONCOLOGY

BEAR, JONATHAN, MD
Provider ID: N/A
ensus 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-JAN-24

SIMPSON, DANIEL, MD
Provider ID: N/A
ensus 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-APR-23

TRINGALE, KATHRYN, MD
Provider ID: N/A
ensus 3960 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-SEP-22

TRINGALE, KATHRYN, MD
Provider ID: N/A
ensus 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-SEP-22

TYE, KAREN, MD
Provider ID: N/A
ensus 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-JAN-24

YORK, JOHN, MD
Provider ID: N/A
ensus 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-JAN-24

RADIOLOGY DIAGNOSTIC

AGANOVIC, LEJLA, MD
Provider ID: N/A
ensus 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMMIRATI, GIUSEPPE, MD†</td>
<td>N/A</td>
<td>9834 GENESEE AVE STE 411 LA JOLLA, CA 92037</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>BOLAR, DIVYA, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR LA JOLLA, CA 92037</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>BOSWELL, GILBERT, MD</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>BRANCH, CODY, MD†</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>BROUHA, SHARON, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR LA JOLLA, CA 92037</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>BUI, KEVIN, MD†</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR LA JOLLA, CA 92037</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>CARSWELL, AIMEE, MD</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>CHANG, JENNIFER, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR LA JOLLA, CA 92037</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>FARID, NIKDOKHT, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR LA JOLLA, CA 92037</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>FAZELI, Soudabeh, MD</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>FOWLER, KATHRYN, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR LA JOLLA, CA 92037</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>GENTILI, AMILCARE, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR LA JOLLA, CA 92037</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>HAHN, LEWIS, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR LA JOLLA, CA 92037</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>HAHN, MICHAEL, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR LA JOLLA, CA 92037</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>HANDWERKER, JASON, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR LA JOLLA, CA 92037</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>Name</td>
<td>Provider ID</td>
<td>Address</td>
<td>city, state</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>--------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>HAWLEY, DANIEL, MD</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>HOROWITZ, MICHAEL, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>HSIAO, ALBERT, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>HUANG, BRADY, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>JACOBS, KATHLEEN, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>JACOBSON, JON, MD</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>JAFFRAY, PAUL, MD</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>KAROW, DAVID, MD</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>KAROW, DAVID, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>KARUNAMUNI, JENNIFER, MD</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>KIM, ERIC, MD</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>KLIGERMAN, SETH, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>KONDILI, DHIMITER, MD†</td>
<td>N/A</td>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>LEE, ROLAND, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>LIM, VIVIAN, MD</td>
<td>N/A</td>
<td>9452 MEDICAL CENTER DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

NORBASH, ALEXANDER, MD
Provider ID: N/A
319
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

OBOYLE, MARY, MD
Provider ID: N/A
319
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

OBOYLE, MARY, MD†
Provider ID: N/A
319
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-FEB-22

OJEDA-FOURNIER, HAYDEE, MD
Provider ID: N/A
319
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

PATHRIA, MINI, MD
Provider ID: N/A
319
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

RAKOW-PENNER, REBECCA, MD
Provider ID: N/A
319
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

RESNICK, DONALD, MD
Provider ID: N/A
319
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

RITCHIE, DAVID, MD
Provider ID: N/A
319
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

SADAT, SAYED, DO
Provider ID: N/A
319
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

SAMPATH, SRIHARI, MD
Provider ID: N/A
319
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

SAMPATH, SRINATH, MD
Provider ID: N/A
319
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

SANTILLAN, CYNTHIA, MD
Provider ID: N/A
319
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

SEARLEMAN, ADAM, MD
Provider ID: N/A
319
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

SLATER, JERRY, MD†
Provider ID: N/A
319
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

SMITAMAN, EDWARD, MD
Provider ID: N/A
319
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-21

STEINBERGER, AMANDA, DO
Provider ID: N/A
319
9850 GENESEE AVE STE 410
LA JOLLA, CA 92037
Teleservice
Effective as of 01-OCT-23

STEINBERGER, AMANDA, DO
Provider ID: N/A
319
9850 GENESEE AVE STE 410
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-24

TAMAYO-MURILLO, DORATHY, MD
Provider ID: N/A
319
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

THOMPSON, COLE, MD
Provider ID: N/A
319
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

UNSDORFER, KYLE, MD
Provider ID: N/A
319
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

VAHDOT, NOUSHIN, MD
Provider ID: N/A
319
320
Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. Network Providers List

### Specialist Physicians

**MORELL, MICHAEL, MD**
- Provider ID: N/A
- Address: 9850 Geneesee Ave, Suite 570, La Jolla, CA 92037
- Effective as of 01-DEC-21

**MORELL, MICHAEL, MD**
- Provider ID: N/A
- Address: 9850 Geneesee Ave, Suite 570, La Jolla, CA 92037
- Effective as of 01-MAR-24

**OLSON, CHERYL, MD**
- Provider ID: N/A
- Address: 9850 Geneesee Ave, Suite 660, La Jolla, CA 92037
- Effective as of 01-APR-17

**OLSON, CHERYL, MD**
- Provider ID: N/A
- Address: 9850 Geneesee Ave, Suite 660, La Jolla, CA 92037
- Effective as of 01-FEB-23

**SCHULTZEL, MATTHEW, DO**
- Provider ID: N/A
- Address: 4150 Regents Park Row, Suite 345, La Jolla, CA 92037
- Effective as of 01-JUL-20

**SHAPERA, EMANUEL, MD**
- Provider ID: N/A
- Address: 9850 Geneesee Ave, Suite 570, La Jolla, CA 92037
- Effective as of 01-MAY-23

**SHAPERA, EMANUEL, MD**
- Provider ID: N/A
- Address: 9850 Geneesee Ave, Suite 570, La Jolla, CA 92037
- Effective as of 01-FEB-24

**SHERMAN, MARK, MD**
- Provider ID: N/A
- Address: 9850 Geneesee Ave, Suite 660, La Jolla, CA 92037
- Effective as of 01-FEB-23

**SURGERY GENERAL**

**BUNKE, NISHA, MD**
- Provider ID: N/A
- Address: 9850 Geneesee Ave, Suite 410, La Jolla, CA 92037
- Teleservice
- Effective as of 01-JAN-21

**LUCAS, SARAH, MD**
- Provider ID: N/A
- Address: 9850 Geneesee Ave, Suite 410, La Jolla, CA 92037
- Effective as of 01-JUL-23

**SURGERY HAND**

**BROWN, RICHARD, MD**
- Provider ID: N/A
- Address: 9850 Geneesee Ave, Suite 210, La Jolla, CA 92037
- Teleservice
- Effective as of 01-OCT-21

**MURTHY, NIKHIL, MD**
- Provider ID: N/A
- Address: 9300 Campus Point Dr, La Jolla, CA 92037
- Effective as of 01-JUL-23

**MURTHY, NIKHIL, MD**
- Provider ID: N/A
- Address: 9400 Campus Point Dr, La Jolla, CA 92093
- Effective as of 01-JUL-23

**OOSTRUP, RICHARD, MD**
- Provider ID: N/A
- Address: 9300 Campus Point Dr, La Jolla, CA 92037
- Effective as of 01-OCT-21
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Effective From</th>
<th>Address</th>
<th>Provider Type</th>
<th>Contact Method</th>
<th>Specialization</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>01-JAN-13</td>
<td>9850 GENESEE AVE STE 770</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-MAR-24</td>
<td>9834 GENESEE AVE STE 228</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-JUL-23</td>
<td>9300 CAMPUS POINT DR</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-SEP-21</td>
<td>9834 GENESEE AVE STE 228</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-MAR-24</td>
<td>9834 GENESEE AVE STE 228</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-MAR-24</td>
<td>9834 GENESEE AVE STE 228</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-JUL-23</td>
<td>9400 CAMPUS POINT DR</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-SEP-21</td>
<td>9400 CAMPUS POINT DR</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-JUL-23</td>
<td>9850 GENESEE AVE STE 210</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-SEP-21</td>
<td>9834 GENESEE AVE STE 228</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-JAN-21</td>
<td>9834 GENESEE AVE STE 228</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-SEP-21</td>
<td>9834 GENESEE AVE STE 228</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-APR-24</td>
<td>9834 GENESEE AVE STE 228</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-APR-24</td>
<td>9834 GENESEE AVE STE 228</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-APR-24</td>
<td>9834 GENESEE AVE STE 228</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-APR-24</td>
<td>9834 GENESEE AVE STE 228</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-APR-24</td>
<td>9834 GENESEE AVE STE 228</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-APR-24</td>
<td>9834 GENESEE AVE STE 228</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>01-APR-24</td>
<td>9834 GENESEE AVE STE 228</td>
<td></td>
<td></td>
<td>Surgery Orthopedic</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单

专科护理医生

Effective as of 01-SEP-20

WANG, WILLIAM, MD†
Provider ID: N/A

9850 GENESEE AVE STE 560
LA JOLLA, CA 92037
Effective as of 01-SEP-15

ZANDER, ASHLEY, DO†
Provider ID: N/A

3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-AUG-22

Effective as of 01-SEP-20

BAGRODIA, ADITYA, MD†
Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-DEC-21

BASTUBA, MARTIN, MD†
Provider ID: N/A

9850 GENESEE AVE STE 630
LA JOLLA, CA 92037
Effective as of 01-SEP-20

ZANDER, ASHLEY, DO†
Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-22

COHEN, EDWARD, MD†
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-AUG-22

SUROGY ONSCENOLY

MEHTSUN, WINTA, MD†
Provider ID: N/A

3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-JAN-22

UREOLGY

ANGER, JENNIFER, MD†
Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-OCT-21

Effective as of 01-SEP-20

NATIONAL, WILLIAM, MD†
Provider ID: N/A

9850 GENESEE AVE STE 560
LA JOLLA, CA 92037
Effective as of 01-SEP-15

ZANDER, ASHLEY, DO†
Provider ID: N/A

3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Effective as of 01-JAN-24

COHEN, EDWARD, MD†
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-JUN-23

KEILLER, DANNY, MD
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-FEB-24

NAITOH, JOHN, MD†
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-SEP-22

NAITOH, JOHN, MD†
C1. 网络提供者名单
专科护理医生

Provider ID: N/A

LA JOLLA, CA 92037
Effective as of 01-JUL-22

NAITOH, JOHN, MD†
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-JAN-21

NGUYEN, HUNG, MD†
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-JAN-21

NAITOH, JOHN, MD†
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-JAN-21

NAITOH, JOHN, MD†
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-SEP-21

NGUYEN, HUNG, MD†
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Teleservice
Effective as of 01-SEP-19

PE, MARK-RALLY, MD
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-24

ROBERTS, JAMES, MD
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-JAN-24

SALEM, CAROL, MD
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-FEB-24

SALMASI, AMIRALI, MD
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-JAN-24

SHEETZ, TYLER, MD
Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-SEP-23

SIMON, SCOTT, MD
Provider ID: N/A

9834 GENESEE AVE STE 224
LA JOLLA, CA 92037
Effective as of 01-JUN-23

VAPNEK, EVAN, MD
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-JUN-23

WANG, LUKE, MD
Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-JUN-23

YUH, BENJAMIN, MD†
Provider ID: N/A

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-SEP-22

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
YUH, BENJAMIN, MD†
Provider ID: N/A
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Effective as of 01-JAN-23

LEE, INSUN, MD†
Provider ID: N/A
5360 JACKSON DR STE 100
LA MESA, CA 91942
Effective as of 01-FEB-24

VERDOLIN, MICHAEL, MD
Provider ID: N/A
7051 ALVARADO RD STE 101
LA MESA, CA 91942
Effective as of 01-JAN-21

CHIEN, SHELBY, MD†
Provider ID: N/A
5360 JACKSON DR STE 100
LA MESA, CA 91942
Effective as of 01-JAN-23

VERDOLIN, MICHAEL, MD
Provider ID: N/A
7051 ALVARADO RD STE 101
LA MESA, CA 91942
Effective as of 01-JAN-21

ANESTHESIOLOGY PAIN MANAGEMENT

BROWNLOW, ROY, MD
Provider ID: N/A
5360 JACKSON DR STE 100
LA MESA, CA 91942
Effective as of 01-APR-24

COHEN, ZACHARY, MD
Provider ID: N/A

5360 JACKSON DR STE 100
LA MESA, CA 91942
Effective as of 01-JAN-23

LEE, INSUN, MD†
Provider ID: N/A
5360 JACKSON DR STE 100
LA MESA, CA 91942
Effective as of 01-FEB-24

VERDOLIN, MICHAEL, MD
Provider ID: N/A
7051 ALVARADO RD STE 101
LA MESA, CA 91942
Effective as of 01-MAR-22

AUDIOLOGIST

HORNER, HEATHER, AuD†
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 463
LA MESA, CA 91942
Effective as of 01-JUN-22

SHASKY, GARY, AuD†
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 153
LA MESA, CA 91942
Effective as of 01-JAN-21

SHASKY, GARY, AuD
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 444
LA MESA, CA 91942
Effective as of 01-JAN-21

BELOTT, PETER, MD†
Provider ID: N/A
8851 CENTER DR STE 305
LA MESA, CA 91942
Effective as of 01-AUG-21

DAWOOD, FARAH, MD†
Provider ID: N/A
8851 CENTER DR STE 304
LA MESA, CA 91942
Effective as of 01-AUG-21

FERNANDEZ, GENARO, MD†
Provider ID: N/A
8851 CENTER DR STE 304
LA MESA, CA 91942
Effective as of 01-AUG-21

KIM, JAMES, MD
Provider ID: N/A
5358 JACKSON DR STE 1
LA MESA, CA 91942
Teleservice
C1. 网络提供者名单
专科护理医生

Effective as of 01-JUN-23

KIM, JAMES, MD
Provider ID: N/A
8535 JACKSON DR STE 1
LA MESA, CA 91942
Teleservice
Effective as of 01-AUG-23

KOTHA, PURUSHOTHAM, MD
Provider ID: N/A
8860 CENTER DR STE 400
LA MESA, CA 91942
Effective as of 01-JAN-21

MEHRANPOUR, PAYAM, MD
Provider ID: N/A
8851 CENTER DR STE 405
LA MESA, CA 91942
Effective as of 01-JAN-21

SHEREV, DIMITRI, MD
Provider ID: N/A
8851 CENTER DR STE 304
LA MESA, CA 91942
Effective as of 01-APR-23

CERTIFIED NURSE PRACTITIONER

Dwyer, Erin, NP
Provider ID: N/A
8851 CENTER DR STE 501
LA MESA, CA 91942
Effective as of 01-JAN-24

HALE, EMILY, NPF
Provider ID: N/A
5360 JACKSON DR STE 100
LA MESA, CA 91942
Teleservice
Effective as of 01-MAY-23

MCCALLION, DANIELLE, NP
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-AUG-23

MEGERT, SONYA, NP
Provider ID: N/A
5655 GROSSMONT CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-SEP-22

TOMICICH, STEPHANIE, NP
Provider ID: N/A
8851 CENTER DR STE 501
LA MESA, CA 91942
Effective as of 01-JAN-24

WOLF, ELI, NP
Provider ID: N/A
7339 EL CAJON BLVD STE I
LA MESA, CA 91942
Effective as of 01-OCT-23

HEARING AID DEALER / SUPPLIER

ANDERSON, ELAINE, MA
Provider ID: N/A
5655 GROSSMONT CENTER DR
LA MESA, CA 91942
Effective as of 01-SEP-22

HEMATOLOGY / ONCOLOGY

Batra, REEMA, MD
5555 GROSSMONT CENTER DR
LA MESA, CA 91942
Effective as of 01-JAN-14

Bodkin, David, MD
Provider ID: N/A
5555 GROSSMONT CENTER DR
LA MESA, CA 91942
Effective as of 01-JAN-21

Medic, Igor, MD
Provider ID: N/A
5555 GROSSMONT CENTER DR
LA MESA, CA 91942
Effective as of 01-JAN-21

Medic, Igor, MD
Provider ID: N/A
5555 GROSSMONT CENTER DR
LA MESA, CA 91942
Effective as of 01-JAN-21

Zu, Kai, MD
Provider ID: N/A
5555 GROSSMONT CENTER DR
LA MESA, CA 91942
Teleservice
Effective as of 01-JAN-21
C1. 网络提供者名单
专科护理医生

CENTER DR
LA MESA, CA 91942
Teleservice
Effective as of 01-JAN-21

INFECTIONOUS DISEASE
HADDAD, FADI, MD
Provider ID: N/A
8860 CENTER DR STE 320
LA MESA, CA 91942
Effective as of 01-JUN-23

MIRADI, MOHAMMED, MD†
Provider ID: N/A
5565 GROSSMONT CENTER DR BLDG 1 STE 211
LA MESA, CA 91942
Effective as of 01-SEP-22

MIRADI, MOHAMMED, MD†
Provider ID: N/A
5565 GROSSMONT CENTER DR BLDG 1 STE 211
LA MESA, CA 91942
Effective as of 01-SEP-15

INTERNAL MEDICINE
FADDA, GEORGE, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-NOV-23

FARAVARDEH, ARMAN, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-SEP-14

FERNANDEZ, GENARO, MD†
Provider ID: N/A
8851 CENTER DR STE 304
LA MESA, CA 91942

KOTHA, ROSHAN, MD†
Provider ID: N/A
8860 CENTER DR STE 400
LA MESA, CA 91942
Effective as of 01-SEP-15

LEININGER, DANIEL, DO†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Teleservice
Effective as of 01-NOV-22

LIU, ANDREW, MD
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-SEP-23

MOOLANI, UJJALA, MD
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-MAY-23

POKALA, SATHYA, MD†
Provider ID: N/A
8860 CENTER DR STE 240
LA MESA, CA 91942
Effective as of 01-JAN-14

REDDY, REDDIWANDLA, MD†
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 202
LA MESA, CA 91942
Effective as of 01-SEP-22

REDDY, REDDIWANDLA, MD†
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 202
LA MESA, CA 91942
Effective as of 01-SEP-22

TAGHIZADEH, BEHZAD, MD†
Provider ID: N/A
8851 CENTER DR STE 304
LA MESA, CA 91942
Effective as of 01-SEP-22

TAGHIZADEH, BEHZAD, MD†
Provider ID: N/A
8851 CENTER DR STE 304
LA MESA, CA 91942
Effective as of 01-SEP-22
C1. 网络提供者名单
专科护理医生

Effective as of 01-SEP-22

YELLEN, LAURENCE, MD†
Provider ID: N/A
8851 CENTER DR STE 405
LA MESA, CA 91942
Effective as of 01-SEP-22

FADDA, GEORGE, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JUL-22

LEININGER, DANIEL, DO†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Teleservice
Effective as of 01-SEP-22

NEPHROLOGY

AL-DAHHAN, ZAID, MD
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-MAY-23

DO, LUAN, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-SEP-20

DO, LUAN, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JUL-22

DO, LUAN, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JUL-22

DO, LUAN, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JUL-22

FADDA, GEORGE, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-AUG-16

FADDA, GEORGE, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JUL-22

FARAVARDEH, ARMAN, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-AUG-14

LEININGER, DANIEL, DO†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Teleservice
Effective as of 01-AUG-22

LEININGER, DANIEL, DO†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Teleservice
Effective as of 01-OCT-22

LEININGER, DANIEL, DO†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Teleservice
Effective as of 01-JUL-22

MILLER, LUCY, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-SEP-20

MILLER, LUCY, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JUL-22

MILLER, LUCY, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-APR-15

MILLER, LUCY, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-OCT-22

MILLER, LUCY, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JUL-22

MILLER, LUCY, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-OCT-22

SAEED, ODAY, MD
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-MAR-24

THOMPSON, JOHN, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-MAY-15

THOMPSON, JOHN, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JUL-22

THOMPSON, JOHN, MD†
Provider ID: N/A
8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JAN-21

MOHAMMAD, AHMAD SHAH, MD†
Provider ID: N/A
8851 CENTER DR STE 307
LA MESA, CA 91942
Effective as of 01-JAN-21

MOHAMMAD, AHMAD SHAH, MD†
Provider ID: N/A
8851 CENTER DR STE 307
LA MESA, CA 91942
Effective as of 01-AUG-23

BERNALES-MENDEZ, DEZARINA, OT
Provider ID: N/A
8388 PARKWAY DR
LA MESA, CA 91942
Effective as of 01-JAN-23

BERNALES-MENDEZ, DEZARINA, OT
Provider ID: N/A
4700 SPRING ST STE 180
LA MESA, CA 91942
Effective as of 01-SEP-22

PORTER, EILEEN, OT
Provider ID: N/A
8388 PARKWAY DR
LA MESA, CA 91942
Effective as of 01-SEP-22

OBSTETRICS / GYNECOLOGY

DAVIS, TRACIE, MD†
Provider ID: N/A
8851 CENTER DR STE 210
LA MESA, CA 91942
Effective as of 01-APR-21

PAPA, RHETT, DO†
Provider ID: N/A
8851 CENTER DR STE 210
LA MESA, CA 91942
Effective as of 01-APR-21

PORTER, EILEEN, OT
Provider ID: N/A
4700 SPRING ST STE 180
LA MESA, CA 91942
Effective as of 01-APR-21

PORTER, EILEEN, OT
Provider ID: N/A
8388 PARKWAY DR
LA MESA, CA 91942
Effective as of 01-APR-21

SHIH, LYNN, OT
Provider ID: N/A
8388 PARKWAY DR
LA MESA, CA 91942
Effective as of 01-DEC-23
### C1. 网络提供者名单

**专科护理医生**

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>4700 SPRING ST STE 180</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-APR-22</td>
</tr>
<tr>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>8851 CENTER DR STE 406 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>8851 CENTER DR STE 406 LA MESA, CA 91942</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE K LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE K LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE K LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE K LA MESA, CA 91942</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE K LA MESA, CA 91942</td>
<td>01-FEB-23</td>
</tr>
</tbody>
</table>

---

**OPHTHALMOLOGY**

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>8851 CENTER DR STE 406 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>8851 CENTER DR STE 406 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE K LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE K LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE K LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
</tbody>
</table>

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Network Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORRISON-REYES, JOSHUA, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 551 BLDG 3</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>MORRISON-REYES, JOSHUA, MD</td>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>MORRISON-REYES, JOSHUA, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 551 BLDG 3</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>NAJAFI, DAVID, MD</td>
<td>N/A</td>
<td>8262 UNIVERSITY AVE LA MESA, CA 91942</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>PAPASTERGIOU, GEORGIOS, MD</td>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>PAPASTERGIOU, GEORGIOS, MD</td>
<td>N/A</td>
<td>8851 CENTER DR STE 406 LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>PATEL, SARJAN, MD</td>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>PATEL, GITANE, MD</td>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>PATEL, GITANE, MD</td>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>PATEL, SARJAN, MD</td>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>PATEL, SARJAN, MD</td>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>PATEL, SARJAN, MD</td>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>PATEL, SARJAN, MD</td>
<td>N/A</td>
<td>7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>PRABHU, SUJATA, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR STE 3 BLDG 3 LA MESA, CA 91942</td>
<td>01-APR-22</td>
</tr>
<tr>
<td>PRABHU, SUJATA, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 551 LA MESA, CA 91942</td>
<td>01-APR-22</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

Effective as of 01-DEC-20

PRABHU, SUJATA, MD
Provider ID: N/A
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Effective as of 01-MAR-22

PRABHU, SUJATA, MD
Provider ID: N/A
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Effective as of 01-DEC-23

PRABHU, SUJATA, MD
Provider ID: N/A
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Effective as of 01-SEP-22

PRATT, STEVEN, MD
Provider ID: N/A
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Effective as of 01-MAR-22

RAJSBAUM, MARTIN, MD
Provider ID: N/A
8851 CENTER DR STE 406
LA MESA, CA 91942
Effective as of 01-JUL-22

SAMUEL, MICHAEL, MD
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 551
LA MESA, CA 91942
Effective as of 01-MAR-21

SAMUEL, MICHAEL, MD
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 551
LA MESA, CA 91942
Effective as of 01-MAR-21

SASSANI, PATRICK, MD
Provider ID: N/A
8851 CENTER DR STE 406
LA MESA, CA 91942
Effective as of 01-FEB-24

SCHER, BARRY, MD
Provider ID: N/A
8851 CENTER DR STE 406
LA MESA, CA 91942
Effective as of 01-SEP-22

SKAF, AYHAM, MD
Provider ID: N/A
8851 CENTER DR STE 406
LA MESA, CA 91942
Effective as of 01-SEP-22

SKAF, AYHAM, MD
Provider ID: N/A
8851 CENTER DR STE 406
LA MESA, CA 91942
Effective as of 01-SEP-22

SKAF, AYHAM, MD
Provider ID: N/A
8851 CENTER DR STE 406
LA MESA, CA 91942
Effective as of 01-JAN-20

SKAF, AYHAM, MD
Provider ID: N/A
8851 CENTER DR STE 406
LA MESA, CA 91942
Effective as of 01-AUG-20

ZABANEH, ALEXANDER, MD
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 3
LA MESA, CA 91942
Effective as of 01-JAN-21

OPTOMETRIST

AOTO, KIM, OD
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 551

AOTO, KIM, OD
Provider ID: N/A
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Effective as of 01-MAR-22

DEAN, MOENA, OD
Provider ID: N/A
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Effective as of 01-SEP-22

DEAN, MOENA, OD
Provider ID: N/A
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Effective as of 01-JAN-24

DYER, SHARON, OD
Provider ID: N/A
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Effective as of 01-MAR-22

DYER, SHARON, OD
Provider ID: N/A
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Effective as of 01-MAR-22

DYER, SHARON, OD
Provider ID: N/A
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Effective as of 01-SEP-22

DYER, SHARON, OD
Provider ID: N/A
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Effective as of 01-SEP-22

DYER, SHARON, OD
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 551
LA MESA, CA 91942
Effective as of 01-SEP-22

DYER, SHARON, OD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942
Effective as of 01-SEP-22

HAN, SULKI, OD†
Provider ID: N/A
7339 EL CAJON BLVD STE J/K
LA MESA, CA 91942
Effective as of 01-DEC-22

KHALIL, VADY, OD†
Provider ID: N/A
7339 EL CAJON BLVD STE J-K
LA MESA, CA 91942
Effective as of 01-MAR-22

TONNU, ANH, OD†
Provider ID: N/A
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Effective as of 01-MAR-22

VINH, JOHN, OD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942
Effective as of 01-SEP-22

VINH, JOHN, OD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942
Effective as of 01-JAN-21

ZVANUT, DONALD, OD†
Provider ID: N/A
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Effective as of 01-AUG-22

MOLES, JEREMIAH, MD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-JUL-22

BUSINO, ROWLEY, MD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-SEP-22

BUSINO, ROWLEY, MD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-JAN-21

BUSINO, ROWLEY, MD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-DEC-15

BUSINO, ROWLEY, MD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-NOV-22

BUSINO, ROWLEY, MD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-MAR-22

BUSINO, ROWLEY, MD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-AUG-22

BUSINO, ROWLEY, MD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-JUL-22

MOLES, JEREMIAH, MD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-JUL-22

MOLES, JEREMIAH, MD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-JUL-22

BUSINO, ROWLEY, MD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-MAR-22

OTOLARYNGOLOGY

BUSINO, ROWLEY, MD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-JAN-21

BUSINO, ROWLEY, MD†
Provider ID: N/A
5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-JUL-22
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOLES, JEREMIAH, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-APR-21</td>
</tr>
<tr>
<td>MOLES, JEREMIAH, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-DEC-15</td>
</tr>
<tr>
<td>MOLES, JEREMIAH, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>MOLES, JEREMIAH, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MOLES, JEREMIAH, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-JUN-20</td>
</tr>
<tr>
<td>PATSIAS, ALEXIS, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>PATSIAS, ALEXIS, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>PATSIAS, ALEXIS, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-MAY-21</td>
</tr>
<tr>
<td>PITZER, GEOFFREY, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-APR-21</td>
</tr>
<tr>
<td>SAEZ, NEIL, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>SAEZ, NEIL, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>MOSHTAGHI, OMID, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>MOSHTAGHI, OMID, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>MOSHTAGHI, OMID, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-MAY-21</td>
</tr>
<tr>
<td>MOSHTAGHI, OMID, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-AUG-16</td>
</tr>
<tr>
<td>MOSHTAGHI, OMID, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MOSHTAGHI, OMID, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MOSHTAGHI, OMID, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>PATSIAS, ALEXIS, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>PITZER, GEOFFREY, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>SAEZ, NEIL, MD</td>
<td>N/A</td>
<td>5565 GROSSMONT CENTER DR BLDG 3 STE 101, LA MESA, CA 91942</td>
<td>01-JAN-21</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Effective as of 01-FEB-24

SAEZ, NEIL, MD
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 3
LA MESA, CA 91942
Effective as of 01-NOV-23

SCHALCH LEPE, PAUL, MD†
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 3
LA MESA, CA 91942
Effective as of 01-MAY-21

SCHALCH LEPE, PAUL, MD†
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 101
LA MESA, CA 91942
Effective as of 01-OCT-22

SCHALCH LEPE, PAUL, MD†
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 101
LA MESA, CA 91942
Effective as of 01-MAY-21

SCHALCH LEPE, PAUL, MD†
Provider ID: N/A
5565 GROSSMONT CENTER DR BLDG 3 STE 101
LA MESA, CA 91942
Effective as of 01-SEP-22

PEDIATRICS

SHAHBAZ, MAJID, MD
Provider ID: N/A
8851 CENTER DR STE 408
LA MESA, CA 91942
Effective as of 01-MAY-21

PHYS MED/ REHAB PAIN MEDICINE

KATZEN, SETH, DO
Provider ID: N/A
8851 CENTER DR STE 601
LA MESA, CA 91942
Effective as of 01-APR-21

PHYSICIANS ASSISTANT

DOUGHERTY, CLARA, PA
Provider ID: N/A
8851 CENTER DR STE 501
LA MESA, CA 91942
Effective as of 01-JAN-24

ELO, KRISTIN, PA†
Provider ID: N/A
5565 GROSSMONT CENTER DR
LA MESA, CA 91942
Effective as of 01-JAN-21

FERRARA, SAMANTHA, PA
Provider ID: N/A
7339 EL CAJON BLVD STE 1
LA MESA, CA 91942
Effective as of 01-JUL-23

GUTH, CARA, PA
Provider ID: N/A
8851 CENTER DR STE 601
LA MESA, CA 91942
Effective as of 01-SEP-22

HINKLE, CORINNE, PA
Provider ID: N/A
7339 EL CAJON BLVD STE 1
LA MESA, CA 91942
Effective as of 01-JUL-23

KHALEGHI, MANI, PA†
Provider ID: N/A
5565 GROSSMONT CENTER DR
LA MESA, CA 91942
Effective as of 01-JAN-21

MOORMAN, KRISTA, PA
Provider ID: N/A
7339 EL CAJON BLVD STE 1
LA MESA, CA 91942
Effective as of 01-MAY-22
C1. 网络提供者名单
专科护理医生

PYLE, ALEXANDRA, PA
Provider ID: N/A
8851 CENTER DR STE 601
LA MESA, CA 91942
Effective as of 01-JAN-24

TAYLOR, RYAN, PA
Provider ID: N/A
8851 CENTER DR STE 601
LA MESA, CA 91942
Effective as of 01-JAN-24

WHITE, KYLE, PA
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 601
LA MESA, CA 91942
Effective as of 01-JAN-24

WHITE, KYLE, PA
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 3
LA MESA, CA 91942
Teleservice
Effective as of 01-MAR-23

WHITE, KYLE, PA
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 101
LA MESA, CA 91942
Effective as of 01-NOV-23

WHITE, KYLE, PA
Provider ID: N/A
5565 GROSSMONT CENTER DR BLDG 3 STE 510
LA MESA, CA 91942
Teleservice
Effective as of 01-DEC-23

CAINE, SAMUEL, DPM
Provider ID: N/A
5565 GROSSMONT CENTER DR BLDG 3 STE 510
LA MESA, CA 91942
Teleservice
Effective as of 01-DEC-23

COLLINS, MICHAEL, DPM
Provider ID: N/A
8851 CENTER DR STE 601
LA MESA, CA 91942
Effective as of 01-JAN-23

COLLINS, MICHAEL, DPM
Provider ID: N/A
8851 CENTER DR STE 601
LA MESA, CA 91942
Effective as of 01-AUG-23

COX, KEVIN, DPM
Provider ID: N/A
5129 GARFIELD ST
LA MESA, CA 91941
Effective as of 01-APR-23

KRIGER, STEPHEN, DPM
Provider ID: N/A
5565 GROSSMONT CENTER DR BLDG 3 STE 510
LA MESA, CA 91942
Teleservice
Effective as of 01-DEC-23

NGUYEN, HAN, DPM
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 510
LA MESA, CA 91942
Effective as of 01-JUL-23

NGUYEN, HAN, DPM
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 510
LA MESA, CA 91942
Effective as of 01-DEC-23

NGUYEN, HAN, DPM
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 510
LA MESA, CA 91942
Effective as of 01-JUN-23

NGUYEN, HAN, DPM
Provider ID: N/A
5565 GROSSMONT CENTER DR STE 510
LA MESA, CA 91942
Effective as of 01-JUL-23

TSAI, GRACE, DPM
Provider ID: N/A
5565 GROSSMONT CENTER DR BLDG 3 STE 510
LA MESA, CA 91942
Effective as of 01-SEP-23

TSAI, GRACE, DPM
Provider ID: N/A
5565 GROSSMONT CENTER DR BLDG 3 STE 510
LA MESA, CA 91942
Effective as of 01-SEP-23

TSAI, GRACE, DPM
Provider ID: N/A
5565 GROSSMONT CENTER DR BLDG 3 STE 510
LA MESA, CA 91942
Effective as of 01-SEP-23

PODIATRIST

CAINE, SAMUEL, DPM
Provider ID: N/A
5565 GROSSMONT CENTER DR BLDG 3 STE 510
LA MESA, CA 91942
Teleservice
Effective as of 01-DEC-23
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGUYEN, STEVEN, PT</td>
<td>8388 PARKWAY DR</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>NGUYEN, STEVEN, PT</td>
<td>8388 PARKWAY DR</td>
<td>01-MAY-22</td>
</tr>
<tr>
<td>PAPA, AMY, PT</td>
<td>8388 PARKWAY DR</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>PAPA, AMY, PT</td>
<td>8388 PARKWAY DR</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>SAHATDJIAN, EVA, PT</td>
<td>8388 PARKWAY DR</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>SAHATDJIAN, EVA, PT</td>
<td>8388 PARKWAY DR</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>THOMAS, KAITLIN, PT</td>
<td>8388 PARKWAY DR</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>RHEUMATOLOGY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KOTHA, AKTHER, MD†</td>
<td>8860 CENTER DR STE 400</td>
<td>01-SEP-15</td>
</tr>
<tr>
<td>KOTHA, ROSHAN, MD†</td>
<td>8860 CENTER DR STE 400</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>KOTHA, AKTHER, MD†</td>
<td>8860 CENTER DR STE 400</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>KOTHA, AKTHER, MD†</td>
<td>8860 CENTER DR STE 400</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>KOTHA, ROSHAN, MD†</td>
<td>8860 CENTER DR STE 400</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>SURGERY GENERAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DICKINSON, PHILLIP, MD†</td>
<td>8554 LA MESA BLVD</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>KOTHA, ROSHAN, MD†</td>
<td>8851 CENTER DR STE 500</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>SURGERY NEUROLOGICAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kureshi, Sohaib, MD†</td>
<td>5565 GROSSMONT CENTER DR STE 210</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>OSTRUP, RICHARD, MD†</td>
<td>5565 GROSSMONT CENTER DR STE 210</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td>Name</td>
<td>Address</td>
<td>Effective Dates</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>ZACHARIAH, MARCUS, MD</td>
<td>5565 GROSSMONT CENTER DR BLDG 1 STE 210</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>HENDERSON, RODNEY, MD</td>
<td>8851 CENTER DR STE 601 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-14</td>
</tr>
<tr>
<td>KIMBALL, MICHAEL, MD</td>
<td>8851 CENTER DR STE 601 LA MESA, CA 91942</td>
<td>Effective as of 01-OCT-21</td>
</tr>
<tr>
<td>KIMBALL, MICHAEL, MD</td>
<td>8851 CENTER DR STE 601 LA MESA, CA 91942</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>RICKARDS, ENASS, MD</td>
<td>8851 CENTER DR STE 601 LA MESA, CA 91942</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>RICKARDS, ENASS, MD</td>
<td>8851 CENTER DR STE 601 LA MESA, CA 91942</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>TAYYAB, NEIL, MD</td>
<td>8851 CENTER DR STE 601 LA MESA, CA 91942</td>
<td>Effective as of 01-AUG-23</td>
</tr>
<tr>
<td>KOUMJIAN, MICHAEL, MD</td>
<td>5525 GROSSMONT CENTER DR STE 609 LA MESA, CA 91942</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>BUTLER, PHILIP, MD</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>COHEN, EDWARD, MD</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>DICKS, BRIAN, MD</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>JAVIER DESLOGES, JUAN, MD</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-DEC-22</td>
</tr>
<tr>
<td>KOUMJIAN, MICHAEL, MD</td>
<td>5525 GROSSMONT CENTER DR STE 609 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>JAVIER DESLOGES, JUAN, MD</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>JUMA, SAAD, MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>KEARSE, WILFRED, MD†</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>KEILLER, DANNY, MD</td>
<td>8850 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td>NEUSTEIN, PAUL, MD</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>NGUYEN, HUNG, MD</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>PE, MARK-RALLY, MD</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>ROBERTS, JAMES, MD</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>SALEM, CAROL, MD</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>8851 CENTER DR STE 501 LA MESA, CA 91942</th>
<th>Effective as of 01-JAN-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALMASI, AMIRALI, MD†</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>SALMASI, AMIRALI, MD†</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>VAPNEK, EVAN, MD</td>
<td>8851 CENTER DR STE 501 LA MESA, CA 91942</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>WERTMAN, BRETT, MD</td>
<td>333 CORPORATE DR STE 102 LADERA RANCH, CA 92694</td>
<td>Effective as of 01-JAN-20</td>
</tr>
<tr>
<td>WERTMAN, BRETT, MD</td>
<td>333 CORPORATE DR STE 102 LADERA RANCH, CA 92694</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>WERTMAN, BRETT, MD</td>
<td>333 CORPORATE DR STE 102 LADERA RANCH, CA 92694</td>
<td>Effective as of 01-JAN-20</td>
</tr>
<tr>
<td>CERTIFIED NURSE PRACTITIONER</td>
<td>25612 CROWN VALLEY PKWY LADERA RANCH, CA 92694</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>PASICOLAN, MARI, NP</td>
<td>25612 CROWN VALLEY PKWY LADERA RANCH, CA 92694</td>
<td>Effective as of 01-DEC-22</td>
</tr>
<tr>
<td>PASICOLAN, MARI, NP</td>
<td>25612 CROWN VALLEY PKWY LADERA RANCH, CA 92694</td>
<td>Effective as of 01-DEC-22</td>
</tr>
<tr>
<td>PASICOLAN, MARI, NP</td>
<td>25612 CROWN VALLEY PKWY LADERA RANCH, CA 92694</td>
<td>Effective as of 01-DEC-22</td>
</tr>
<tr>
<td>DERMATOLOGY</td>
<td>BINGHAM, LUCAS, MD</td>
<td>Provider ID: N/A</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Network Provider</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>600 CORPORATE DR STE 100 LADERA RANCH, CA 92694</td>
<td>01-MAY-22</td>
<td></td>
</tr>
<tr>
<td>LANDER, JEFFREY, MD†</td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
</tbody>
</table>

BINGHAM, LUCAS, MD
Provider ID: N/A
600 CORPORATE DR STE 100 LADERA RANCH, CA 92694
Effective as of 01-MAY-22

INTERVENTIONAL CARDIOLOGY
NGUYEN, HUY, MD†
Provider ID: N/A
333 CORPORATE DR STE 102 LADERA RANCH, CA 92694
Effective as of 01-MAY-20

BINGHAM, LUCAS, MD
Provider ID: N/A
600 CORPORATE DR STE 100 LADERA RANCH, CA 92694
Effective as of 01-DEC-18

NGUYEN, HUY, MD†
Provider ID: N/A
333 CORPORATE DR STE 102 LADERA RANCH, CA 92694
Effective as of 01-MAY-20

LANDER, JEFFREY, MD†
Provider ID: N/A
600 CORPORATE DR STE 100 LADERA RANCH, CA 92694
Effective as of 01-MAY-22

PETERTON, SAMUEL, MD†
Provider ID: N/A
600 CORPORATE DR STE 100 LADERA RANCH, CA 92694
Effective as of 01-DEC-17

BINGHAM, LUCAS, MD
Provider ID: N/A
600 CORPORATE DR STE 100 LADERA RANCH, CA 92694
Effective as of 01-DEC-18

NGUYEN, HUY, MD†
Provider ID: N/A
333 CORPORATE DR STE 102 LADERA RANCH, CA 92694
Effective as of 01-DEC-17

INTERVENTIONAL CARDIOLOGY
NGUYEN, HUY, MD†
Provider ID: N/A
333 CORPORATE DR STE 102 LADERA RANCH, CA 92694
Effective as of 01-JAN-21

WERTMAN, BRETT, MD
Provider ID: N/A
333 CORPORATE DR STE 100 LADERA RANCH, CA 92694
Effective as of 01-DEC-15

PENG, YING, MD†
Provider ID: N/A
333 CORPORATE DR STE 100 LADERA RANCH, CA 92694
Effective as of 01-SEP-18

EMERGENCY MEDICINE
TIMBOE, JENNA, MD
Provider ID: N/A
777 CORPORATE DR LADERA RANCH, CA 92694
Effective as of 01-OCT-23

WERTMAN, BRETT, MD
Provider ID: N/A
333 CORPORATE DR STE 100 LADERA RANCH, CA 92694
Effective as of 01-OCT-23

PENG, YING, MD†
Provider ID: N/A
333 CORPORATE DR STE 110 LADERA RANCH, CA 92694
Effective as of 01-JAN-16

NEUROLOGY
Effective as of 01-JUL-22

**NEUROLOGY CHILD**

PENG, YING, MD†
Provider ID: N/A
333 CORPORATE DR STE 110
LADERA RANCH, CA 92694
Effective as of 01-DEC-20

PENG, YING, MD†
Provider ID: N/A
333 CORPORATE DR STE 110
LADERA RANCH, CA 92694
Effective as of 01-DEC-20

PENG, YING, MD†
Provider ID: N/A
333 CORPORATE DR STE 110
LADERA RANCH, CA 92694
Effective as of 01-DEC-20

PENG, YING, MD†
Provider ID: N/A
333 CORPORATE DR STE 110
LADERA RANCH, CA 92694
Effective as of 01-DEC-20

PENG, YING, MD†
Provider ID: N/A
333 CORPORATE DR STE 110
LADERA RANCH, CA 92694
Effective as of 01-JUL-21

PENG, YING, MD†
Provider ID: N/A
333 CORPORATE DR STE 110
LADERA RANCH, CA 92694
Effective as of 01-JUL-21

PENG, YING, MD†
Provider ID: N/A
333 CORPORATE DR STE 110
LADERA RANCH, CA 92694
Effective as of 01-JUL-21

**OTOLARYNGOLOGY**

KAUFMAN, AVRUM, DO
Provider ID: N/A
800 CORPORATE DR STE 290
LADERA RANCH, CA 92694
Effective as of 01-SEP-19

**PEDIATRICS**

DWINELL, LAUREN, MD
Provider ID: N/A
777 CORPORATE DR STE 250
LADERA RANCH, CA 92694
Effective as of 01-JUL-23

**PHYSICIANS ASSISTANT**

RUMMEL, LAURA, PA†
Provider ID: N/A
600 CORPORATE DR STE 100
LADERA RANCH, CA 92694
Effective as of 01-DEC-22

RUMMEL, LAURA, PA†
Provider ID: N/A
600 CORPORATE DR STE 100
LADERA RANCH, CA 92694
Effective as of 01-DEC-22

**PODIATRIST**

RODRIGUEZ, NITZA, DPM†
Provider ID: N/A
333 CORPORATE DR STE 230
LADERA RANCH, CA 92694
Effective as of 01-SEP-19

RODRIGUEZ, NITZA, DPM†
Provider ID: N/A
333 CORPORATE DR STE 230
LADERA RANCH, CA 92694
Effective as of 01-SEP-19

RODRIGUEZ, NITZA, DPM†
Provider ID: N/A
333 CORPORATE DR STE 230
LADERA RANCH, CA 92694
Effective as of 01-SEP-19

**PSYCHIATRY**

BORECKY, ADAM, MD
Provider ID: N/A
333 CORPORATE DR STE 260
LADERA RANCH, CA 92694
Effective as of 01-DEC-20

BORECKY, ADAM, MD
Provider ID: N/A
333 CORPORATE DR STE 260
LADERA RANCH, CA 92694
Effective as of 01-DEC-20

BORECKY, ADAM, MD
Provider ID: N/A
333 CORPORATE DR STE 260
LADERA RANCH, CA 92694
Effective as of 01-DEC-20

BORECKY, ADAM, MD
Provider ID: N/A
333 CORPORATE DR STE 260
LADERA RANCH, CA 92694
Effective as of 01-DEC-20

BORECKY, ADAM, MD
Provider ID: N/A
333 CORPORATE DR STE 260
LADERA RANCH, CA 92694
Effective as of 01-DEC-20

**YOUR PCP’S PHYSICIAN GROUP MAY HAVE MENTAL HEALTH PROVIDERS IN ITS NETWORK. PLEASE REFER TO THE LIST BELOW.**

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/facility-search.
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>KINBACK, KEVIN, MD</td>
<td>General Surgery</td>
<td>N/A</td>
<td>333 CORPORATE DR STE 260, LADERA RANCH, CA 92694</td>
<td>01-JAN-19</td>
</tr>
<tr>
<td>LAW, LINDSEY, MD</td>
<td>Plastic Surgery</td>
<td>N/A</td>
<td>333 CORPORATE DR STE 260, LADERA RANCH, CA 92694</td>
<td>01-JUN-19</td>
</tr>
<tr>
<td>OKONSKI, MICHELE, PSYD</td>
<td>Psychiatry</td>
<td>N/A</td>
<td>333 CORPORATE DR STE 260, LADERA RANCH, CA 92694</td>
<td>01-JAN-19</td>
</tr>
<tr>
<td>OKONSKI, MICHELE, PSYD</td>
<td>Psychiatry</td>
<td>N/A</td>
<td>333 CORPORATE DR STE 260, LADERA RANCH, CA 92694</td>
<td>01-JUN-19</td>
</tr>
<tr>
<td>QURESHI, ALI, MD</td>
<td>General Surgery</td>
<td>N/A</td>
<td>800 CORPORATE DR STE 280, LADERA RANCH, CA 92694</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>QURESHI, ALI, MD</td>
<td>Plastic Surgery</td>
<td>N/A</td>
<td>800 CORPORATE DR STE 280, LADERA RANCH, CA 92694</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>BINAVI, HOWNAZ, NP²</td>
<td>Dermatology</td>
<td>N/A</td>
<td>30201 GOLDEN LANTERN STE B, LAGUNA BEACH, CA 92677</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>AWADALLA, FARAH, MD²</td>
<td>Dermatology</td>
<td>N/A</td>
<td>31852 COAST HWY STE 300, LADERA RANCH, CA 92694</td>
<td>01-JUN-19</td>
</tr>
</tbody>
</table>
Network Provider List

专科护理医生

LAGUNA BEACH, CA 92651
Effective as of 01-MAR-23

AWADALLA, FARAH, MD†
Provider ID: N/A
31852 COAST HWY STE 300
LAGUNA BEACH, CA 92651
Effective as of 01-MAR-23

FAMILY PRACTICE

SANGUEDOLCE, JOHN, MD†
Provider ID: N/A
333 THALIA ST
LAGUNA BEACH, CA 92651
Effective as of 01-FEB-21

HEMATOLOGY / ONCOLOGY

VU, COLLIN, MD†
Provider ID: N/A
24411 HEALTH CENTER DR STE 320
LAGUNA BEACH, CA 92653
Effective as of 01-JAN-18

INFECTIOUS DISEASE

HAMIDI ASL, KAMRAN, MD
Provider ID: N/A
31852 COAST HWY STE 302
LAGUNA BEACH, CA 92651
Effective as of 01-JAN-18

OPHTHALMOLOGY

HENRICK, ANDREW, MD
Provider ID: N/A

PULMONOLOGY

REDA, ZACHARIA, MD†
Provider ID: N/A
31862 COAST HWY STE 203
LAGUNA BEACH, CA 92651
Effective as of 01-JUN-22

PODIATRIST

YETTER, MARCUS, DPM†
Provider ID: N/A
31852 COAST HWY STE 105
LAGUNA BEACH, CA 92651
Effective as of 01-MAR-20

PULMONARY DISEASES

SHAHINIAN, GEORGE, MD†
Provider ID: N/A
31852 COAST HWY STE 201
LAGUNA BEACH, CA 92651
Effective as of 01-NOV-23

SHAHINIAN, GEORGE, MD†
Provider ID: N/A
31852 COAST HWY STE 201
LAGUNA BEACH, CA 92651
Effective as of 01-JUL-23

SHAHINIAN, GEORGE, MD†
Provider ID: N/A
31852 COAST HWY STE 201
LAGUNA BEACH, CA 92651
Effective as of 01-JAN-15

SURGERY GENERAL

CHANG, STEVEN, MD
Provider ID: N/A
31862 COAST HWY STE 201
LAGUNA BEACH, CA 92651
Effective as of 01-DEC-11

CHANG, STEVEN, MD
Provider ID: N/A
31862 COAST HWY STE 201
LAGUNA BEACH, CA 92651
Effective as of 01-APR-12

CHANG, STEVEN, MD
Provider ID: N/A
31862 COAST HWY STE 201
LAGUNA BEACH, CA 92651
Effective as of 01-SEP-13

CHANG, STEVEN, MD
Provider ID: N/A
31862 COAST HWY STE 201
LAGUNA BEACH, CA 92651
Effective as of 01-JAN-18

COCcia, Michael, MD
Provider ID: N/A
31862 COAST HWY STE 201
LAGUNA BEACH, CA 92651
Effective as of 01-JAN-18

ASHKENAZE, DAVID, MD†
Provider ID: N/A
31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-JAN-18

GILLMAN, MICHAEL, MD
Provider ID: N/A
31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-JAN-18

GILLMAN, MICHAEL, MD
Provider ID: N/A
31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-JAN-18

GILLMAN, MICHAEL, MD
Provider ID: N/A
31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-APR-16

GILLMAN, MICHAEL, MD
Provider ID: N/A
31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-NOV-14

GILLMAN, MICHAEL, MD
Provider ID: N/A
31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-SEP-10

ALLERGY IMMUNOLOGY

LIAO, OTTO, MD†
Provider ID: N/A
25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-20

LIAO, OTTO, MD†
Provider ID: N/A
25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-20
C1. 网络提供者名单
专科护理医生

LIAO, OTTO, MD
Provider ID: N/A
25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-20

LIAO, OTTO, MD
Provider ID: N/A
25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

LIAO, OTTO, MD
Provider ID: N/A
25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-21

LIAO, OTTO, MD
Provider ID: N/A
25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-17

LIAO, OTTO, MD
Provider ID: N/A
25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-22

LIAO, OTTO, MD
Provider ID: N/A
25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-17

LIAO, OTTO, MD
Provider ID: N/A
25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-20

LIAO, OTTO, MD
Provider ID: N/A
25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-20

ANESTHESIOLOGY

ALIKHANI, SHAHRIAR, MD
Provider ID: N/A
23025 MILL CREEK DR
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-20

BARNHILL, JOSHUA, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 204
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-24

BARNHILL, JOSHUA, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 204
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-24

GERAYLI, AFSHIN, MD
Provider ID: N/A
24953 PASEO DE VALENCIA
STE 5A
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-17

GERAYLI, AFSHIN, MD
Provider ID: N/A
24953 PASEO DE VALENCIA
STE 5A
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-22

GERAYLI, AFSHIN, MD
Provider ID: N/A
24953 PASEO DE VALENCIA
STE 5A
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

GERAYLI, AFSHIN, MD
Provider ID: N/A
24953 PASEO DE VALENCIA
STE 5A
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

GERAYLI, AFSHIN, MD
Provider ID: N/A
24953 PASEO DE VALENCIA
STE 5A
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

GERAYLI, AFSHIN, MD
Provider ID: N/A
24953 PASEO DE VALENCIA
STE 7A
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-14

HO, ALAN, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 610
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

ANESTHESIOLOGY PAIN MANAGEMENT

ALSHARIF, KAI$, MD
Provider ID: N/A
24012 CALLE DE LA PLATA
STE 120
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-24

ALSHARIF, KAI$, MD
Provider ID: N/A
24012 CALLE DE LA PLATA
STE 120
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-18

ALSHARIF, KAI$, MD
Provider ID: N/A
24953 PASEO DE VALENCIA
STE 7A
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

ALSHARIF, KAI$, MD
Provider ID: N/A
24953 PASEO DE VALENCIA
STE 7A
LAGUNA HILLS, CA 92653

350
### Effective as of 01-JAN-23

**GERAYLI, AFSHIN, MD**
- Provider ID: N/A
- Address: 24953 PASEO DE VALENCIA STE 5A
  LAGUNA HILLS, CA 92653
- Effective as of 01-OCT-23

**HARRIS, MATTHEW, MD**
- Provider ID: N/A
- Address: 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
- Effective as of 01-OCT-23

**HARRIS, MATTHEW, MD**
- Provider ID: N/A
- Address: 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
- Effective as of 01-APR-22

**HO, ALAN, MD**
- Provider ID: N/A
- Address: 24411 HEALTH CENTER DR STE 610
  LAGUNA HILLS, CA 92653
- Effective as of 01-APR-22

**HARRIS, MATTHEW, MD**
- Provider ID: N/A
- Address: 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
- Effective as of 01-JAN-15

**HARRIS, MATTHEW, MD**
- Provider ID: N/A
- Address: 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
- Effective as of 01-APR-21

**HARRIS, MATTHEW, MD**
- Provider ID: N/A
- Address: 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
- Effective as of 01-MAR-24

**KUO, DENNIS, MD**
- Provider ID: N/A
- Address: 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
- Effective as of 01-JUL-19

**KUO, DENNIS, MD**
- Provider ID: N/A
- Address: 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
- Effective as of 01-MAY-21

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kuo, Dennis, MD†</td>
<td>N/A</td>
<td>24012 Calle de la Plata</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-May-21</td>
</tr>
<tr>
<td>Mousavi, Shahryar, MD</td>
<td>N/A</td>
<td>24953 Paseo de Valencia</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-Oct-16</td>
</tr>
<tr>
<td>Mousavi, Shahryar, MD</td>
<td>N/A</td>
<td>23521 Paseo de Valencia</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-May-16</td>
</tr>
<tr>
<td>Shahbazian, Michael, MD†</td>
<td>N/A</td>
<td>24953 Paseo de Valencia</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-Jan-16</td>
</tr>
<tr>
<td>Pouradib, Amir, MD†</td>
<td>N/A</td>
<td>24012 Calle de la Plata</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-Jul-20</td>
</tr>
<tr>
<td>Mousavi, Shahryar, MD</td>
<td>N/A</td>
<td>24953 Paseo de Valencia</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-Jan-18</td>
</tr>
<tr>
<td>Mousavi, Shahryar, MD</td>
<td>N/A</td>
<td>24953 Paseo de Valencia</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-Oct-22</td>
</tr>
<tr>
<td>Mousavi, Shahryar, MD</td>
<td>N/A</td>
<td>24953 Paseo de Valencia</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-Nov-16</td>
</tr>
<tr>
<td>Mousavi, Shahryar, MD</td>
<td>N/A</td>
<td>24953 Paseo de Valencia</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-Jan-23</td>
</tr>
<tr>
<td>Mousavi, Shahryar, MD</td>
<td>N/A</td>
<td>24953 Paseo de Valencia</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-Oct-23</td>
</tr>
<tr>
<td>Mousavi, Shahryar, MD</td>
<td>N/A</td>
<td>24953 Paseo de Valencia</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-Jul-22</td>
</tr>
<tr>
<td>Shahbazian, Michael, MD†</td>
<td>N/A</td>
<td>24953 Paseo de Valencia</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-jul-21</td>
</tr>
<tr>
<td>Shahbazian, Michael, MD†</td>
<td>N/A</td>
<td>24953 Paseo de Valencia</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-Oct-22</td>
</tr>
<tr>
<td>Shahbazian, Michael, MD†</td>
<td>N/A</td>
<td>24953 Paseo de Valencia</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-Oct-23</td>
</tr>
<tr>
<td>Shahbazian, Michael, MD†</td>
<td>N/A</td>
<td>24953 Paseo de Valencia</td>
<td>Laguna</td>
<td>Hills</td>
<td>CA</td>
<td>01-jul-22</td>
</tr>
</tbody>
</table>

**Audioologist**

Niavarany, Pirayeh, AuD
### C1. 网络提供者名单
### 专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIAVARANY, PIRAYEH, AuD</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 370 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>PANEK, KRISTI, AuD</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 370 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>PANEK, KRISTI, AuD</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 370 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>GUJRAL, INDERPAL, MD†</td>
<td>N/A</td>
<td>24953 PASEO DE VALENCIA STE 30A LAGUNA HILLS, CA 92653</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>SARCON, ANNAHITA, MD</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>ARD, SCOTT, MD</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>SARCON, ANNAHITA, MD</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>ARD, SCOTT, MD</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>ARD, SCOTT, MD</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>BAHADORANI, JOHN, MD†</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 370 LAGUNA HILLS, CA 92653</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>CHEN, CHENG-HAN, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-SEP-23</td>
</tr>
</tbody>
</table>

**CARDIAC ELECTROPHYSIOLOGY**

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRURY, PAUL, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>DRURY, PAUL, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>GUJRAL, INDERPAL, MD†</td>
<td>N/A</td>
<td>24953 PASEO DE VALENCIA STE 30A LAGUNA HILLS, CA 92653</td>
<td>01-JAN-24</td>
</tr>
</tbody>
</table>

**CARDIOVASCULAR DISEASE**

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARD, SCOTT, MD</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-OCT-22</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单

专科护理医生

GUJRAL, INDERPAL, MD†
Provider ID: N/A

KONUGRES, GEORGE, DO†
Provider ID: N/A

KONUGRES, GEORGE, DO†
Provider ID: N/A

KONUGRES, GEORGE, DO†
Provider ID: N/A

LE, DAN, MD†
Provider ID: N/A

LE, DAN, MD†
Provider ID: N/A

LE, DAN, MD†
Provider ID: N/A

LE, DAN, MD†
Provider ID: N/A

LE, DAN, MD†
Provider ID: N/A

LE, DAN, MD†
Provider ID: N/A

354
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYLE, DOUGLAS, MD†</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 550</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>PARISE, CHARLES, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-MAY-12</td>
</tr>
<tr>
<td>PATEL, MILAN, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-APR-20</td>
</tr>
<tr>
<td>PATEL, MILAN, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-SEP-19</td>
</tr>
<tr>
<td>PATEL, MILAN, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-SEP-19</td>
</tr>
<tr>
<td>PATEL, MILAN, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-SEP-19</td>
</tr>
<tr>
<td>ROSANIO, SALVATORE, MD</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>ROSANIO, SALVATORE, MD</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>ROSANIO, SALVATORE, MD</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>ROSANIO, SALVATORE, MD</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>ROSANIO, SALVATORE, MD</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>ROSANIO, SALVATORE, MD</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>ROSANIO, SALVATORE, MD</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>ROSANIO, SALVATORE, MD</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>ZAREMBA, MARK, MD†</td>
<td>N/A</td>
<td>25401 CABOT RD STE 107</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-JAN-13</td>
</tr>
<tr>
<td>VAN, HO HAI, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>VAN, HO HAI, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>VAN, HO HAI, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>VAN, HO HAI, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-APR-20</td>
</tr>
<tr>
<td>VAN, HO HAI, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-APR-20</td>
</tr>
<tr>
<td>VAN, HO HAI, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>VAN, HO HAI, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>ZAREMBA, MARK, MD†</td>
<td>N/A</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-SEP-23</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### C1. 网络提供者名单

#### 专科护理医生

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>25401 CABOT RD STE 107</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective as of 01-DEC-14</td>
</tr>
<tr>
<td>N/A</td>
<td>25401 CABOT RD STE 107</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective as of 01-NOV-14</td>
</tr>
<tr>
<td>N/A</td>
<td>24422 AVENIDA DE LA CARLOTA STE 105</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective as of 01-DEC-23</td>
</tr>
<tr>
<td>N/A</td>
<td>24422 AVENIDA DE LA CARLOTA STE 105</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective as of 01-DEC-23</td>
</tr>
<tr>
<td>N/A</td>
<td>24953 PASEO DE VALENCIA STE 7C</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective as of 01-SEP-22</td>
</tr>
</tbody>
</table>

#### CERTIFIED ACUPUNCTURIST

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>24422 AVENIDA DE LA CARLOTA STE 130</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective as of 01-NOV-22</td>
</tr>
<tr>
<td>N/A</td>
<td>24422 AVENIDA DE LA CARLOTA STE 130</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective as of 01-NOV-22</td>
</tr>
<tr>
<td>N/A</td>
<td>24422 AVENIDA DE LA CARLOTA STE 300</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective as of 01-NOV-22</td>
</tr>
<tr>
<td>N/A</td>
<td>24422 AVENIDA DE LA CARLOTA STE 130</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective as of 01-NOV-22</td>
</tr>
</tbody>
</table>

#### CERTIFIED NURSE PRACTITIONER

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>23121 PLAZA POINTE DR STE 107</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective as of 01-APR-24</td>
</tr>
<tr>
<td>N/A</td>
<td>23181 VERDUGO DR STE 103A</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>N/A</td>
<td>24422 AVENIDA DE LA CARLOTA STE 105</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>N/A</td>
<td>24422 AVENIDA DE LA CARLOTA STE 105</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>N/A</td>
<td>24953 PASEO DE VALENCIA STE 7C</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective as of 01-APR-23</td>
</tr>
</tbody>
</table>

*Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.*

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

PARK, SE, NP  
Provider ID: N/A  
23961 CALLE DE LA MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

CERTIFIED REGISTERED NURSE MIDWIFE

GABEL, CHRISTINA, CRNM  
Provider ID: N/A  
24411 HEALTH CENTER DR STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

GABEL, CHRISTINA, CRNM  
Provider ID: N/A  
24411 HEALTH CENTER DR STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

MOLINSKI, ALLISON, CRNM  
Provider ID: N/A  
24411 HEALTH CENTER DR STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

MOLINSKI, ALLISON, CRNM  
Provider ID: N/A  
24411 HEALTH CENTER DR STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

GABEL, CHRISTINA, CRNM  
Provider ID: N/A  
24411 HEALTH CENTER DR STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

GABEL, CHRISTINA, CRNM  
Provider ID: N/A  
24411 HEALTH CENTER DR STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

SAJADI, ALISA, CRNM  
Provider ID: N/A  
24411 HEALTH CENTER DR STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

GABEL, CHRISTINA, CRNM  
Provider ID: N/A  
24411 HEALTH CENTER DR STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

CHIROPRACTOR

COSTALES, STEPHEN, DC  
Provider ID: N/A  
24741 ALICIA PKWY STE D  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

MCHONE, PATRICIA, DC†  
Provider ID: N/A  
24741 ALICIA PKWY STE D  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

GABEL, CHRISTINA, CRNM  
Provider ID: N/A  
24411 HEALTH CENTER DR STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

LANDER, JEFFREY, MD†  
Provider ID: N/A  
24431 CALLE DE LA LOUISA STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

LANDER, JEFFREY, MD†  
Provider ID: N/A  
24431 CALLE DE LA LOUISA STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

LANDER, JEFFREY, MD†  
Provider ID: N/A  
24431 CALLE DE LA LOUISA STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

LANDER, JEFFREY, MD†  
Provider ID: N/A  
24431 CALLE DE LA LOUISA STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-19

LANDER, JEFFREY, MD†  
Provider ID: N/A  
24431 CALLE DE LA LOUISA STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

MCHONE, PATRICIA, DC†  
Provider ID: N/A

GABEL, CHRISTINA, CRNM  
Provider ID: N/A  
24411 HEALTH CENTER DR STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

LANDER, JEFFREY, MD†  
Provider ID: N/A  
24431 CALLE DE LA LOUISA STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

LANDER, JEFFREY, MD†  
Provider ID: N/A  
24431 CALLE DE LA LOUISA STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

MCHONE, PATRICIA, DC†  
Provider ID: N/A

LANDER, JEFFREY, MD†  
Provider ID: N/A  
24431 CALLE DE LA LOUISA STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

LANDER, JEFFREY, MD†  
Provider ID: N/A  
24431 CALLE DE LA LOUISA STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-19

LANDER, JEFFREY, MD†  
Provider ID: N/A  
24431 CALLE DE LA LOUISA STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

MCHONE, PATRICIA, DC†  
Provider ID: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.  
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.  
To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Effective Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FARJOUDI, FARHAD, MD†</td>
<td>N/A</td>
<td>23521 PASEO DE VALENCIA STE 108</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23521 PASEO DE VALENCIA</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>FARJOUDI, FARHAD, MD†</td>
<td>N/A</td>
<td>23521 PASEO DE VALENCIA STE 108</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23521 PASEO DE VALENCIA</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>FARJOUDI, FARHAD, MD†</td>
<td>N/A</td>
<td>23521 PASEO DE VALENCIA STE 108</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23521 PASEO DE VALENCIA</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-JUL-16</td>
<td></td>
</tr>
<tr>
<td>MARKMAN, LISA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-22</td>
<td></td>
</tr>
<tr>
<td>MARKMAN, LISA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>MARKMAN, LISA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>MARKMAN, LISA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>MARKMAN, LISA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>MARKMAN, LISA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>MARKMAN, LISA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>MARKMAN, LISA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>MARKMAN, LISA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 102</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>23141 MOULTON PKWY</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
</tbody>
</table>
C1. 网络提供者名单

专科护理医生

- **MARKMAN, LISA, MD**
  - Provider ID: N/A
  - Address: 23141 MOULTON PKWY STE 102, LAGUNA HILLS, CA 92653
  - Effective as of 01-MAR-23

- **MEHTA, SHILPA, MD**
  - Provider ID: N/A
  - Address: 23141 MOULTON PKWY STE 102, LAGUNA HILLS, CA 92653
  - Effective as of 01-MAR-23

- **MEHTA, SHILPA, MD†**
  - Provider ID: N/A
  - Address: 23141 MOULTON PKWY STE 102, LAGUNA HILLS, CA 92653
  - Teleservice
  - Effective as of 01-OCT-23

- **MEHTA, SHILPA, MD**
  - Provider ID: N/A
  - Address: 23141 MOULTON PKWY STE 102, LAGUNA HILLS, CA 92653
  - Teleservice
  - Effective as of 01-OCT-23

- **MEHTA, SHILPA, MD†**
  - Provider ID: N/A
  - Address: 23141 MOULTON PKWY STE 102, LAGUNA HILLS, CA 92653
  - Teleservice
  - Effective as of 01-OCT-23

- **MEHTA, SHILPA, MD†**
  - Provider ID: N/A
  - Address: 23141 MOULTON PKWY STE 102, LAGUNA HILLS, CA 92653
  - Teleservice
  - Effective as of 01-OCT-23

- **MEHTA, SHILPA, MD†**
  - Provider ID: N/A
  - Address: 23141 MOULTON PKWY STE 102, LAGUNA HILLS, CA 92653
  - Teleservice
  - Effective as of 01-OCT-23

- **MEHTA, SHILPA, MD†**
  - Provider ID: N/A
  - Address: 23141 MOULTON PKWY STE 102, LAGUNA HILLS, CA 92653
  - Teleservice
  - Effective as of 01-OCT-23

- **MEHTA, SHILPA, MD†**
  - Provider ID: N/A
  - Address: 23141 MOULTON PKWY STE 102, LAGUNA HILLS, CA 92653
  - Teleservice
  - Effective as of 01-OCT-23

- **MEHTA, SHILPA, MD†**
  - Provider ID: N/A
  - Address: 23141 MOULTON PKWY STE 102, LAGUNA HILLS, CA 92653
  - Teleservice
  - Effective as of 01-OCT-23

- **MEHTA, SHILPA, MD†**
  - Provider ID: N/A
  - Address: 23141 MOULTON PKWY STE 102, LAGUNA HILLS, CA 92653
  - Teleservice
  - Effective as of 01-OCT-23

- **POURBABAK, SAM, MD**
  - Provider ID: N/A
  - Address: 23141 MOULTON PKWY STE 102, LAGUNA HILLS, CA 92653
  - Teleservice
  - Effective as of 01-OCT-23

- **TRAN, NEIL, MD**
  - Provider ID: N/A
  - Address: 23141 MOULTON PKWY STE 102, LAGUNA HILLS, CA 92653
  - Teleservice
  - Effective as of 01-NOV-19

**ENDOCRINOLOGY REPRODUCTIVE**

- **FREDERICK, JANE, MD†**
  - Provider ID: N/A
  - Address: 23961 CALLE DE LA MAGDALENA STE 503, LAGUNA HILLS, CA 92653
  - Effective as of 01-JUN-19

- **FREDERICK, JANE, MD†**
  - Provider ID: N/A
  - Address: 23961 CALLE DE LA MAGDALENA STE 541, LAGUNA HILLS, CA 92653
  - Effective as of 01-JUN-19

- **LEISH, BRIAN, MD**
  - Provider ID: N/A
  - Address: 23961 CALLE DE LA MAGDALENA STE 503, LAGUNA HILLS, CA 92653
  - Effective as of 01-JUN-19

- **LEISH, BRIAN, MD**
  - Provider ID: N/A
  - Address: 23961 CALLE DE LA MAGDALENA STE 541, LAGUNA HILLS, CA 92653
  - Effective as of 01-JUN-19

**FAMILY PRACTICE**

- **POURBABAK, SAM, MD**
  - Provider ID: N/A
  - Address: 23141 MOULTON PKWY STE 102, LAGUNA HILLS, CA 92653
  - Teleservice
  - Effective as of 01-OCT-22

- **RIZNIS, TENGIS, MD†**
  - Provider ID: N/A
  - Address: 24321 AVENIDA DE LA CARLOTA, LAGUNA HILLS, CA 92653
  - Teleservice
  - Effective as of 01-FEB-23

- **RIZNIS, TENGIS, MD**
  - Provider ID: N/A
  - Address: 24321 AVENIDA DE LA CARLOTA, LAGUNA HILLS, CA 92653
  - Teleservice
  - Effective as of 01-FEB-23

**LEISH, BRIAN, MD**

- Provider ID: N/A
- Address: 23961 CALLE DE LA MAGDALENA STE 541, LAGUNA HILLS, CA 92653
- Effective as of 01-JUN-19
### The Network Provider List

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Provider</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practice</td>
<td>Patel, Nehal, MD</td>
<td>STE 620, LAGUNA HILLS, CA 92653</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td>Jalali, Farid, MD</td>
<td>24221 CALLE DE LA LOUISA, STE 300, LAGUNA HILLS, CA 92653</td>
<td>01-AUG-19</td>
</tr>
<tr>
<td></td>
<td>Patel, Nehal, MD</td>
<td>23141 VERDUGO DR STE 201, LAGUNA HILLS, CA 92653</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td>Female Pelvic Med and Reconstructive Surg</td>
<td>Patel, Nehal, MD</td>
<td>23141 VERDUGO DR STE 201, LAGUNA HILLS, CA 92653</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td></td>
<td>MWesigwa, Patricia, MD</td>
<td>23961 CALLE DE LA MAGDALENA STE 500, LAGUNA HILLS, CA 92653</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td></td>
<td>Shoureshi, Poone, MD</td>
<td>23961 CALLE DE LA MAGDALENA STE 500, LAGUNA HILLS, CA 92653</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td></td>
<td>Shoureshi, Poone, MD</td>
<td>23961 CALLE DE LA MAGDALENA STE 500, LAGUNA HILLS, CA 92653</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Jalali, Farid, MD</td>
<td>24221 CALLE DE LA LOUISA STE 300, LAGUNA HILLS, CA 92653</td>
<td>01-AUG-19</td>
</tr>
<tr>
<td></td>
<td>Shah, Ketan, MD</td>
<td>24221 CALLE DE LA LOUISA STE 300, LAGUNA HILLS, CA 92653</td>
<td>01-AUG-19</td>
</tr>
<tr>
<td></td>
<td>Shah, Ketan, MD</td>
<td>24221 CALLE DE LA LOUISA STE 300, LAGUNA HILLS, CA 92653</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td>Sy, Theodore, MD</td>
<td>26538 MOULTON PKWY STE 38E, LAGUNA HILLS, CA 92653</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td></td>
<td>Sy, Theodore, MD</td>
<td>26538 MOULTON PKWY STE 38E, LAGUNA HILLS, CA 92653</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td></td>
<td>Sy, Theodore, MD</td>
<td>26538 MOULTON PKWY STE 38E, LAGUNA HILLS, CA 92653</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td></td>
<td>Sy, Theodore, MD</td>
<td>26538 MOULTON PKWY STE 38E, LAGUNA HILLS, CA 92653</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td></td>
<td>Sy, Theodore, MD</td>
<td>26538 MOULTON PKWY STE 38E, LAGUNA HILLS, CA 92653</td>
<td>01-AUG-18</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Specialty</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY, Theodore, MD†</td>
<td>General Practice</td>
<td>26538 Moulton Pkwy STE 38E, Laguna Hills, CA</td>
<td>01-FEB-18</td>
</tr>
<tr>
<td>Malekirad, Jacqueline, MD†</td>
<td>Hematology/Oncology</td>
<td>22411 Health Center Dr STE 320, Laguna Hills, CA</td>
<td>01-MAY-22</td>
</tr>
<tr>
<td>Malekirad, Jacqueline, MD†</td>
<td>Hematology/Oncology</td>
<td>23961 Calle de la Magdalena STE 420, Laguna Hills, CA</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>Malekirad, Jacqueline, MD†</td>
<td>Hematology/Oncology</td>
<td>23961 Calle de la Magdalena STE 501, Laguna Hills, CA</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>Multani, Gurpreet, MD†</td>
<td>General Practice</td>
<td>24411 Health Center Dr STE 320, Laguna Hills, CA</td>
<td>01-FEB-21</td>
</tr>
<tr>
<td>Salimi-Tari, Peyman, MD†</td>
<td>Hematology/Oncology</td>
<td>23961 Calle de la Magdalena STE 501, Laguna Hills, CA</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>Su, Derrick, MD†</td>
<td>General Practice</td>
<td>23961 Calle de la Magdalena STE 501, Laguna Hills, CA</td>
<td>01-AUG-22</td>
</tr>
</tbody>
</table>
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

- BAE, CHAY, DO†
  Provider ID: N/A
  26538 MOULTON PKWY
  STE 38E
  LAGUNA HILLS, CA 92653
  Effective as of 01-SEP-22

- BAE, CHAY, DO†
  Provider ID: N/A
  26538 MOULTON PKWY
  STE 38E
  LAGUNA HILLS, CA 92653
  Effective as of 01-SEP-22

- KOOKOOTSEDES, GAYLE, MD
  Provider ID: N/A
  25411 CABOT RD STE 109
  LAGUNA HILLS, CA 92653
  Teleservice
  Effective as of 01-FEB-24

- NGUYEN, AN, DO†
  Provider ID: N/A
  23181 VERDUGO DR STE 103A
  LAGUNA HILLS, CA 92653
  Effective as of 01-JAN-18

- SOONG, YEN-HUI, MD²
  Provider ID: N/A
  23141 MOULTON PKWY STE 108
  LAGUNA HILLS, CA 92653
  Effective as of 01-NOV-22

- CHEN, CHENG-HAN, MD†
  Provider ID: N/A
  24022 CALLE DE LA PLATA
  STE 500
  LAGUNA HILLS, CA 92653
  Effective as of 01-NOV-23

CRITICAL CARE MEDICINE

- KADIFA, FADY, MD†
  Provider ID: N/A
  24411 HEALTH CENTER DR
  STE 560
  LAGUNA HILLS, CA 92653
  Effective as of 01-OCT-23

INTERVENTIONAL CARDIOLOGY

- ALLAM, SHAMILI, MD
  Provider ID: N/A
  24022 CALLE DE LA PLATA
  STE 500
  LAGUNA HILLS, CA 92653
  Effective as of 01-NOV-23

- CHEN, CHENG-HAN, MD†
  Provider ID: N/A
  24022 CALLE DE LA PLATA
  STE 500
  LAGUNA HILLS, CA 92653
  Effective as of 01-NOV-23
<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEN, CHENG-HAN, MD†</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-APR-20</td>
</tr>
<tr>
<td>CHEN, CHENG-HAN, MD†</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>CHEN, CHENG-HAN, MD†</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>DRURY, PAUL, MD†</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-APR-20</td>
</tr>
<tr>
<td>DRURY, PAUL, MD†</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>DRURY, PAUL, MD†</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>CHEN, CHENG-HAN, MD†</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>FEINER, JEFFREY, MD†</td>
<td>24411 HEALTH CENTER DR STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>DRURY, PAUL, MD†</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>DRURY, PAUL, MD†</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>FRUMIN, HOWARD, MD†</td>
<td>24411 HEALTH CENTER DR STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>GAULT, MICHAEL, MD†</td>
<td>24411 HEALTH CENTER DR STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>LAMONT, DANIEL, MD†</td>
<td>24411 HEALTH CENTER DR STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>LYLE, DOUGLAS, MD†</td>
<td>24411 HEALTH CENTER DR STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>MASTERS, ROBERT, MD†</td>
<td>24411 HEALTH CENTER DR STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>GIM, RONALD, MD†</td>
<td>24411 HEALTH CENTER DR STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>GUJRALL, INDERPAL, MD†</td>
<td>24953 PASEO DE VALENCIA STE 30A</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-MAY-11</td>
</tr>
<tr>
<td>KAROWNI, WASSEF, MD</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>KONUGRES, GEORGE, DO†</td>
<td>24022 CALLE DE LA PLATA STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>LAMONT, DANIEL, MD†</td>
<td>24411 HEALTH CENTER DR STE 500</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-22</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

**PARISE, CHARLES, MD†**
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

**PARISE, CHARLES, MD†**
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

**PARISE, CHARLES, MD†**
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

**PATEL, MILAN, MD†**
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-20

**TURIY, YULIYA, MD†**
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

**PARISE, CHARLES, MD†**
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

**PATEL, MILAN, MD†**
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

**PARISE, CHARLES, MD†**
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

**PATEL, MILAN, MD†**
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

**PATEL, MILAN, MD†**
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-20

**VAN, HO HAI, MD†**
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-20

**VAN, HO HAI, MD†**
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

**VAN, HO HAI, MD†**
Provider ID: N/A
24411 HEALTH CENTER DR
STE 550
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-23

**WALTERS, DANIEL, MD**
Provider ID: N/A
24411 HEALTH CENTER DR
STE 550
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-23

**WALTERS, DANIEL, MD**
Provider ID: N/A
24411 HEALTH CENTER DR
STE 550
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-20

**WALTERS, DANIEL, MD**
Provider ID: N/A
24411 HEALTH CENTER DR
STE 550
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

**WALTERS, DANIEL, MD**
Provider ID: N/A
24411 HEALTH CENTER DR
STE 550
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

**WALTERS, DANIEL, MD**
Provider ID: N/A
24411 HEALTH CENTER DR
STE 550
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

**WALTERS, DANIEL, MD**
Provider ID: N/A
24411 HEALTH CENTER DR
STE 550
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-23
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Effective as of 01-SEP-16

BUSH, MELISSA, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 260
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-19

BUSH, MELISSA, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-APR-11

BUSH, MELISSA, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-20

BUSH, MELISSA, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 260
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

CHAU, CINDY, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-19

CHAU, CINDY, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

CHAU, CINDY, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-19

CHAU, CINDY, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

DAY, ROBERT, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-19

MASAKI, DAMON, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-19

MASAKI, DAMON, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-19

MILLS, MARLIN, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 540
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

MILLS, MARLIN, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 540
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23
MILLS, MARLIN, MD†
Provider ID: N/A
24411 HEALTH CENTER DR STE 540
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

SHRIVASTAVA, VINEET, MD†
Provider ID: N/A
24411 HEALTH CENTER DR STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

SHRIVASTAVA, VINEET, MD†
Provider ID: N/A
24411 HEALTH CENTER DR STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-23

VU, COLLIN, MD†
Provider ID: N/A
25431 CABOT RD STE 207
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

NEONATAL / PERINATAL MEDICINE

BUSH, MELISSA, MD†
Provider ID: N/A
24411 HEALTH CENTER DR STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-20

MANSOURY, HADI, MD†
Provider ID: N/A
24411 HEALTH CENTER DR STE 620
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

MAASUMI, KASRA, MD†
Provider ID: N/A
24411 HEALTH CENTER DR STE 610
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-21

NEUROLOGY

BANDARI, DANIEL, MD†
Provider ID: N/A
24012 CALLE DE LA PLATA STE 210
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-20

CHOAN, CAROLINE, MD
Provider ID: N/A
24012 CALLE DE LA PLATA STE 150
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

LOC, KIET, MD†
Provider ID: N/A
24012 CALLE DE LA PLATA STE 150
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

LOC, KIET, MD†
Provider ID: N/A
24012 CALLE DE LA PLATA STE 150
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-17

MAASUMI, KASRA, MD†
Provider ID: N/A
24411 HEALTH CENTER DR STE 610
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-21

MAASUMI, KASRA, MD†
### MAASUMI, KASRA, MD†
Provider ID: N/A  
24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

### MAASUMI, KASRA, MD†
Provider ID: N/A  
24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

### MAASUMI, KASRA, MD†
Provider ID: N/A  
24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

### RAPOPORT, ZHANNA, MD
Provider ID: N/A  
24953 PASEO DE VALENCIA STE 8A  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

### RAPOPORT, ZHANNA, MD
Provider ID: N/A  
24953 PASEO DE VALENCIA STE 8A  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

### SHEN, MICHAEL, MD
Provider ID: N/A  
24012 CALLE DE LA PLATA STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

### SHEN, MICHAEL, MD
Provider ID: N/A  
24012 CALLE DE LA PLATA STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

### CHUNG, LINDA, MD†
Provider ID: N/A  
24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

### CHUNG, LINDA, MD†
Provider ID: N/A  
24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

### RAPPOPORT, ZHANNA, MD
Provider ID: N/A  
24953 PASEO DE VALENCIA STE 8A  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-20

### RAPPOPORT, ZHANNA, MD
Provider ID: N/A  
24953 PASEO DE VALENCIA STE 8A  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-20

### SHEN, MICHAEL, MD
Provider ID: N/A  
24012 CALLE DE LA PLATA STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

### SHEN, MICHAEL, MD
Provider ID: N/A  
24012 CALLE DE LA PLATA STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

### COUGH, HEIDI, MD
Provider ID: N/A  
24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21
C1. 网络提供者名单
专科护理医生

**COUGH, HEIDI, MD**
Provider ID: N/A
établ 24411 HEALTH CENTER DR STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-20

**COUGH, HEIDI, MD**
Provider ID: N/A
établ 24411 HEALTH CENTER DR STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-20

**DAVIS, STEPHANIE, MD**
Provider ID: N/A
établ 24411 HEALTH CENTER DR STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

**DAVIS, STEPHANIE, MD**
Provider ID: N/A
établ 24411 HEALTH CENTER DR STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

**DAY, ROBERT, MD**
Provider ID: N/A
établ 24411 HEALTH CENTER DR STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

**DEJBAXHSH, SHEILA, MD**
Provider ID: N/A
établ 24411 HEALTH CENTER DR STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-19

**EDMUNDSON, MORIAH, DO**
Provider ID: N/A
établ 24321 AVENIDA DE LA CARLOTA
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-22

**FREDERICK, JANE, MD†**
Provider ID: N/A
établ 23961 CALLE DE LA MAGDALENA STE 503
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

**FREDERICK, JANE, MD†**
Provider ID: N/A
établ 23961 CALLE DE LA MAGDALENA STE 503
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

**JOHNSON, SUSAN, MD†**
Provider ID: N/A
établ 24411 HEALTH CENTER DR STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

**KONG, GRACE, MD**
Provider ID: N/A
établ 24411 HEALTH CENTER DR STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

**KONG, GRACE, MD**
Provider ID: N/A
établissement 24411 HEALTH CENTER DR STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-20

**KONG, GRACE, MD**
Provider ID: N/A
établissement 24411 HEALTH CENTER DR STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

**KRYCHMAN, MICHAEL, MD**
Provider ID: N/A
établissement 24411 HEALTH CENTER DR STE 620
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-24

**KRYCHMAN, MICHAEL, MD**
Provider ID: N/A
établissement 24411 HEALTH CENTER DR STE 620
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-24

**KRYCHMAN, MICHAEL, MD**
Provider ID: N/A
établissement 24411 HEALTH CENTER DR STE 620
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-24

**KRYCHMAN, MICHAEL, MD**
Provider ID: N/A
établissement 24411 HEALTH CENTER DR STE 620
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-24

**KRYCHMAN, MICHAEL, MD**
Provider ID: N/A
établissement 24411 HEALTH CENTER DR STE 620
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-24

**KRYCHMAN, MICHAEL, MD**
Provider ID: N/A
établissement 24411 HEALTH CENTER DR STE 620
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-24

**LAM, KIM, MD**
Provider ID: N/A
établissement 24411 HEALTH CENTER DR STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

**LAM, KIM, MD**
Provider ID: N/A
établissement 24411 HEALTH CENTER DR STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18
C1. 网络提供者名单
专科护理医生

24411 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

LEE, KATHERINE, MD
Provider ID: N/A

24411 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

LO, PATRICIA, MD
Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-20

LOPEZ, RACHAEL, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

LOPEZ, RACHAEL, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

MENDELSON, SUSAN, MD
Provider ID: N/A

24411 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

MENDELSON, SUSAN, MD
Provider ID: N/A

24411 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-20

MENDELSON, SUSAN, MD
Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

MENDELSON, SUSAN, MD
Provider ID: N/A

24411 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

MENDELSON, SUSAN, MD
Provider ID: N/A

24411 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-19

PETERS, AMY, DO†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>PETERS, AMY, DO</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 200</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td>PRIESTLEY, ANGELIKA, MD</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 200</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>STERNFELD, DANIEL, MD</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 640</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>STERNFELD, DANIEL, MD</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 640</td>
<td>01-MAY-20</td>
</tr>
<tr>
<td>TANAMAI, VAYA, MD</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 640</td>
<td>01-MAY-20</td>
</tr>
<tr>
<td>VICENS-VILLAFANA, JOSE, MD</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 200</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>WINTER, MARC, MD</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 200</td>
<td>01-MAY-20</td>
</tr>
<tr>
<td>YU, MIAO, MD</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 640</td>
<td>01-MAY-20</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHMAD, ASHRAF, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 300</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>BANUELOS, LYDIA, MD†</td>
<td>N/A</td>
<td>23521 PASEO DE VALENCIA STE 305</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>BROOKMAN, MYLES, MD</td>
<td>N/A</td>
<td>23521 PASEO DE VALENCIA STE 305</td>
<td>01-APR-13</td>
</tr>
<tr>
<td>CHEN, SANFORD, MD†</td>
<td>N/A</td>
<td>23521 PASEO DE VALENCIA STE 305</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>CHOI, DAVID, MD</td>
<td>N/A</td>
<td>23521 PASEO DE VALENCIA STE 305</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>EIFRIG, CHARLES WILLIAM, MD†</td>
<td>N/A</td>
<td>23521 PASEO DE VALENCIA STE 305</td>
<td>01-SEP-22</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

LAGUNA HILLS, CA 92653
Effective as of 01-DEC-20

EIFRIG, CHARLES WILLIAM, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 207
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-20

EIFRIG, CHARLES WILLIAM, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

GUJRAL, SATVINDER, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 207
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-22

GUPTA, MRINALI, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 207
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

GUPTA, MRINALI, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 207
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-20

GUPTA, MRINALI, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 207
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-20

GUPTA, MRINALI, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 207
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-20

GWYNN, DAVID, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-23

HENRICK, ANDREW, MD
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

HENRICK, ANDREW, MD
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-14

HENRICK, ANDREW, MD
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-22
C1. 网络提供者名单
专科护理医生

HWANG, JOHN, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 207
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

JACOBS, JEFFREY, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-23

JACOBS, JEFFREY, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-22

HWANG, JOHN, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 207
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-20

JOSON, PETER, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 309
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-17

JOSON, PETER, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 309
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-22

KELLER, CHARLES, MD
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 306
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-23

HWANG, JOHN, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 207
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-18

JOSON, PETER, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 309
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

HENRICK, ANDREW, MD
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

HWANG, JOHN, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 207
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-16

JOSON, PETER, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 309
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

HENRICK, ANDREW, MD
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

JOSON, PETER, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 309
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

HOVANESIAN, JOHN, MD
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

JOSON, PETER, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 309
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

HOVANESIAN, JOHN, MD
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

JOSON, PETER, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 309
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

HOVANESIAN, JOHN, MD
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

JOSON, PETER, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 309
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23
C1. 网络提供者名单
专科护理医生

Effective as of 01-AUG-22

KELLER, CHARLES, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

KERSTEN, DIANA, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

KIM, JANET, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653
Effective as of 01-JUL-22

KIM, JANET, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

KIM, DIANA, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

KIM, JANET, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653
Effective as of 01-JUL-22

KIM, JANET, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

KIM, JANET, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653
Effective as of 01-NOV-14

KIM, BRIAN, MD†
Provider ID: N/A
24401 CALLE DE LA LOUISA STE 300 LAGUNA HILLS, CA 92653
Effective as of 01-NOV-14

KIM, BRIAN, MD†
Provider ID: N/A
24401 CALLE DE LA LOUISA STE 300 LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

KIM, JANET, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

KIM, JANET, MD†
Provider ID: N/A
24022 CALLE DE LA PLATA STE 745 LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

KIM, ESTHER, MD†
Provider ID: N/A
24022 CALLE DE LA PLATA STE 745 LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

KIM, BRIAN, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653
Effective as of 01-AUG-22

KIM, BRIAN, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

KIM, BRIAN, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

KIM, EDWARD, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

KIM, BRIAN, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

KNIGHT, DARREN, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

LOGAN, DWAYNE, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA STE 305
LAGUNA HILLS, CA 92653
Teleservice
Effective as of 01-MAR-18

LOGAN, DWAYNE, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA STE 305
LAGUNA HILLS, CA 92653
Teleservice
Effective as of 01-JUN-21

LOGAN, DWAYNE, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA STE 305
LAGUNA HILLS, CA 92653
Teleservice
Effective as of 01-SEP-13

LOGAN, DWAYNE, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA STE 305
LAGUNA HILLS, CA 92653
Teleservice
Effective as of 01-OCT-23

LOGAN, DWAYNE, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA STE 305
LAGUNA HILLS, CA 92653
Teleservice
Effective as of 01-SEP-22

MCGUIRE, DESMOND, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA STE 207
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-20

NOGUCHI, JONATHAN, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

PATEL, ALPA, MD†
Provider ID: N/A
24022 CALLE DE LA PLATA STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

PATEL, ALPA, MD†
Provider ID: N/A
24022 CALLE DE LA PLATA STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-22

PERRY, ANGELA, MD
Provider ID: N/A
23521 PASEO DE VALENCIA STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-23

PERRY, ANGELA, MD
Provider ID: N/A
PERRY, ANGELA, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-23

PRENDIVILLE, PAUL, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-23

PRENDIVILLE, PAUL, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

PRENDIVILLE, PAUL, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

PRENDIVILLE, PAUL, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-14

RATHOD, RAJIV, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
305
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-23

RATHOD, RAJIV, MD
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 475
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-22

RATHOD, RAJIV, MD
Provider ID: N/A
24022 CALLE DE LA PLATA
STE 475
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

ROUHANI, BEHNAZ, MD
Provider ID: N/A
24401 CALLE DE LA LOUISA
STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-19

ROUHANI, BEHNAZ, MD
Provider ID: N/A
24401 CALLE DE LA LOUISA
STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

SALEHI-HAD, HANI, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA
300
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-22

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

- 23521 PASEO DE VALENCIA
  STE 309
  LAGUNA HILLS, CA 92653
  Effective as of 01-JUN-21

  SPANGGORD, HOLLY, MD†
  Provider ID: N/A

  23521 PASEO DE VALENCIA
  STE 309
  LAGUNA HILLS, CA 92653
  Effective as of 01-DEC-14

SALEHI-HAD, HANI, MD†
Provider ID: N/A

- 23521 PASEO DE VALENCIA
  STE 309
  LAGUNA HILLS, CA 92653
  Effective as of 01-JUN-21

SALEHI-HAD, HANI, MD†
Provider ID: N/A

- 23521 PASEO DE VALENCIA
  STE 309
  LAGUNA HILLS, CA 92653
  Effective as of 01-JUN-21

SALIB, GEORGE, MD†
Provider ID: N/A

- 24422 AVENIDA DE LA
  CARLOTA STE 110
  LAGUNA HILLS, CA 92653
  Effective as of 01-JUN-21

SALIB, GEORGE, MD†
Provider ID: N/A

- 24422 AVENIDA DE LA
  CARLOTA STE 110
  LAGUNA HILLS, CA 92653
  Effective as of 01-JUN-21

SALIB, GEORGE, MD†
Provider ID: N/A

- 24422 AVENIDA DE LA
  CARLOTA STE 110
  LAGUNA HILLS, CA 92653
  Effective as of 01-OCT-23

SPANGGORD, HOLLY, MD†
Provider ID: N/A

- 24022 CALLE DE LA PLATA
  STE 305
  LAGUNA HILLS, CA 92653
  Effective as of 01-APR-23

TEYMOORIAN, SAVAK, MD†
Provider ID: N/A

- 23961 CALLE DE LA MAGDALENA
  STE 300
  LAGUNA HILLS, CA 92653
  Effective as of 01-OCT-22

TEYMOORIAN, SAVAK, MD†
Provider ID: N/A

- 24401 CALLE DE LA LOUISA
  LAGUNA HILLS, CA 92653
  Effective as of 01-DEC-14

TEYMOORIAN, SAVAK, MD†
Provider ID: N/A

- 23961 CALLE DE LA MAGDALENA
  STE 300
  LAGUNA HILLS, CA 92653
  Effective as of 01-OCT-23

TEYMOORIAN, SAVAK, MD†
Provider ID: N/A

- 23961 CALLE DE LA MAGDALENA
  STE 300
  LAGUNA HILLS, CA 92653
  Effective as of 01-SEP-23

TAYANI, RAMIN, MD
Provider ID: N/A

- 23521 PASEO DE VALENCIA
  STE 305
  LAGUNA HILLS, CA 92653
  Effective as of 01-DEC-23

TEYMOORIAN, SAVAK, MD†
Provider ID: N/A

- 23521 PASEO DE VALENCIA
  STE 305
  LAGUNA HILLS, CA 92653
  Effective as of 01-OCT-23

TEYMOORIAN, SAVAK, MD†
Provider ID: N/A

- 23521 PASEO DE VALENCIA
  STE 305
  LAGUNA HILLS, CA 92653
  Effective as of 01-OCT-23

TOMPKINS, BRETT, DO
Provider ID: N/A

- 23521 PASEO DE VALENCIA
  STE 305
  LAGUNA HILLS, CA 92653
  Effective as of 01-SEP-23

TOMPKINS, BRETT, DO
Provider ID: N/A

- 23521 PASEO DE VALENCIA
  STE 305
  LAGUNA HILLS, CA 92653
  Effective as of 01-JAN-24
C1. 网络提供者名单
专科护理医生

- **TOMPKINS, BRETT, DO**
  Provider ID: N/A
  23521 PASEO DE VALENCIA
  STE 305
  LAGUNA HILLS, CA 92653
  Effective as of 01-DEC-23

- **WANG, YE, MD†**
  Provider ID: N/A
  23961 CALLE DE LA MAGDALENA
  STE 300
  LAGUNA HILLS, CA 92653
  Effective as of 01-SEP-22

- **WANG, YE, MD†**
  Provider ID: N/A
  24401 CALLE DE LA LOUISA
  STE 300
  LAGUNA HILLS, CA 92653
  Effective as of 01-OCT-23

- **WILLIAMS, MARK, MD**
  Provider ID: N/A
  24022 CALLE DE LA PLATA
  STE 475
  LAGUNA HILLS, CA 92653
  Effective as of 01-OCT-23

- **YOU, TIMOTHY, MD†**
  Provider ID: N/A
  23521 PASEO DE VALENCIA
  LAGUNA HILLS, CA 92653
  Effective as of 01-DEC-23

- **WILLIAMS, MARK, MD**
  Provider ID: N/A
  24022 CALLE DE LA PLATA
  STE 475
  LAGUNA HILLS, CA 92653
  Effective as of 01-NOV-19

- **WILLIAMS, MARK, MD**
  Provider ID: N/A
  24022 CALLE DE LA PLATA
  STE 475
  LAGUNA HILLS, CA 92653
  Effective as of 01-JAN-24

- **WILLIAMS, MARK, MD**
  Provider ID: N/A
  24022 CALLE DE LA PLATA
  STE 475
  LAGUNA HILLS, CA 92653
  Effective as of 01-APR-23

- **WILLIAMS, MARK, MD**
  Provider ID: N/A
  24022 CALLE DE LA PLATA
  STE 475
  LAGUNA HILLS, CA 92653
  Effective as of 01-FEB-16

- **YOU, TIMOTHY, MD†**
  Provider ID: N/A
  24022 CALLE DE LA PLATA
  STE 475
  LAGUNA HILLS, CA 92653
  Effective as of 01-OCT-05

- **OPTOMETRIST**

- **CHOI-SIRITARATIWAT, ISABELL, OD†**
  Provider ID: N/A
  23961 CALLE DE LA MAGDALENA
  STE 300
  LAGUNA HILLS, CA 92653
  Effective as of 01-AUG-22

- **CHOI-SIRITARATIWAT, ISABELL, OD†**
  Provider ID: N/A
  23961 CALLE DE LA MAGDALENA
  STE 300
  LAGUNA HILLS, CA 92653
  Effective as of 01-JUN-19

- **CHOI-SIRITARATIWAT, ISABELL, OD†**
  Provider ID: N/A
  23961 CALLE DE LA MAGDALENA
  STE 300
  LAGUNA HILLS, CA 92653
  Effective as of 01-JUN-19

- **CHOI-SIRITARATIWAT, ISABELL, OD†**
  Provider ID: N/A
  23961 CALLE DE LA MAGDALENA
  STE 300
  LAGUNA HILLS, CA 92653
  Effective as of 01-JUN-19

- **CHOI-SIRITARATIWAT, ISABELL, OD†**
  Provider ID: N/A
  23961 CALLE DE LA MAGDALENA
  STE 300
  LAGUNA HILLS, CA 92653
  Effective as of 01-JUN-19
<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRATTAN, ANNE, OD†</td>
<td>23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-23</td>
</tr>
<tr>
<td>LEIGHT, TERRA, OD†</td>
<td>23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-AUG-22</td>
</tr>
<tr>
<td>LEUNG, CHRISTINA, OD†</td>
<td>25260 LA PAZ RD STE G LAGUNA HILLS, CA 92653 Effective as of 01-JAN-16</td>
</tr>
<tr>
<td>MONTANA-COLLINS, CLAUDIA, OD†</td>
<td>23961 CALLE DE LA MAGDALENA STE 412 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18</td>
</tr>
<tr>
<td>NG, REBECCA, OD</td>
<td>23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-MAR-23</td>
</tr>
<tr>
<td>PHAN, MIMI, OD†</td>
<td>23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-21</td>
</tr>
<tr>
<td>PLECHOT, ERIQ, OD</td>
<td>23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-21</td>
</tr>
</tbody>
</table>
LAGUNA HILLS, CA 92653
Effective as of 01-APR-24

PLECHOT, ERIQ, OD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-APR-24

PLECHOT, ERIQ, OD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-APR-24

PLECHOT, ERIQ, OD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-APR-24

SKVARNA, KAREN, OD
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

ABEDI ASL, ESRAFIL, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 430
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-13

ABEDI ASL, ESRAFIL, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 430
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-14

ABEDI ASL, ESRAFIL, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 430
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

BALAKER, ASHLEY, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

BALAKER, ASHLEY, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-14

OTOLARYNGOLOGY

SKVARNA, KAREN, OD
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

ABEDI ASL, ESRAFIL, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 430
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

ABEDI ASL, ESRAFIL, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

ABEDI ASL, ESRAFIL, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

SKVARNA, KAREN, OD
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

TERADA, SEIJU, OD
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-22

TERADA, SEIJU, OD
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

TERADA, SEIJU, OD
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-22

BALAKER, ASHLEY, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

BALAKER, ASHLEY, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

BALAKER, ASHLEY, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-14
C1. 网络提供者名单

专科护理医生

LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

BALAKER, ASHLEY, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-19

BUEN, FLOYD, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-20

BUEN, FLOYD, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-20

BUEN, FLOYD, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-20

CHO, MICHAEL, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

JAKOBSEN, MICHAEL, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

JAKOBSEN, MICHAEL, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

MUNDI, JAGMEET, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-20

SUN, JOHN, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

SUN, PAUL, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

SUN, PAUL, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

SUN, JOHN, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-11

384
C1. 网络提供者名单
专科护理医生

SUN, PAUL, MD†
Provider ID: N/A
2441 HEALTH CENTER DR 
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-07

SUN, JOHN, MD†
Provider ID: N/A
2441 HEALTH CENTER DR 
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-07

SUN, PAUL, MD†
Provider ID: N/A
2441 HEALTH CENTER DR 
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

SUN, JOHN, MD†
Provider ID: N/A
2441 HEALTH CENTER DR 
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-17

SUN, PAUL, MD†
Provider ID: N/A
2441 HEALTH CENTER DR 
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-14

SUN, JOHN, MD†
Provider ID: N/A
2441 HEALTH CENTER DR 
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-11

YIAN, CHRISTOPHER, MD†

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health 
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24411 HEALTH CENTER DR STE 600</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-APR-11</td>
</tr>
</tbody>
</table>

**YIAN, CHRISTOPHER, MD†**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24411 HEALTH CENTER DR STE 600</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JAN-17</td>
</tr>
</tbody>
</table>

**YIAN, CHRISTOPHER, MD†**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24411 HEALTH CENTER DR STE 600</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JAN-17</td>
</tr>
</tbody>
</table>

**YIAN, CHRISTOPHER, MD†**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24411 HEALTH CENTER DR STE 600</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JAN-18</td>
</tr>
</tbody>
</table>

**YIAN, CHRISTOPHER, MD†**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24411 HEALTH CENTER DR STE 600</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JAN-18</td>
</tr>
</tbody>
</table>

**YIAN, CHRISTOPHER, MD†**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24411 HEALTH CENTER DR STE 600</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-MAY-11</td>
</tr>
</tbody>
</table>

**YIAN, CHRISTOPHER, MD†**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24411 HEALTH CENTER DR STE 600</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-MAY-12</td>
</tr>
</tbody>
</table>

**YIAN, CHRISTOPHER, MD†**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24411 HEALTH CENTER DR STE 600</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-NOV-14</td>
</tr>
</tbody>
</table>

**YIAN, CHRISTOPHER, MD†**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24411 HEALTH CENTER DR STE 600</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-OCT-23</td>
</tr>
</tbody>
</table>

**YIAN, CHRISTOPHER, MD†**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24411 HEALTH CENTER DR STE 600</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-JUL-12</td>
</tr>
</tbody>
</table>

**YIAN, CHRISTOPHER, MD†**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24411 HEALTH CENTER DR STE 600</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-OCT-22</td>
</tr>
</tbody>
</table>

**PEDIATRIC CARDIOLOGY**

**DENNY-BROWN, SINAN, MD**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24022 CALLE DE LA PLATA STE 500</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-FEB-23</td>
</tr>
</tbody>
</table>

**DENNY-BROWN, SINAN, MD**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24022 CALLE DE LA PLATA STE 500</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-FEB-23</td>
</tr>
</tbody>
</table>

**DENNY-BROWN, SINAN, MD**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24022 CALLE DE LA PLATA STE 500</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-FEB-23</td>
</tr>
</tbody>
</table>

**DENNY-BROWN, SINAN, MD**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24022 CALLE DE LA PLATA STE 500</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-FEB-23</td>
</tr>
</tbody>
</table>

**DENNY-BROWN, SINAN, MD**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24022 CALLE DE LA PLATA STE 500</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-FEB-23</td>
</tr>
</tbody>
</table>

**DENNY-BROWN, SINAN, MD**

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>24022 CALLE DE LA PLATA STE 500</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td></td>
<td>Effective as of 01-FEB-23</td>
</tr>
</tbody>
</table>

**PHYS MED/ REHAB PAIN**

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

**MEDICINE**

HANNA, ANDREW, DO
Provider ID: N/A
- 24411 HEALTH CENTER DR STE 610
  LAGUNA HILLS, CA 92653
  Effective as of 01-JUL-23

HANNA, ANDREW, DO
Provider ID: N/A
- 24411 HEALTH CENTER DR STE 610
  LAGUNA HILLS, CA 92653
  Effective as of 01-JUL-23

HANNA, ANDREW, DO
Provider ID: N/A
- 24411 HEALTH CENTER DR STE 610
  LAGUNA HILLS, CA 92653
  Effective as of 01-JUL-23

**PHYSICAL MEDICINE / REHABILITATION**

ALSHARIF, KAIS, MD†
Provider ID: N/A
- 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
  Effective as of 01-MAR-21

ALSHARIF, KAIS, MD†
Provider ID: N/A
- 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
  Effective as of 01-MAR-21

ALSHARIF, KAIS, MD†
Provider ID: N/A
- 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
  Effective as of 01-MAR-21

**PHYSICIANS ASSISTANT**

BYNON, KRISTEN, PA
Provider ID: N/A
- 24012 CALLE DE LA PLATA STE 460
  LAGUNA HILLS, CA 92653
  Effective as of 01-DEC-19

POURADIB, AMIR, MD†
Provider ID: N/A
- 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
  Effective as of 01-MAR-21

POURADIB, AMIR, MD†
Provider ID: N/A
- 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
  Effective as of 01-APR-21

POURADIB, AMIR, MD†
Provider ID: N/A
- 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
  Effective as of 01-MAR-22

POURADIB, AMIR, MD†
Provider ID: N/A
- 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
  Effective as of 01-MAR-22

LYNN, KENNETH, MD†
Provider ID: N/A
- 24012 CALLE DE LA PLATA STE 120
  LAGUNA HILLS, CA 92653
  Effective as of 01-NOV-20
C1. 网络提供者名单
专科护理医生

- **BYNON, KRISTEN, PA**
  Provider ID: N/A
  Effective as of 01-DEC-23

- **CARR, OLIVIA, PA**
  Provider ID: N/A
  Effective as of 01-APR-24

- **CARR, OLIVIA, PA**
  Provider ID: N/A
  Effective as of 01-DEC-23

- **BYNON, KRISTEN, PA**
  Provider ID: N/A
  Effective as of 01-DEC-23

- **CARR, OLIVIA, PA**
  Provider ID: N/A
  Effective as of 01-APR-24

- **DINH, Y NHA THI, PA†**
  Provider ID: N/A
  Effective as of 01-APR-24

- **BYNON, KRISTEN, PA**
  Provider ID: N/A
  Effective as of 01-DEC-23

- **CARDEÑAS, RICARDO, PA†**
  Provider ID: N/A
  Effective as of 01-NOV-22

- **CARDEÑAS, RICARDO, PA†**
  Provider ID: N/A
  Effective as of 01-NOV-22

- **CARR, OLIVIA, PA**
  Provider ID: N/A
  Effective as of 01-APR-23

- **KISCADEN, LAUREN, PA**
  Provider ID: N/A
  Effective as of 01-APR-24

- **KISCADEN, LAUREN, PA**
  Provider ID: N/A
  Effective as of 01-APR-23

- **KISCADEN, LAUREN, PA**
  Provider ID: N/A
  Effective as of 01-APR-24

- **KISCADEN, LAUREN, PA**
  Provider ID: N/A
  Effective as of 01-APR-23

- **PALMER, VIVIENNE, PA**
  Provider ID: N/A
  Effective as of 01-APR-23

- **PALMER, VIVIENNE, PA**
  Provider ID: N/A
  Effective as of 01-APR-23

- **PALMER, VIVIENNE, PA**
  Provider ID: N/A
  Effective as of 01-APR-23

- **PALMER, VIVIENNE, PA**
  Provider ID: N/A
  Effective as of 01-APR-23

- **PALMER, VIVIENNE, PA**
  Provider ID: N/A
  Effective as of 01-APR-23

- **BYNON, KRISTEN, PA**
  Provider ID: N/A
  Effective as of 01-JAN-24

- **WANG, NANCY, PA†**
  Provider ID: N/A
  Effective as of 01-JAN-24

- **BYNON, KRISTEN, PA**
  Provider ID: N/A
  Effective as of 01-JAN-24

- **BYNON, KRISTEN, PA**
  Provider ID: N/A
  Effective as of 01-JAN-24

- **23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653**
  Effective as of 01-APR-24

- **23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653**
  Effective as of 01-APR-24

- **23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653**
  Effective as of 01-APR-24

- **24401 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653**
  Effective as of 01-DEC-23

- **24401 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653**
  Effective as of 01-DEC-23

- **23521 PASEO DE VALENCIA STE 250 LAGUNA HILLS, CA 92653**
  Effective as of 01-DEC-23

- **23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653**
  Effective as of 01-APR-24

- **23181 VERDUGO DR STE 103A LAGUNA HILLS, CA 92653**
  Effective as of 01-JAN-24
C1. 网络提供者名单
专科护理医生

LAGUNA HILLS, CA 92653*
Effective as of 01-APR-23

**PETERMAN, KYLIE, PA**
Provider ID: N/A
ณ 23181 VERDUGO DR STE
103A
LAGUNA HILLS, CA 92653*
Effective as of 01-APR-23

**SOBHANIAN, SHAHAB, PA**
Provider ID: N/A
ณ 23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653*
Effective as of 01-MAR-24

**SOBHANIAN, SHAHAB, PA**
Provider ID: N/A
ณ 23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653*
Effective as of 01-NOV-22

**TOWERY, BOBBY, PA**
Provider ID: N/A
ณ 24411 HEALTH CENTER DR STE 680
LAGUNA HILLS, CA 92653 Effective as of 01-OCT-18

**WANG, LILLIAN, PA**
Provider ID: N/A
ณ 24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637 Effective as of 01-FEB-22

**PODIATRIST**

**ARJOMANDI, NEDA, DPM**
Provider ID: N/A
ณ 24022 CALLE DE LA PLATA STE 410
LAGUNA HILLS, CA 92653 Effective as of 01-APR-21

**ARJOMANDI, NEDA, DPM**
Provider ID: N/A
ณ 24022 CALLE DE LA PLATA STE 410
LAGUNA HILLS, CA 92653 Effective as of 01-APR-21

**GOLSHAHI, BAHAR, DPM**
Provider ID: N/A
ณ 23141 MOULTON PKWY STE 109
LAGUNA HILLS, CA 92653 Effective as of 01-JUN-20

**GOLSHAHI, BAHAR, DPM**
Provider ID: N/A
ณ 23141 MOULTON PKWY STE 109
LAGUNA HILLS, CA 92653 Effective as of 01-NOV-19

**GOLSHAHI, BAHAR, DPM**
Provider ID: N/A
ณ 23141 MOULTON PKWY STE 109
LAGUNA HILLS, CA 92653 Effective as of 01-NOV-19

**LEAMING, ROBERT, DPM**
Provider ID: N/A
ณ 23141 MOULTON PKWY STE 109
LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-FEB-24

**LEAMING, ROBERT, DPM**
Provider ID: N/A
ณ 23141 MOULTON PKWY STE 109
LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-FEB-24

**MCCANN, JAN, DPM**
Provider ID: N/A
ณ 24012 CALLE DE LA PLATA STE 135
LAGUNA HILLS, CA 92653 Effective as of 01-DEC-20

**MCCANN, JAN, DPM**
Provider ID: N/A
ณ 24012 CALLE DE LA PLATA STE 135
LAGUNA HILLS, CA 92653 Effective as of 01-DEC-20
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective from</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOSRATI, SAM, DPM</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 109</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td>NOSRATI, SAM, DPM</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 109</td>
<td>01-NOV-19</td>
</tr>
<tr>
<td>NOSRATI, SAM, DPM</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 109</td>
<td>01-JUL-16</td>
</tr>
<tr>
<td>POLISKIE, MICHAEL, DPM</td>
<td>N/A</td>
<td>23521 PASEO DE VALENCIA STE 108</td>
<td>01-FEB-22</td>
</tr>
<tr>
<td>POLISKIE, MICHAEL, DPM</td>
<td>N/A</td>
<td>23521 PASEO DE VALENCIA STE 108</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>YETTER, MARCUS, DPM</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 143</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARASQUERO, ANDREA, NP</td>
<td>N/A</td>
<td>23121 PLAZA POINTE DR STE 107</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>CARASQUERO, ANDREA, NP</td>
<td>N/A</td>
<td>23121 PLAZA POINTE DR STE 107</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>KHURANA, ANIL, NP</td>
<td>N/A</td>
<td>23121 PLAZA POINTE DR STE 107</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>KHURANA, ANIL, NP</td>
<td>N/A</td>
<td>23121 PLAZA POINTE DR STE 107</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>PSYCHIATRY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHU, WEIMING, MD</td>
<td>N/A</td>
<td>24953 PASEO DE VALENCIA STE 7C</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>CHU, WEIMING, MD</td>
<td>N/A</td>
<td>24953 PASEO DE VALENCIA STE 7C</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>EAGAN, TERRY, MD</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 424</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>EAGAN, TERRY, MD</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 424</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>CHANG, WILLIAM, DO</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 108</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>CHANG, WILLIAM, DO</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 108</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>CHANG, WILLIAM, DO</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 108</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>CHANG, WILLIAM, DO</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 108</td>
<td>01-NOV-22</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### C1. 网络提供者名单

#### 专科护理医生

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHANG, WILLIAM, DO</strong></td>
<td>23141 MOULTON PKWY STE 108</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td><strong>ESPELETA, VIDAL, MD</strong></td>
<td>24411 HEALTH CENTER DR STE 560</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td><strong>ESPELETA, VIDAL, MD</strong></td>
<td>24411 HEALTH CENTER DR STE 560</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td><strong>ESPELETA, VIDAL, MD</strong></td>
<td>24411 HEALTH CENTER DR STE 560</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td><strong>ESPELETA, VIDAL, MD</strong></td>
<td>24411 HEALTH CENTER DR STE 560</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td><strong>ESPELETA, VIDAL, MD</strong></td>
<td>24411 HEALTH CENTER DR STE 560</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td><strong>ESPELETA, VIDAL, MD</strong></td>
<td>24411 HEALTH CENTER DR STE 560</td>
<td>01-OCT-19</td>
</tr>
<tr>
<td><strong>ESPELETA, VIDAL, MD</strong></td>
<td>24411 HEALTH CENTER DR STE 560</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td><strong>KADIFA, FADY, MD</strong></td>
<td>24411 HEALTH CENTER DR STE 560</td>
<td>01-MAY-22</td>
</tr>
<tr>
<td><strong>KADIFA, FADY, MD</strong></td>
<td>24411 HEALTH CENTER DR STE 560</td>
<td>01-JUL-17</td>
</tr>
<tr>
<td><strong>KADIFA, FADY, MD</strong></td>
<td>24411 HEALTH CENTER DR STE 560</td>
<td>01-OCT-18</td>
</tr>
<tr>
<td><strong>KADIFA, FADY, MD</strong></td>
<td>24411 HEALTH CENTER DR STE 560</td>
<td>01-MAY-12</td>
</tr>
<tr>
<td><strong>KADIFA, FADY, MD</strong></td>
<td>24411 HEALTH CENTER DR STE 560</td>
<td>01-JAN-18</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective as of</th>
<th>Type of Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>KOHLI, SANJIVAN, MD†</td>
<td>N/A</td>
<td>23141 MOULTON PKWY STE 108 LAGUNA HILLS, CA 92653</td>
<td>01-JUN-23</td>
<td>MD†</td>
</tr>
<tr>
<td>SINGH, SAMARJIT, MD†</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</td>
<td>01-JUN-23</td>
<td>MD†</td>
</tr>
<tr>
<td>SHAHINIAN, GEORGE, MD†</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 620 LAGUNA HILLS, CA 92653</td>
<td>01-APR-23</td>
<td>MD†</td>
</tr>
<tr>
<td>SINGH, SAMARJIT, MD†</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</td>
<td>01-OCT-23</td>
<td>MD†</td>
</tr>
<tr>
<td>SINGH, SAMARJIT, MD†</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</td>
<td>01-DEC-18</td>
<td>MD†</td>
</tr>
<tr>
<td>SINGH, SAMARJIT, MD†</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</td>
<td>01-OCT-23</td>
<td>MD†</td>
</tr>
<tr>
<td>VOVAN, THOMAS, MD†</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-19</td>
<td>MD†</td>
</tr>
<tr>
<td>VOVAN, THOMAS, MD†</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</td>
<td>01-OCT-22</td>
<td>MD†</td>
</tr>
<tr>
<td>VOVAN, THOMAS, MD†</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</td>
<td>01-OCT-23</td>
<td>MD†</td>
</tr>
<tr>
<td>VOVAN, THOMAS, MD†</td>
<td>N/A</td>
<td>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</td>
<td>01-JAN-23</td>
<td>MD†</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

VOVAN, THOMAS, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 560
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

HARSOLIA, ASIF, MD†
Provider ID: N/A
24302 PASEO DE VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

LEEE, SHARON, MD†
Provider ID: N/A
24302 PASEO DE VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-21

CHAN, LINDA, MD†
Provider ID: N/A
24302 PASEO DE VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

HARSOLIA, ASIF, MD†
Provider ID: N/A
24302 PASEO DE VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

LEEE, SHARON, MD†
Provider ID: N/A
24302 PASEO DE VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

CHAN, LINDA, MD†
Provider ID: N/A
24302 PASEO DE VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-19

HARSOLIA, ASIF, MD†
Provider ID: N/A
24302 PASEO DE VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

LEEE, SHARON, MD†
Provider ID: N/A
24302 PASEO DE VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

CHAN, LINDA, MD†
Provider ID: N/A
24302 PASEO DE VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

KABOLIZADEH, PEYMAN, MD†
Provider ID: N/A
24302 PASEO DE VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-APR-24

RHEUMATOLOGY

KHALEGHI DAMAVANDI, MIR BEHNAM, MD
Provider ID: N/A
25411 CABOT RD STE 112
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-17
<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>Address: 25411 CABOT RD STE 112, LAGUNA HILLS, CA 92653</th>
<th>Effective as of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>KHALEGHI DAMAVANDI, MIR BEHNAM, MD</td>
<td>25411 CABOT RD STE 112, LAGUNA HILLS, CA 92653</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>KHALEGHI DAMAVANDI, MIR BEHNAM, MD</td>
<td>25411 CABOT RD STE 112, LAGUNA HILLS, CA 92653</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>KHALEGHI DAMAVANDI, MIR BEHNAM, MD</td>
<td>25411 CABOT RD STE 112, LAGUNA HILLS, CA 92653</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>KHALEGHI DAMAVANDI, MIR BEHNAM, MD</td>
<td>25411 CABOT RD STE 112, LAGUNA HILLS, CA 92653</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>KHALEGHI DAMAVANDI, MIR BEHNAM, MD</td>
<td>25411 CABOT RD STE 112, LAGUNA HILLS, CA 92653</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>KHALEGHI DAMAVANDI, MIR BEHNAM, MD</td>
<td>25411 CABOT RD STE 112, LAGUNA HILLS, CA 92653</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>KHALEGHI DAMAVANDI, MIR BEHNAM, MD</td>
<td>25411 CABOT RD STE 112, LAGUNA HILLS, CA 92653</td>
<td>01-JAN-17</td>
</tr>
<tr>
<td>KHALEGHI DAMAVANDI, MIR BEHNAM, MD</td>
<td>25411 CABOT RD STE 112, LAGUNA HILLS, CA 92653</td>
<td>01-MAR-19</td>
</tr>
<tr>
<td>KHALEGHI DAMAVANDI, MIR BEHNAM, MD</td>
<td>25411 CABOT RD STE 112, LAGUNA HILLS, CA 92653</td>
<td>01-JUN-21</td>
</tr>
<tr>
<td>KHALEGHI DAMAVANDI, MIR BEHNAM, MD</td>
<td>25411 CABOT RD STE 112, LAGUNA HILLS, CA 92653</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>KHALEGHI DAMAVANDI, MIR BEHNAM, MD</td>
<td>25411 CABOT RD STE 112, LAGUNA HILLS, CA 92653</td>
<td>01-OCT-20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>Address: 25411 CABOT RD STE 112, LAGUNA HILLS, CA 92653</th>
<th>Effective as of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>KOOKOOTSEDES, GAYLE, MD</td>
<td>25411 CABOT RD STE 109, LAGUNA HILLS, CA 92653</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>KOOKOOTSEDES, GAYLE, MD</td>
<td>25411 CABOT RD STE 109, LAGUNA HILLS, CA 92653</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>KOOKOOTSEDES, GAYLE, MD</td>
<td>25411 CABOT RD STE 109, LAGUNA HILLS, CA 92653</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td>KOOKOOTSEDES, GAYLE, MD</td>
<td>25411 CABOT RD STE 109, LAGUNA HILLS, CA 92653</td>
<td>01-SEP-19</td>
</tr>
<tr>
<td>KOOKOOTSEDES, GAYLE, MD</td>
<td>25411 CABOT RD STE 109, LAGUNA HILLS, CA 92653</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>KOOKOOTSEDES, GAYLE, MD</td>
<td>25411 CABOT RD STE 109, LAGUNA HILLS, CA 92653</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>KOOKOOTSEDES, GAYLE, MD</td>
<td>25411 CABOT RD STE 109, LAGUNA HILLS, CA 92653</td>
<td>01-SEP-23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>Address: 24411 HEALTH CENTER DR</th>
<th>Effective as of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURGERY COLON SURGERY</td>
<td>24411 HEALTH CENTER DR</td>
<td>01-JUN-23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>Address: 24411 HEALTH CENTER DR</th>
<th>Effective as of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRADY, MATTHEW, MD</td>
<td>24411 HEALTH CENTER DR</td>
<td>01-JUN-23</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-21

BRADY, MATTHEW, MD‡
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-21

BRADY, MATTHEW, MD‡
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-21

BRADY, MATTHEW, MD‡
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-21

SYN, GENE, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 417
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-21

SYN, GENE, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 231
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

SURGERY GENERAL

ABOU ABBASS, AHMAD, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-19

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

BACON, LOUISE, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-APR-14

BACON, LOUISE, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-19

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

ASHLEY, BLAKE, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

DEARING, DAVID, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

DEARING, DAVID, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

DEARING, DAVID, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

DEARING, DAVID, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

DEARING, DAVID, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-23

DEARING, DAVID, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-18

DEARING, DAVID, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-18

KLAUSE, ELVIRA, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 417
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

KLAUSE, ELVIRA, MD
Provider ID: N/A
24411 HEALTH CENTER DR
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

KUSHNER, KENNETH, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-23

KUSHNER, KENNETH, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

PHAM, ALEXANDER, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-24

PHAM, ALEXANDER, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-24

RAHNEMA, CYRUS, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-24

RAHNEMA, CYRUS, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-24

HOLNESS, RONALD, MD†
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-19

PHAM, ALEXANDER, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-24

KLAUSE, ELVIRA, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 417
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-23

KLAUSE, ELVIRA, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 417
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-23

KLAUSE, ELVIRA, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 417
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-23

PHAM, ALEXANDER, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-24

RAHNEMA, CYRUS, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-24

RAHNEMA, CYRUS, MD
Provider ID: N/A
23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-24
C1. 网络提供者名单

专科护理医生

RAHNEMA, CYRUS, MD
Provider ID: N/A
Ｓ 23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-24

ROBERTSON, ELSIE, MD
Provider ID: N/A
Ｓ 24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

RONA, KAIS, MD
Provider ID: N/A
Ｓ 11 MAREBLU STE 200
LAGUNA HILLS, CA 92656
Effective as of 01-FEB-23

SHARMA, RAHUL, DO²
Provider ID: N/A
Ｓ 24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-19

SHARMA, RAHUL, DO²
Provider ID: N/A
Ｓ 24401 CALLE DE LA LOUISA
STE 102
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-21

TUNG, SHAWNDEEP, MD
Provider ID: N/A
Ｓ 24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-19

TUNG, SHAWNDEEP, MD
Provider ID: N/A
Ｓ 24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

TUNG, SHAWNDEEP, MD
Provider ID: N/A
Ｓ 24401 CALLE DE LA LOUISA
STE 102
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-21

WALLACE, WILLIAM, MD²
Provider ID: N/A
Ｓ 24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

WALLACE, WILLIAM, MD²
Provider ID: N/A
Ｓ 24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

WALLACE, WILLIAM, MD²
Provider ID: N/A
Ｓ 24401 CALLE DE LA LOUISA
STE 102
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-20

WALLACE, WILLIAM, MD²
Provider ID: N/A
Ｓ 24401 CALLE DE LA LOUISA
STE 102
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-21

WALLACE, WILLIAM, MD²
Provider ID: N/A
Ｓ 24401 CALLE DE LA LOUISA
STE 102
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-21
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>WALLACE, WILLIAM, MD‡</td>
<td>24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-JAN-20</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>WALLACE, WILLIAM, MD‡</td>
<td>24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-FEB-16</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>WALLACE, WILLIAM, MD‡</td>
<td>24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-FEB-13</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>WALLACE, WILLIAM, MD‡</td>
<td>24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-APR-11</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>WALLACE, WILLIAM, MD‡</td>
<td>24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>WALLACE, WILLIAM, MD‡</td>
<td>24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-20</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>WONG, JASON, MD‡</td>
<td>24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-OCT-12</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>WONG, JASON, MD‡</td>
<td>24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-JUL-20</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>WONG, JASON, MD‡</td>
<td>24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-JUL-20</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>WONG, JASON, MD‡</td>
<td>24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>01-JUL-20</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Effective as of 01-MAY-18

DEARING, DAVID, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-19

DEARING, DAVID, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-15

SHARMA, RAHUL, DO†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

SHARMA, RAHUL, DO†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-18

SHARMA, RAHUL, DO†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-APR-19

SHARMA, RAHUL, DO†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-18

TENG, WANG, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-APR-19

TENG, WANG, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-APR-11

TENG, WANG, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

TENG, WANG, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

TENG, WANG, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-12

WALLACE, WILLIAM, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

WALLACE, WILLIAM, MD†
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-16

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
## C1. 网络提供者名单

### 专科护理医生

<table>
<thead>
<tr>
<th>医生姓名</th>
<th>医生ID</th>
<th>地址</th>
<th>地址邮政编码</th>
<th>有效期</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATEL, AMAR, MD</td>
<td>N/A</td>
<td>24331 EL TORO RD STE 200 LAGUNA HILLS, CA 92637</td>
<td></td>
<td>Effective as of 01-NOV-20</td>
</tr>
<tr>
<td>HWANG, BRIAN, MD</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 405 LAGUNA HILLS, CA 92653</td>
<td></td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>JACKSON, ROBERT, MD</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 405 LAGUNA HILLS, CA 92653</td>
<td></td>
<td>Effective as of 01-APR-23</td>
</tr>
</tbody>
</table>

**Surgery Hand Orthopedic**

<table>
<thead>
<tr>
<th>医生姓名</th>
<th>医生ID</th>
<th>地址</th>
<th>地址邮政编码</th>
<th>有效期</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATEL, AMAR, MD</td>
<td>N/A</td>
<td>24331 EL TORO RD STE 200 LAGUNA HILLS, CA 92637</td>
<td></td>
<td>Effective as of 01-NOV-20</td>
</tr>
<tr>
<td>HWANG, BRIAN, MD</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 405 LAGUNA HILLS, CA 92653</td>
<td></td>
<td>Effective as of 01-APR-23</td>
</tr>
</tbody>
</table>

**Surgery Neurological**

<table>
<thead>
<tr>
<th>医生姓名</th>
<th>医生ID</th>
<th>地址</th>
<th>地址邮政编码</th>
<th>有效期</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATEL, AMAR, MD</td>
<td>N/A</td>
<td>24331 EL TORO RD STE 200 LAGUNA HILLS, CA 92637</td>
<td></td>
<td>Effective as of 01-NOV-20</td>
</tr>
<tr>
<td>HWANG, BRIAN, MD</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 405 LAGUNA HILLS, CA 92653</td>
<td></td>
<td>Effective as of 01-NOV-20</td>
</tr>
<tr>
<td>LIAUW, JASON, MD</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 405 LAGUNA HILLS, CA 92653</td>
<td></td>
<td>Effective as of 01-APR-23</td>
</tr>
</tbody>
</table>

400

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

LIAUW, JASON, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-19

MASSOUDI, FARZAD, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-19

MASSOUDI, FARZAD, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

MASSOUDI, FARZAD, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-APR-22

MASSOUDI, FARZAD, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

MASSOUDI, FARZAD, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

GREENBAUM, BRADLEY, MD
Provider ID: N/A
24022 CALLE DE LA PLATA STE 415
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-20

GREENBAUM, BRADLEY, MD
Provider ID: N/A
24022 CALLE DE LA PLATA STE 415
LAGUNA HILLS, CA 92653
Effective as of 01-APR-21

GREENBAUM, BRADLEY, MD
Provider ID: N/A
24022 CALLE DE LA PLATA STE 415
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-22

GREENBAUM, BRADLEY, MD
Provider ID: N/A
24022 CALLE DE LA PLATA STE 415
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-22

PATEL, AMAR, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637
Effective as of 01-DEC-20

PATEL, AMAR, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637
Effective as of 01-MAY-20

PATEL, AMAR, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637
Effective as of 01-OCT-21

PATEL, AMAR, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637
Effective as of 01-JAN-22

PATEL, AMAR, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637
Effective as of 01-JAN-23

PATEL, AMAR, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637
Effective as of 01-JAN-24

PATEL, AMAR, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637
Effective as of 01-NOV-22

PATEL, AMAR, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637
Effective as of 01-JUL-22

PATEL, AMAR, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637
Effective as of 01-SEP-23

PERSONAL MEDICINE

MASSOUDI, FARZAD, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-19

SURGERY ORTHOPEDIC

GREENBAUM, BRADLEY, MD
Provider ID: N/A
24022 CALLE DE LA PLATA STE 415
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-20

GREENBAUM, BRADLEY, MD
Provider ID: N/A
24022 CALLE DE LA PLATA STE 415
LAGUNA HILLS, CA 92653
Effective as of 01-APR-21

GREENBAUM, BRADLEY, MD
Provider ID: N/A
24022 CALLE DE LA PLATA STE 415
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-22

GREENBAUM, BRADLEY, MD
Provider ID: N/A
24022 CALLE DE LA PLATA STE 415
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-22

PATEL, AMAR, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637
Effective as of 01-DEC-20

PATEL, AMAR, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637
Effective as of 01-MAY-20

PATEL, AMAR, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637
Effective as of 01-OCT-21

PATEL, AMAR, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637
Effective as of 01-JUL-22

PATEL, AMAR, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637
Effective as of 01-MAY-22

SURGERY THORACIC
C1. 网络提供者名单
专科护理医生

ALTSHULER, JEFFREY, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

GRIFFITH, PATRICK, MD
Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-23

GRIFFITH, PATRICK, MD
Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-23

GRIFFITH, PATRICK, MD
Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-23

HARGROVE, RACHEL, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-23

HARGROVE, RACHEL, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

HARGROVE, RACHEL, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-22

HARGROVE, RACHEL, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-19

HARGROVE, RACHEL, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-23

HARGROVE, RACHEL, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

KANAAN, SAMER, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 630
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-17

KANAAN, SAMER, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 630
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

LAM, TUAN, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-23

POWELL, LEDFORD, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 630
LAGUNA HILLS, CA 92653
Effective as of 01-APR-19

POWELL, LEDFORD, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 630
LAGUNA HILLS, CA 92653
Effective as of 01-APR-16

POWELL, LEDFORD, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 630
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-14

POWELL, LEDFORD, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 630
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-23

402
C1. 网络提供者名单
专科护理医生

POWELL, LEDFORD, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 630
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

POWELL, LEDFORD, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 630
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-16

POWELL, LEDFORD, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 630
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-20

TENG, WANG, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

TENG, WANG, MD
Provider ID: N/A
24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-20

BREMNER, AMY, MD
Provider ID: N/A
24401 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-20

BREMNER, AMY, MD
Provider ID: N/A
24401 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-23

BREMNER, AMY, MD
Provider ID: N/A
24401 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-23

BREMNER, AMY, MD
Provider ID: N/A
24401 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-23

BUI, DON, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

BUI, DON, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

BUI, DON, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

BUI, DON, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

BUI, DON, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

BUI, DON, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-23

BUI, DON, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

SURGICAL ONCOLOGY

BREMNER, AMY, MD
Provider ID: N/A
24401 CALLE DE LA LOUISA
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-21

UROLOGY

BUI, DON, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUI, DON, MD†</td>
<td>N/A</td>
<td>25200 LA PAZ RD STE 200 LAGUNA HILLS, CA 92653</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>CHEVINSKY, MICHAEL, MD†</td>
<td>N/A</td>
<td>24953 PASEO DE VALENcia STE 15B LAGUNA HILLS, CA 92653</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>CHEVINSKY, MICHAEL, MD†</td>
<td>N/A</td>
<td>24953 PASEO DE VALENcia STE 15B LAGUNA HILLS, CA 92653</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>CHEVINSKY, MICHAEL, MD†</td>
<td>N/A</td>
<td>24953 PASEO DE VALENcia STE 15B LAGUNA HILLS, CA 92653</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>CHEVINSKY, MICHAEL, MD†</td>
<td>N/A</td>
<td>24953 PASEO DE VALENcia STE 15B LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>CHEVINSKY, MICHAEL, MD†</td>
<td>N/A</td>
<td>24953 PASEO DE VALENcia STE 15B LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD†</td>
<td>N/A</td>
<td>23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>GRUENENFELDER, JENNIFER, MD</td>
<td>N/A</td>
<td>24953 PASEO DE VALENcia STE 15B LAGUNA HILLS, CA 92653</td>
<td>01-NOV-21</td>
</tr>
</tbody>
</table>
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20
HO, TAMMY, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21
HO, TAMMY, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20
HO, TAMMY, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23
HO, TAMMY, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20
HO, TAMMY, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20
HO, TAMMY, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21
HO, TAMMY, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20
HO, TAMMY, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20
HO, TAMMY, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20
HO, TAMMY, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23
HO, TAMMY, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20
HO, TAMMY, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20
HO, TAMMY, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20
HO, TAMMY, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23
KIM, MOSES, MD†
Provider ID: N/A

25200 LA PAZ RD STE 200 LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18
KIM, MOSES, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20
KIM, MOSES, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20
KIM, MOSES, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20
KIM, MOSES, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20
KIM, MOSES, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23
KIM, MOSES, MD†
Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23
KIM, MOSES, MD†
Provider ID: N/A
C1. 网络提供者名单
专科护理医生

Effective as of 01-FEB-20
KIM, MOSES, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

KIM, MOSES, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

LIAUW, JASON, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 405 LAGUNA HILLS, CA 92653
Effective as of 01-JUL-19

MEAGLIA, JAMES, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

MEAGLIA, JAMES, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

MEAGLIA, JAMES, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

MEAGLIA, JAMES, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

MEAGLIA, JAMES, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

MEAGLIA, JAMES, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

MEAGLIA, JAMES, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

MEAGLIA, JAMES, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

MEAGLIA, JAMES, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

MEAGLIA, JAMES, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

NAKAMURA, LEAH, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

NAKAMURA, LEAH, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

NAKAMURA, LEAH, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

NAKAMURA, LEAH, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

NAKAMURA, LEAH, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

NAKAMURA, LEAH, MD†
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
NAKAMURA, LEAH, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

NAKAMURA, LEAH, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

PASIN, ERIK, MD
Provider ID: N/A
24953 PASEO VALENCIA STE 15B
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-15

PASIN, ERIK, MD
Provider ID: N/A
24953 PASEO VALENCIA7C
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-23

PASIN, ERIK, MD
Provider ID: N/A
24953 PASEO VALENCIA STE 15B
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-12

PASIN, ERIK, MD
Provider ID: N/A
24953 PASEO VALENCIA STE 15B
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-23

PASIN, ERIK, MD
Provider ID: N/A
24953 PASEO VALENCIA7C
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-21

PASIN, ERIK, MD
Provider ID: N/A
24953 PASEO VALENCIA STE 15B
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-21

PASIN, ERIK, MD
Provider ID: N/A
24953 PASEO VALENCIA STE 15B
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-21

SHOURESHI, POONE, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-23

SHOURESHI, POONE, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

SHOURESHI, POONE, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-APR-24

SHOURESHI, POONE, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-23

SINGH, KARAN, MD
Provider ID: N/A
23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-23
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

SINGH, KARAN, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

SINGH, KARAN, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

SINGH, KARAN, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

SINGH, KARAN, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

SINGH, KARAN, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

SINGH, KARAN, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

SINGH, KARAN, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

SPITZ, AARON, MD†
Provider ID: N/A
25200 LA PAZ RD STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

SPITZ, AARON, MD†
Provider ID: N/A
25200 LA PAZ RD STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

SPITZ, AARON, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

SPITZ, AARON, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

SPITZ, AARON, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-APR-21

SPITZ, AARON, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

SPITZ, AARON, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-14

SPITZ, AARON, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-14

SPITZ, AARON, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-14

SPITZ, AARON, MD†
Provider ID: N/A
23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-14

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SU, DANIEL, MD</strong></td>
<td>23961 CALLE DE LA MAGDALENA</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td></td>
<td>STE 500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
</tr>
<tr>
<td><strong>SU, DANIEL, MD</strong></td>
<td>23961 CALLE DE LA MAGDALENA</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td></td>
<td>STE 500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
</tr>
<tr>
<td><strong>SU, DANIEL, MD</strong></td>
<td>23961 CALLE DE LA MAGDALENA</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td></td>
<td>STE 500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
</tr>
<tr>
<td><strong>SU, DANIEL, MD</strong></td>
<td>23961 CALLE DE LA MAGDALENA</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td></td>
<td>STE 500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
</tr>
<tr>
<td><strong>TEBYANI, NEYSSAN, MD</strong></td>
<td>25200 LA PAZ RD STE 200</td>
<td>01-MAY-17</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
</tr>
<tr>
<td><strong>TEBYANI, NEYSSAN, MD</strong></td>
<td>25200 LA PAZ RD STE 200</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
</tr>
<tr>
<td><strong>TEBYANI, NEYSSAN, MD</strong></td>
<td>25200 LA PAZ RD STE 200</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
</tr>
<tr>
<td><strong>TEBYANI, NEYSSAN, MD</strong></td>
<td>25200 LA PAZ RD STE 200</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
</tr>
<tr>
<td><strong>TEBYANI, NEYSSAN, MD</strong></td>
<td>25200 LA PAZ RD STE 200</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
</tr>
<tr>
<td><strong>TEBYANI, NEYSSAN, MD</strong></td>
<td>25200 LA PAZ RD STE 200</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
</tr>
<tr>
<td><strong>TEBYANI, NEYSSAN, MD</strong></td>
<td>25200 LA PAZ RD STE 200</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
</tr>
<tr>
<td><strong>TEBYANI, NEYSSAN, MD</strong></td>
<td>25200 LA PAZ RD STE 200</td>
<td>01-FEB-20</td>
</tr>
<tr>
<td></td>
<td>LAGUNA HILLS, CA 92653</td>
<td></td>
</tr>
</tbody>
</table>
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

### C1. 网络提供者名单

#### 专科护理医生

- **TEBYANI, NEYSSAN, MD**
  - Provider ID: N/A
  - 23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
  - Effective as of 01-FEB-20

- **TEBYANI, NEYSSAN, MD**
  - Provider ID: N/A
  - 23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
  - Effective as of 01-JAN-21

- **TEBYANI, NEYSSAN, MD**
  - Provider ID: N/A
  - 23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653
  - Effective as of 01-JAN-23

#### ALLERGY IMMUNOLOGY

- **DYER, MARC, MD**
  - Provider ID: N/A
  - 30131 TOWN CENTER DR STE 120 LAGUNA NIGUEL, CA 92677
  - Effective as of 01-OCT-22

#### CERTIFIED ACUPUNCTURIST

- **PARK, ERIC, LAC**
  - Provider ID: N/A
  - 30101 TOWN CENTER DR STE 112 LAGUNA NIGUEL, CA 92677
  - Effective as of 01-OCT-23

#### DERMATOLOGY

- **KLEIN, LORRIE, MD**
  - Provider ID: N/A
  - 30201 GOLDEN LANTERN STE B LAGUNA NIGUEL, CA 92677
  - Effective as of 01-JUL-21

- **KLEIN, LORRIE, MD**
  - Provider ID: N/A
  - 30201 GOLDEN LANTERN STE B LAGUNA NIGUEL, CA 92677
  - Effective as of 01-OCT-22

#### AUDIOLOGIST

- **ABRAMSON, MARIA, AuD**
  - Provider ID: N/A
  - 28985 GOLDEN LANTERN STE B105 LAGUNA NIGUEL, CA 92677
  - Effective as of 01-OCT-23
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Effective as of 01-MAY-14

**GARFINKLE, REBECCA, DO**
Provider ID: N/A
- 30131 TOWN CENTER DR STE 245
  LAGUNA NIGUEL, CA 92677
Effective as of 01-NOV-14

**MCINTOSH, ANDREW, MD†**
Provider ID: N/A
- 30131 TOWN CENTER DR STE 195
  LAGUNA NIGUEL, CA 92677
Effective as of 01-JAN-21

**MCINTOSH, ANDREW, MD†**
Provider ID: N/A
- 30131 TOWN CENTER DR STE 195
  LAGUNA NIGUEL, CA 92677
Effective as of 01-MAR-21

**MCINTOSH, ANDREW, MD†**
Provider ID: N/A
- 30131 TOWN CENTER DR STE 195
  LAGUNA NIGUEL, CA 92677
Effective as of 01-NOV-13

**MCINTOSH, ANDREW, MD†**
Provider ID: N/A
- 30131 TOWN CENTER DR STE 195
  LAGUNA NIGUEL, CA 92677
Effective as of 01-MAR-15

**PRZEKLASA AUTH, MELISSA, MD†**
Provider ID: N/A
- 30131 TOWN CENTER DR STE 237
  LAGUNA NIGUEL, CA 92677
Effective as of 01-SEP-19

**ENGELMAN, SUZANNE, PhD**
Provider ID: N/A
- 30100 CROWN VALLEY PKWY STE 17C
  LAGUNA NIGUEL, CA 92677
Effective as of 01-OCT-23

**ENGELMAN, SUZANNE, PhD**
Provider ID: N/A
- 30100 CROWN VALLEY PKWY STE 17C
  LAGUNA NIGUEL, CA 92677
Effective as of 01-OCT-23

**ENGELMAN, SUZANNE, PhD**
Provider ID: N/A
- 30100 CROWN VALLEY PKWY STE 17C
  LAGUNA NIGUEL, CA 92677
Effective as of 01-OCT-23

**ENGELMAN, SUZANNE, PhD**
Provider ID: N/A
- 30131 TOWN CENTER DR STE 268
  LAGUNA NIGUEL, CA 92677
Effective as of 01-MAR-15

**ENGELMAN, SUZANNE, PhD**
Provider ID: N/A
- 30131 TOWN CENTER DR STE 268
  LAGUNA NIGUEL, CA 92677
Effective as of 01-MAR-15

**ENGELMAN, SUZANNE, PhD**
Provider ID: N/A
- 30131 TOWN CENTER DR STE 268
  LAGUNA NIGUEL, CA 92677
Effective as of 01-MAR-15

**FAMILY PRACTICE**

**SPORTS MEDICINE**

**GRAHAM, SCOTT, MD†**
Provider ID: N/A
C1. 网络提供者名单
专科护理医生

VENEZIANO, CHRISTOPHER, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637
Effective as of 01-FEB-22

VENEZIANO, CHRISTOPHER, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637
Effective as of 01-FEB-23

PHYSICIANS ASSISTANT

BOW, LINDA, PA†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637
Effective as of 01-SEP-23

NGUYEN, TONY, PA†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637
Effective as of 01-AUG-22

PODIATRIST

BATHAEE, FARSHAD, DPM
Provider ID: N/A
24331 EL TORO RD STE 370
LAGUNA WOODS, CA
92637
Effective as of 01-JAN-18

BATHAEE, FARSHAD, DPM
Provider ID: N/A
24331 EL TORO RD STE 370
LAGUNA WOODS, CA
92637
Effective as of 01-OCT-23

FRESHMAN, JANELLE, PT†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637
Effective as of 01-OCT-23

PARK, JOSEPH, PT
Provider ID: N/A
24361 EL TORO RD STE 140
LAGUNA WOODS, CA
92637
Effective as of 01-OCT-23

Surgery Hand

MOSKOW, LONNIE, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637
Effective as of 01-FEB-23

MOSKOW, LONNIE, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637
Effective as of 01-DEC-21

Surgery Orthopedic

KIM, ABRAHAM, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637
Effective as of 01-JUL-20

Registered Physical Therapist

FRESHMAN, JANELLE, PT†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637
Effective as of 01-FEB-23

AMINIAN, ARASH, MD†
Provider ID: N/A
C1. 网络提供者名单
专科护理医生

- AMINIAN, ARASH, MD
  Provider ID: N/A
  24331 EL TORO RD STE 200
  LAGUNA WOODS, CA 92637
  Effective as of 01-OCT-22

- AMINIAN, ARASH, MD
  Provider ID: N/A
  24331 EL TORO RD STE 200
  LAGUNA WOODS, CA 92637
  Effective as of 01-DEC-14

- AMINIAN, ARASH, MD
  Provider ID: N/A
  24331 EL TORO RD STE 200
  LAGUNA WOODS, CA 92637
  Effective as of 01-SEP-23

- AMINIAN, ARASH, MD
  Provider ID: N/A
  24331 EL TORO RD STE 200
  LAGUNA WOODS, CA 92637
  Effective as of 01-FEB-21

- GRAHAM, SCOTT, MD
  Provider ID: N/A
  24331 EL TORO RD STE 200
  LAGUNA WOODS, CA 92637
  Effective as of 01-FEB-21

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Designation</th>
<th>Effective Date</th>
<th>Address</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRAHAM, SCOTT, MD†</td>
<td></td>
<td>01-FEB-24</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>JOHNSON, BRYCE, MD†</td>
<td></td>
<td>01-OCT-22</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>KADAKIA, NIMISH, MD†</td>
<td></td>
<td>01-DEC-21</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>KIM, ABRAHAM, MD†</td>
<td></td>
<td>01-SEP-23</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>KIM, ABRAHAM, MD†</td>
<td></td>
<td>01-OCT-22</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>KIM, ABRAHAM, MD†</td>
<td></td>
<td>01-DEC-18</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>KIM, ABRAHAM, MD†</td>
<td></td>
<td>01-MAR-21</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>KIM, ABRAHAM, MD†</td>
<td></td>
<td>01-AUG-18</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>KIM, ABRAHAM, MD†</td>
<td></td>
<td>01-AUG-23</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>KADAKIA, NIMISH, MD†</td>
<td></td>
<td>01-OCT-22</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>GURBANI, AJAY, MD</td>
<td></td>
<td>01-FEB-22</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>GURBANI, AJAY, MD</td>
<td></td>
<td>01-MAR-22</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>GURBANI, AJAY, MD</td>
<td></td>
<td>01-FEB-21</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>GURBANI, AJAY, MD</td>
<td></td>
<td>01-SEP-23</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>GURBANI, AJAY, MD</td>
<td></td>
<td>01-AUG-23</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>GURBANI, AJAY, MD</td>
<td></td>
<td>01-AUG-23</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>GURBANI, AJAY, MD</td>
<td></td>
<td>01-SEP-23</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
<tr>
<td>GURBANI, AJAY, MD</td>
<td></td>
<td>01-AUG-23</td>
<td>24331 EL TORO RD STE 200 LAGUNA WOODS, CA</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>KIM, ABRAHAM, MD†</td>
<td>N/A</td>
<td>24331 EL TORO RD STE 200</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LAGUNA WOODS, CA 92637</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KIM, ABRAHAM, MD†</td>
<td>N/A</td>
<td>24331 EL TORO RD STE 200</td>
<td>01-SEP-20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LAGUNA WOODS, CA 92637</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KIM, ABRAHAM, MD†</td>
<td>N/A</td>
<td>24331 EL TORO RD STE 200</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LAGUNA WOODS, CA 92637</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KIM, ABRAHAM, MD†</td>
<td>N/A</td>
<td>24331 EL TORO RD STE 200</td>
<td>01-SEP-20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LAGUNA WOODS, CA 92637</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KIM, ABRAHAM, MD†</td>
<td>N/A</td>
<td>24331 EL TORO RD STE 200</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LAGUNA WOODS, CA 92637</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOLHO, DAVID, MD</td>
<td>N/A</td>
<td>24331 EL TORO RD STE 200</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LAGUNA WOODS, CA 92637</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOLHO, DAVID, MD</td>
<td>N/A</td>
<td>24331 EL TORO RD STE 200</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LAGUNA WOODS, CA 92637</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOLHO, DAVID, MD</td>
<td>N/A</td>
<td>24331 EL TORO RD STE 200</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LAGUNA WOODS, CA 92637</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOLHO, DAVID, MD</td>
<td>N/A</td>
<td>24331 EL TORO RD STE 200</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LAGUNA WOODS, CA 92637</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOLHO, DAVID, MD</td>
<td>N/A</td>
<td>24331 EL TORO RD STE 200</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LAGUNA WOODS, CA 92637</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

MOLHO, DAVID, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Teleservice
Effective as of 01-DEC-23

MOLHO, DAVID, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Teleservice
Effective as of 01-DEC-23

MOLHO, DAVID, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Teleservice
Effective as of 01-DEC-23

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Teleservice
Effective as of 01-DEC-23

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-SEP-23

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-SEP-23

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-SEP-23

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-SEP-23

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-SEP-23

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

MOSKOW, LONNIE, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

PATEL, AMAR, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-MAY-22

PATEL, AMAR, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

PATEL, AMAR, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

PATEL, AMAR, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

PATEL, AMAR, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-24

PYRKO, PETER, MD
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-OCT-23

TOCCI, STEPHEN, MD
Provider ID: N/A
24310 MOULTON PKWY
STE O563
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>City, State Zip Code</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOCCI, STEPHEN, MD*</td>
<td>24310 MOULTON PKWY STE O563</td>
<td>LAGUNA WOODS, CA 92637</td>
<td>Effective as of 01-JUL-12</td>
</tr>
<tr>
<td>VENEZIANO, CHRISTOPHER, MD*</td>
<td>24331 EL TORO RD STE 200</td>
<td>LAGUNA WOODS, CA 92637</td>
<td>Effective as of 01-AUG-23</td>
</tr>
<tr>
<td>VENEZIANO, CHRISTOPHER, MD*</td>
<td>24331 EL TORO RD STE 200</td>
<td>LAGUNA WOODS, CA 92637</td>
<td>Effective as of 01-OCT-11</td>
</tr>
<tr>
<td>VENEZIANO, CHRISTOPHER, MD*</td>
<td>24331 EL TORO RD STE 200</td>
<td>LAGUNA WOODS, CA 92637</td>
<td>Effective as of 01-SEP-23</td>
</tr>
<tr>
<td>VENEZIANO, CHRISTOPHER, MD*</td>
<td>24331 EL TORO RD STE 200</td>
<td>LAGUNA WOODS, CA 92637</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td>WONG, JEFFREY, MD*</td>
<td>24331 EL TORO RD STE 200</td>
<td>LAGUNA WOODS, CA 92637</td>
<td>Effective as of 01-DEC-21</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
92637
Effective as of 01-DEC-21

WONG, JEFFREY, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-AUG-19

YOUDERIAN, ARI, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-SEP-23

YOUDERIAN, ARI, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-DEC-21

YOUDERIAN, ARI, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-FEB-15

YOUDERIAN, ARI, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-JAN-18

YOUDERIAN, ARI, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-SEP-23

YOUDERIAN, ARI, MD†
Provider ID: N/A
24331 EL TORO RD STE 200
LAGUNA WOODS, CA 92637
Effective as of 01-DEC-21

QASQAS, SHADI, MD†
Provider ID: N/A
31571 CANYON ESTATES DR STE 228
LAKE ELSINORE, CA 92532
Effective as of 01-JUN-17

QASQAS, SHADI, MD†
Provider ID: N/A
31571 CANYON ESTATES DR STE 228
LAKE ELSINORE, CA 92532
Effective as of 01-JUL-21

QASQAS, SHADI, MD†
Provider ID: N/A
31571 CANYON ESTATES DR STE 228
LAKE ELSINORE, CA 92532
Effective as of 01-JUL-21

QASQAS, SHADI, MD†
Provider ID: N/A
31571 CANYON ESTATES DR STE 228
LAKE ELSINORE, CA 92532
Effective as of 01-JUL-21

QASQAS, SHADI, MD†
Provider ID: N/A
31571 CANYON ESTATES DR STE 228
LAKE ELSINORE, CA 92532
Effective as of 01-MAY-15

QASQAS, SHADI, MD†
Provider ID: N/A
31571 CANYON ESTATES DR STE 228
LAKE ELSINORE, CA 92532
Effective as of 01-AUG-19

QASQAS, SHADI, MD†
Provider ID: N/A
31571 CANYON ESTATES DR STE 228
LAKE ELSINORE, CA 92532
Effective as of 01-DEC-21

QASQAS, SHADI, MD†
Provider ID: N/A
31571 CANYON ESTATES DR STE 228
LAKE ELSINORE, CA 92532
Effective as of 01-FEB-20

QASQAS, SHADI, MD†
Provider ID: N/A
31571 CANYON ESTATES DR STE 228
LAKE ELSINORE, CA 92532
Effective as of 01-MAY-15

QASQAS, SHADI, MD†
Provider ID: N/A
31571 CANYON ESTATES DR STE 228
LAKE ELSINORE, CA 92532
Effective as of 01-FEB-24

419
HERNANDEZ, MARCO, DC
Provider ID: N/A
30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-FEB-24

HERNANDEZ, MARCO, DC
Provider ID: N/A
30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-FEB-24

HERNANDEZ, MARCO, DC
Provider ID: N/A
30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-FEB-24

HERNANDEZ, MARCO, DC
Provider ID: N/A
30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-FEB-24

JU, NATHANIEL, DC
Provider ID: N/A
30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-22

FAMILY PRACTICE

VIDAL, MONICA, DO
Provider ID: N/A
30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-AUG-22

FEMALE PELVIC MED AND RECONSTRUCTIVE SURG

KAAKI, BILAL, MD
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-AUG-22

INTERNAL MEDICINE

ALTRIKI, MOHAMAD, MD
Provider ID: N/A
425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-OCT-20

ALTRIKI, MOHAMAD, MD
Provider ID: N/A
425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-NOV-20

ALTRIKI, MOHAMAD, MD
Provider ID: N/A
425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-NOV-20

MAHESHWARI, ANOOP, MD
Provider ID: N/A
31571 CANYON ESTATES DR
STE 219
LAKE ELSINORE, CA 92532
Effective as of 01-MAY-15

YU, JERRY, MD
Provider ID: N/A
425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-DEC-23

YU, JERRY, MD
Provider ID: N/A
425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-AUG-18

YU, JERRY, MD
Provider ID: N/A
425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-AUG-18

INTERVENTIONAL CARDIOLOGY

ATTIA, NADER, DO
Provider ID: N/A
31581 CANYON ESTATES DR
LAKE ELSINORE, CA 92532
Effective as of 01-JAN-19

MESSENGER, BRADLEY, MD
Provider ID: N/A
31581 CANYON ESTATES DR
LAKE ELSINORE, CA 92532
Effective as of 01-JAN-19

PAREKH, NIRAJ, MD
Provider ID: N/A
31581 CANYON ESTATES DR
LAKE ELSINORE, CA 92532
Effective as of 01-JAN-19

SANGODKAR, SANDEEP, DO
Provider ID: N/A
31581 CANYON ESTATES DR
LAKE ELSINORE, CA 92532
Effective as of 01-JAN-19
C1. 网络提供者名单

专科护理医生

Effective as of 01-JAN-19

**Nephrology**

ALTRIKI, MOHAMAD, MD†
Provider ID: N/A
30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-DEC-22

FRANCIS, LARRY, MD†
Provider ID: N/A
30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-21

GOMEZ, GUILLERMO, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-DEC-22

GOMEZ, GUILLERMO, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-21

QADRI, F ARNOOSH, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-DEC-22

REY, RODOLFO, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

REY, RODOLFO, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-SEP-23

REY, RODOLFO, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

Effective as of 01-JAN-20

CHANG, DAVID, MD†
Provider ID: N/A
425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-FEB-20

GOMEZ, GUILLERMO, MD†
Provider ID: N/A
141 N MAIN ST
LAKE ELSINORE, CA 92530
Effective as of 01-DEC-22

GOMEZ, GUILLERMO, MD†
Provider ID: N/A
141 N MAIN ST
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-21

REY, RODOLFO, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-NOV-22

CHANG, DAVID, MD†
Provider ID: N/A
425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-AUG-18

GOMEZ, GUILLERMO, MD†
Provider ID: N/A
141 N MAIN ST
LAKE ELSINORE, CA 92530
Effective as of 01-DEC-22

GOMEZ, GUILLERMO, MD†
Provider ID: N/A
141 N MAIN ST
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-21

REY, RODOLFO, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

CHANG, DAVID, MD†
Provider ID: N/A
425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-AUG-18

GOMEZ, GUILLERMO, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

REY, RODOLFO, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-SEP-23

REY, RODOLFO, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

Effective as of 01-AUG-18

CHANG, DAVID, MD†
Provider ID: N/A
425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-DEC-23

OBSTETRICS /
GYNECOLOGY

FRANCIS, LARRY, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

GOMEZ, GUILLERMO, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

REY, RODOLFO, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-SEP-23

REY, RODOLFO, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24
C1. 网络提供者名单
专科护理医生

VADAPARAMPIL, JANET, MD†
Provider ID: N/A
141 N MAIN ST
LAKE ELSINORE, CA 92530
Effective as of 01-JAN-21

VADAPARAMPIL, JANET, MD†
Provider ID: N/A
141 N MAIN ST
LAKE ELSINORE, CA 92530
Effective as of 01-JAN-21

VADAPARAMPIL, JANET, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

VADAPARAMPIL, JANET, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

VADAPARAMPIL, JANET, MD†
Provider ID: N/A
31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-JAN-21

MAHESHWARI, ANOOP, MD†
Provider ID: N/A
31571 CANYON ESTATES DR
STE 219
LAKE ELSINORE, CA 92532
Effective as of 01-AUG-14

RICH, RYAN, OD
Provider ID: N/A
30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-22

TAM, EMILY, OD
Provider ID: N/A
30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-22

PHYSICIANS ASSISTANT

FATHI, NAGHMEH, PA
Provider ID: N/A
31581 CANYON ESTATES DR
LAKE ELSINORE, CA 92532
Effective as of 01-MAY-19

RUÍZ-FLORES, ROSE, PA
Provider ID: N/A
425 DIAMOND DR STE 105
LAKE ELSINORE, CA 92530
Effective as of 01-SEP-23

PULMONARY DISEASES

MAHESHWARI, ANOOP, MD†
Provider ID: N/A
31571 CANYON ESTATES DR
STE 219
LAKE ELSINORE, CA 92532
Effective as of 01-MAY-15

MAHESHWARI, ANOOP, MD†
Provider ID: N/A
31571 CANYON ESTATES DR
STE 219
LAKE ELSINORE, CA 92532
Effective as of 01-MAY-17

REGISTERED PHYSICAL THERAPIST

CASTELLON, SHAWN, PT
Provider ID: N/A
425 DIAMOND DR STE 101
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-23

CASTELLON, SHAWN, PT
Provider ID: N/A
425 DIAMOND DR STE 101
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-23

DUPLECHAN, LAWRENCE, PT
Provider ID: N/A
425 DIAMOND DR STE 101
LAKE ELSINORE, CA 92530
Effective as of 01-MAY-23

DUPLECHAN, LAWRENCE, PT
Provider ID: N/A
425 DIAMOND DR STE 101
LAKE ELSINORE, CA 92530
Effective as of 01-MAY-23

EDDOW, JIM, PT†
Provider ID: N/A
425 DIAMOND DR
LAKE ELSINORE, CA 92530
Effective as of 01-MAY-23

EDDOW, JIM, PT†
Provider ID: N/A
425 DIAMOND DR
LAKE ELSINORE, CA 92530
Effective as of 01-MAY-23

OPTOMETRIST

GEE, JENNIFER, OD
Provider ID: N/A
30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-22

MORA, WENDY, OD
Provider ID: N/A
30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-22

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Effective as of 01-MAY-17

EDDOW, JIM, PT
Provider ID: N/A
425 DIAMOND DR STE 101
LAKE ELSINORE, CA 92530
Effective as of 01-AUG-20

STEVENS, WHITNEY, PT
Provider ID: N/A
425 DIAMOND DR STE 101
LAKE ELSINORE, CA 92530
Effective as of 01-MAR-23

STEVENS, WHITNEY, PT
Provider ID: N/A
425 DIAMOND DR STE 101
LAKE ELSINORE, CA 92530
Effective as of 01-MAR-23

TSAI, CHIAHONG, PT
Provider ID: N/A
425 DIAMOND DR STE 101ST
LAKE ELSINORE, CA 92530
Effective as of 01-MAR-23

TSAI, CHIAHONG, PT
Provider ID: N/A
425 DIAMOND DR STE 101ST
LAKE ELSINORE, CA 92530
Effective as of 01-MAR-23

ANESTHESIOLOGY

BUSTOS, JERROLD, MD
Provider ID: N/A
24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
Effective as of 01-DEC-20

ANESTHESIOLOGY PAIN MANAGEMENT

BUSTOS, JERROLD, MD
Provider ID: N/A
24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
Effective as of 01-DEC-20

CERTIFIED ACUPUNCTURIST

KIM, ILWHA, LAC
Provider ID: N/A
23331 EL TORO RD STE 107
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

WEON, SUK KYENG, LAC
Provider ID: N/A
23361 EL TORO RD STE 112
LAKE FOREST, CA 92630
Effective as of 01-FEB-22

CERTIFIED NURSE PRACTITIONER

TRAN, STEPHANIE, NP
Provider ID: N/A
26501 RANCHO PKWY S
STE 301
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

BELL, IRA, MD
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

BELL, IRA, MD
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

BELL, IRA, MD
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

BELL, IRA, MD
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

BELL, IRA, MD
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

BELL, IRA, MD
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

BELL, IRA, MD
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

BELL, IRA, MD
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

BELL, IRA, MD
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单

专科护理医生

有效日期：01-JUL-22

BELL, IRA, MD†
提供者ID：N/A

- 23832 ROCKFIELD BLVD STE 210
  LAKE FOREST, CA 92630
有效日期：01-JUL-22

BELL, IRA, MD†
提供者ID：N/A

- 23832 ROCKFIELD BLVD STE 210
  LAKE FOREST, CA 92630
有效日期：01-DEC-18

BELL, IRA, MD†
提供者ID：N/A

- 23832 ROCKFIELD BLVD STE 210
  LAKE FOREST, CA 92630
有效日期：01-APR-23

BENIK, KAREN, MD†
提供者ID：N/A

- 23832 ROCKFIELD BLVD STE 210
  LAKE FOREST, CA 92630
有效日期：01-DEC-18

BENIK, KAREN, MD†
提供者ID：N/A

- 23832 ROCKFIELD BLVD STE 210
  LAKE FOREST, CA 92630
有效日期：01-JUL-21

BENIK, KAREN, MD†
提供者ID：N/A

- 23832 ROCKFIELD BLVD STE 210
  LAKE FOREST, CA 92630
有效日期：01-JUL-21

MESHKINPOUR, AZIN, MD†
提供者ID：N/A

- 23832 ROCKFIELD BLVD STE 210
  LAKE FOREST, CA 92630
有效日期：01-JUL-21

MESHKINPOUR, AZIN, MD†
提供者ID：N/A

- 23832 ROCKFIELD BLVD STE 210
  LAKE FOREST, CA 92630
有效日期：01-NOV-18

MESHKINPOUR, AZIN, MD†
提供者ID：N/A

- 23832 ROCKFIELD BLVD STE 210
  LAKE FOREST, CA 92630
有效日期：01-JUL-21

MESHKINPOUR, AZIN, MD†
提供者ID：N/A

- 23832 ROCKFIELD BLVD STE 210
  LAKE FOREST, CA 92630
有效日期：01-JUL-21

BENIK, KAREN, MD†
提供者ID：N/A

- 23832 ROCKFIELD BLVD STE 210
  LAKE FOREST, CA 92630
有效日期：01-JUL-21

BENIK, KAREN, MD†
提供者ID：N/A

- 23832 ROCKFIELD BLVD STE 210
  LAKE FOREST, CA 92630
有效日期：01-JUL-21

424
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Specialties</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>MESHKINPOUR, AZIN, MD‡</td>
<td></td>
<td></td>
<td>23832 ROCKFIELD BLVD STE 210</td>
<td>01-DEC-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LAKE FOREST, CA 92630</td>
<td></td>
</tr>
<tr>
<td>MESHKINPOUR, AZIN, MD‡</td>
<td></td>
<td></td>
<td>23832 ROCKFIELD BLVD STE 220</td>
<td>01-DEC-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LAKE FOREST, CA 92630</td>
<td></td>
</tr>
<tr>
<td>MESHKINPOUR, AZIN, MD‡</td>
<td></td>
<td></td>
<td>23832 ROCKFIELD BLVD STE 210</td>
<td>01-DEC-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LAKE FOREST, CA 92630</td>
<td></td>
</tr>
<tr>
<td>TANG, KIM, MD‡</td>
<td></td>
<td></td>
<td>23832 ROCKFIELD BLVD STE 220</td>
<td>01-DEC-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LAKE FOREST, CA 92630</td>
<td></td>
</tr>
<tr>
<td>TANG, KIM, MD‡</td>
<td></td>
<td></td>
<td>23832 ROCKFIELD BLVD STE 210</td>
<td>01-DEC-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LAKE FOREST, CA 92630</td>
<td></td>
</tr>
<tr>
<td>TANG, KIM, MD‡</td>
<td></td>
<td></td>
<td>23832 ROCKFIELD BLVD STE 220</td>
<td>01-DEC-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LAKE FOREST, CA 92630</td>
<td></td>
</tr>
<tr>
<td>TANG, KIM, MD‡</td>
<td></td>
<td></td>
<td>23832 ROCKFIELD BLVD STE 210</td>
<td>01-DEC-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LAKE FOREST, CA 92630</td>
<td></td>
</tr>
<tr>
<td>TANG, KIM, MD‡</td>
<td></td>
<td></td>
<td>23832 ROCKFIELD BLVD STE 220</td>
<td>01-DEC-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LAKE FOREST, CA 92630</td>
<td></td>
</tr>
<tr>
<td>TANG, KIM, MD‡</td>
<td></td>
<td></td>
<td>23832 ROCKFIELD BLVD STE 210</td>
<td>01-DEC-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LAKE FOREST, CA 92630</td>
<td></td>
</tr>
<tr>
<td>TANG, KIM, MD‡</td>
<td></td>
<td></td>
<td>23331 EL TORO RD STE 102</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LAKE FOREST, CA 92630</td>
<td></td>
</tr>
<tr>
<td>ENDOCRINOLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>METABOLISM DIABETES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRISHNAN, PRIYANKA, MD</td>
<td></td>
<td></td>
<td>23331 EL TORO RD STE 102</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LAKE FOREST, CA 92630</td>
<td></td>
</tr>
</tbody>
</table>
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: N/A</td>
<td>26501 RANCHO PKWY S STE 103 LAKE FOREST, CA 92630</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td><strong>JECMENICA, MLADEN, MD</strong></td>
<td>26501 RANCHO PKWY S STE 103 LAKE FOREST, CA 92630</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>26501 RANCHO PKWY S STE 103 LAKE FOREST, CA 92630</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td><strong>SZU, ERIC, MD</strong></td>
<td>26501 RANCHO PKWY S STE 103 LAKE FOREST, CA 92630</td>
<td>Effective as of 01-FEB-23</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>26501 RANCHO PKWY S STE 103 LAKE FOREST, CA 92630</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td><strong>GYNECOLOGY</strong></td>
<td>26732 CROWN VALLEY PKWY STE 381 LAKE FOREST, CA 92691</td>
<td>Effective as of 01-FEB-24</td>
</tr>
<tr>
<td><strong>INTERNAL MEDICINE</strong></td>
<td>22621 LAKE FOREST DR STE D1 LAKE FOREST, CA 92630</td>
<td>Effective as of 01-FEB-24</td>
</tr>
<tr>
<td><strong>OPTOMETRIST</strong></td>
<td>23591 EL TORO RD STE 145 LAKE FOREST, CA 92630</td>
<td>Effective as of 01-JAN-17</td>
</tr>
<tr>
<td><strong>WELLS, MARY, OD</strong></td>
<td>23591 EL TORO RD STE 145 LAKE FOREST, CA 92630</td>
<td>Effective as of 01-JAN-18</td>
</tr>
<tr>
<td><strong>ANASTASIU, DANIELLE, PA</strong></td>
<td>24401 MUIRLANDS BLVD STE A LAKE FOREST, CA 92630</td>
<td>Effective as of 01-DEC-20</td>
</tr>
<tr>
<td><strong>ANASTASIU, DANIELLE, PA</strong></td>
<td>24401 MUIRLANDS BLVD STE A LAKE FOREST, CA 92630</td>
<td>Effective as of 01-DEC-20</td>
</tr>
<tr>
<td><strong>ANASTASIU, DANIELLE, PA</strong></td>
<td>24401 MUIRLANDS BLVD STE A LAKE FOREST, CA 92630</td>
<td>Effective as of 01-DEC-20</td>
</tr>
<tr>
<td><strong>ANASTASIU, DANIELLE, PA</strong></td>
<td>24401 MUIRLANDS BLVD STE A LAKE FOREST, CA 92630</td>
<td>Effective as of 01-DEC-20</td>
</tr>
<tr>
<td><strong>DE LEON, ROBERT, PA</strong></td>
<td>24401 MUIRLANDS BLVD STE A LAKE FOREST, CA 92630</td>
<td>Effective as of 01-DEC-20</td>
</tr>
<tr>
<td><strong>DE LEON, ROBERT, PA</strong></td>
<td>24401 MUIRLANDS BLVD STE A LAKE FOREST, CA 92630</td>
<td>Effective as of 01-DEC-20</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
Effective as of 01-DEC-20

DE LEON, ROBERT, PA†
Provider ID: N/A
24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
Effective as of 01-DEC-20

PSYCHIATRY

DESILVA, GAYANI, MD†
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DESILVA, GAYANI, MD†
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-DEC-21

DESILVA, GAYANI, MD†
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DESILVA, GAYANI, MD†
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-DEC-21

JAKKULA, JAGAN, MD‡
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-SEP-19

JAKKULA, JAGAN, MD‡
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-SEP-19

JAKKULA, JAGAN, MD‡
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-MAR-21

JAKKULA, JAGAN, MD‡
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-SEP-19

JAKKULA, JAGAN, MD‡
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-SEP-19

JAKKULA, JAGAN, MD‡
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-SEP-19

KANUKUNTLA, TULASI, MD†
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-DEC-21

JAKKULA, JAGAN, MD‡
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-NOV-21

KANUKUNTLA, TULASI, MD†
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

**PSYCHOLOGIST**

KANG, EILEEN, PhD
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-DEC-21

KANG, EILEEN, PhD
Provider ID: N/A
13 ORCHARD STE 103
LAKE FOREST, CA 92630
Effective as of 01-MAY-15

**REGISTERED PHYSICAL THERAPIST**

BECKER GALUSHA, JANE, PT
Provider ID: N/A
22821 LAKE FOREST DR STE 100
LAKE FOREST, CA 92630
Effective as of 01-MAY-20

**SPEECH PATHOLOGIST**

MARSDEN, CLAIRE, SP
Provider ID: N/A
22672 LAMBERT ST STE 611
LAKE FOREST, CA 92630
Effective as of 01-JUL-23

MARSDEN, CLAIRE, SP
Provider ID: N/A
22672 LAMBERT ST STE 612
LAKE FOREST, CA 92630
Effective as of 01-JUL-23

MARSDEN, CLAIRE, SP
Provider ID: N/A
22672 LAMBERT ST STE 611
LAKE FOREST, CA 92630
Effective as of 01-JUL-23
### Network Providers List

**Specialty: General**

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MARSDEN, CLAIRE, SP</strong></td>
<td>N/A</td>
<td>22672 LAMBERT ST STE 612</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>MARSDEN, CLAIRE, SP</strong></td>
<td>N/A</td>
<td>22672 LAMBERT ST STE 611</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>CASTRO, DAVID, DC</strong></td>
<td>N/A</td>
<td>10039 VINE ST LAKESIDE, CA 92040</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td><strong>FULKS, ZACKARY, DC</strong></td>
<td>N/A</td>
<td>10039 VINE ST LAKESIDE, CA 92040</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td><strong>MANSOUR, RASHAD, DC</strong></td>
<td>N/A</td>
<td>10039 VINE ST LAKESIDE, CA 92040</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td><strong>MCCOWN, BARRY, DC</strong></td>
<td>N/A</td>
<td>10039 VINE ST LAKESIDE, CA 92040</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td><strong>ZECHA, RONALD, DC</strong></td>
<td>N/A</td>
<td>10039 VINE ST LAKESIDE, CA 92040</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>LIU BARBARO, DOROTHY, MD</strong></td>
<td>N/A</td>
<td>10039 VINE ST LAKESIDE, CA 92040</td>
<td>01-SEP-19</td>
</tr>
<tr>
<td><strong>LIU BARBARO, DOROTHY, MD</strong></td>
<td>N/A</td>
<td>10039 VINE ST LAKESIDE, CA 92040</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td><strong>LIU BARBARO, DOROTHY, MD</strong></td>
<td>N/A</td>
<td>10039 VINE ST LAKESIDE, CA 92040</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td><strong>BRUNETTO, HEIDI, PSYD</strong></td>
<td>N/A</td>
<td>10039 VINE ST LAKESIDE, CA 92040</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td><strong>BRUNETTO, HEIDI, PSYD</strong></td>
<td>N/A</td>
<td>10039 VINE ST LAKESIDE, CA 92040</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td><strong>GUANG, RAINIER, MD</strong></td>
<td>N/A</td>
<td>27990 SHERMAN RD MENIFEE, CA 92585</td>
<td>01-SEP-19</td>
</tr>
<tr>
<td><strong>HYUN, SUZANNE, MD</strong></td>
<td>N/A</td>
<td>27990 SHERMAN RD MENIFEE, CA 92585</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td><strong>PANG, GARY, MD</strong></td>
<td>N/A</td>
<td>27990 SHERMAN RD MENIFEE, CA 92585</td>
<td>01-MAR-24</td>
</tr>
</tbody>
</table>

**Additional Information:**

- Your PCP’s physician group may have mental health providers in its network. Please refer to the list above.
- You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
- To access a listing of mental health providers online, visit blueshieldca.com/fad.
### Network Providers List

#### Specialty: Anesthesiology Pain Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PANG, GARY, MD²</td>
<td>N/A</td>
<td>27990 SHERMAN RD MENIFEE, CA 92585</td>
<td>01-SEP-19</td>
</tr>
<tr>
<td>ALFAY, WISAM, MD</td>
<td>N/A</td>
<td>26960 CHERRY HILLS BLVD STE C MENIFEE, CA 92586</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>CHEN, HAMILTON, MD²</td>
<td>N/A</td>
<td>27990 SHERMAN RD MENIFEE, CA 92585</td>
<td>01-SEP-19</td>
</tr>
<tr>
<td>ALFAY, WISAM, MD</td>
<td>N/A</td>
<td>26960 CHERRY HILLS BLVD STE C MENIFEE, CA 92586</td>
<td>01-MAR-22</td>
</tr>
<tr>
<td>CHEN, HAMILTON, MD²</td>
<td>N/A</td>
<td>27990 SHERMAN RD MENIFEE, CA 92585</td>
<td>01-SEP-19</td>
</tr>
<tr>
<td>GUIANG, RAINIER, MD²</td>
<td>N/A</td>
<td>27990 SHERMAN RD MENIFEE, CA 92585</td>
<td>01-MAY-21</td>
</tr>
<tr>
<td>LUCACI, BIANCA, NP</td>
<td>N/A</td>
<td>29826 HAUN RD STE 300 MENIFEE, CA 92586</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>MELOT, KAREN, NP</td>
<td>N/A</td>
<td>29826 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>MELOT, KAREN, NP</td>
<td>N/A</td>
<td>29826 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>MELOT, KAREN, NP</td>
<td>N/A</td>
<td>29826 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>PAULHUS, PATRICIA, NP²</td>
<td>N/A</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>01-JUN-19</td>
</tr>
<tr>
<td>PAULHUS, PATRICIA, NP²</td>
<td>N/A</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>01-JUN-19</td>
</tr>
<tr>
<td>PAULHUS, PATRICIA, NP²</td>
<td>N/A</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>01-JUN-19</td>
</tr>
<tr>
<td>PAULHUS, PATRICIA, NP²</td>
<td>N/A</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>01-JUN-19</td>
</tr>
<tr>
<td>PAULHUS, PATRICIA, NP²</td>
<td>N/A</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>01-JUN-19</td>
</tr>
<tr>
<td>PAULHUS, PATRICIA, NP²</td>
<td>N/A</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>01-JUN-19</td>
</tr>
<tr>
<td>NGUYEN, ANDY, NP²</td>
<td>N/A</td>
<td>29826 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>NGUYEN, ANDY, NP²</td>
<td>N/A</td>
<td>29826 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>NGUYEN, ANDY, NP²</td>
<td>N/A</td>
<td>29826 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>PAULHUS, PATRICIA, NP²</td>
<td>N/A</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>01-JUN-19</td>
</tr>
</tbody>
</table>

*Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.*

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, State ZIP</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAULHUS, PATRICIA, NP²</td>
<td>27851 BRADLEY RD STE 125</td>
<td>MENIFEE, CA 92586</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td>SERAILE, KIRSTEN, NP</td>
<td>29826 HAUN RD STE 204</td>
<td>MENIFEE, CA 92586</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td>VIERA, LIANA, NP²</td>
<td>29826 HAUN RD STE 300</td>
<td>MENIFEE, CA 92586</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-JUL-22</td>
</tr>
</tbody>
</table>

**DERMATOLOGY**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, State ZIP</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>JACOBS, RANDOLPH, MD</td>
<td>28120 BRADLEY RD</td>
<td>MENIFEE, CA 92586</td>
<td>01-DEC-18</td>
</tr>
<tr>
<td>JACOBS, RANDOLPH, MD</td>
<td>28120 BRADLEY RD</td>
<td>MENIFEE, CA 92586</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>JACOBS, RANDOLPH, MD</td>
<td>28120 BRADLEY RD</td>
<td>MENIFEE, CA 92586</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>JACOBS, RANDOLPH, MD</td>
<td>28120 BRADLEY RD</td>
<td>MENIFEE, CA 92586</td>
<td>01-JAN-18</td>
</tr>
</tbody>
</table>

**ENDOCRINOLOGY**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, State ZIP</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAIDER, UZMA, MD²</td>
<td>29826 HAUN RD STE 200</td>
<td>MENIFEE, CA 92586</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-AUG-18</td>
</tr>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-AUG-18</td>
</tr>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-JAN-22</td>
</tr>
</tbody>
</table>

**CHIROPRACTOR**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, State ZIP</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>FARSHLER, ANTHONY, DC²</td>
<td>26926 CHERRY HILLS BLVD STE B</td>
<td>MENIFEE, CA 92586</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-AUG-18</td>
</tr>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-AUG-18</td>
</tr>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-AUG-18</td>
</tr>
</tbody>
</table>

**METABOLISM DIABETES**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, State ZIP</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-DIC-18</td>
</tr>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-DIC-18</td>
</tr>
<tr>
<td>MITCHELL, JESSE, MD²</td>
<td>29798 HAUN RD STE 104</td>
<td>MENIFEE, CA 92586</td>
<td>01-DIC-18</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### Network Providers List

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Date</th>
<th>Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAIDER, SHANZAY, MD</td>
<td>29826 HAUN RD STE 200</td>
<td>01-MAR-24</td>
<td>Primary Care</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAIDER, SHANZAY, MD</td>
<td>29826 HAUN RD STE 200</td>
<td>01-APR-23</td>
<td>General Surgery</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAIDER, SHANZAY, MD</td>
<td>29826 HAUN RD STE 200</td>
<td>01-JUL-23</td>
<td>Interventional Cardiology</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAC, PETER, MD†</td>
<td>29878 HAUN RD STE 200</td>
<td>01-SEP-23</td>
<td>General Surgery</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
<td>Nephrology</td>
</tr>
<tr>
<td>NAGASUNDER, ARABHI, DO</td>
<td>27851 BRADLEY RD STE 125</td>
<td>01-DEC-23</td>
<td>General Surgery</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAGASUNDER, ARABHI, DO</td>
<td>27851 BRADLEY RD STE 125</td>
<td>01-JUL-23</td>
<td>General Surgery</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAGASUNDER, ARABHI, DO</td>
<td>27851 BRADLEY RD STE 125</td>
<td>01-SH-23</td>
<td>General Surgery</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAGASUNDER, ARABHI, DO</td>
<td>27851 BRADLEY RD STE 125</td>
<td>01-JUL-23</td>
<td>General Surgery</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAGASUNDER, ARABHI, DO</td>
<td>27851 BRADLEY RD STE 125</td>
<td>01-AUG-23</td>
<td>General Surgery</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAGASUNDER, ARABHI, DO</td>
<td>27851 BRADLEY RD STE 125</td>
<td>01-OCT-23</td>
<td>General Surgery</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAGASUNDER, ARABHI, DO</td>
<td>27851 BRADLEY RD STE 125</td>
<td>01-NOV-23</td>
<td>General Surgery</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAGASUNDER, ARABHI, DO</td>
<td>27851 BRADLEY RD STE 125</td>
<td>01-DEC-23</td>
<td>General Surgery</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>ID Number</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARLES COWAN, TRICIA, DO†</td>
<td>29878 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-SEP-17</td>
</tr>
<tr>
<td>CHARLES COWAN, TRICIA, DO†</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>CHARLES COWAN, TRICIA, DO†</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-JUN-19</td>
</tr>
<tr>
<td>LAC, PETER, MD†</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-JUN-19</td>
</tr>
<tr>
<td>LAC, PETER, MD†</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-NOV-19</td>
</tr>
<tr>
<td>LAC, PETER, MD†</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-JUN-19</td>
</tr>
<tr>
<td>LAC, PETER, MD†</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-JUN-19</td>
</tr>
<tr>
<td>LAC, PETER, MD†</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-MAR-21</td>
</tr>
<tr>
<td>LAC, PETER, MD†</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-OCT-20</td>
</tr>
<tr>
<td>LAC, PETER, MD†</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-DEC-23</td>
</tr>
<tr>
<td>NAGASUNDER, ARABHI, DO</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Teleservice</td>
</tr>
<tr>
<td>NAGASUNDER, ARABHI, DO</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>NAGASUNDER, ARABHI, DO</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Teleservice</td>
</tr>
<tr>
<td>NAGASUNDER, ARABHI, DO</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>NAGASUNDER, ARABHI, DO</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Teleservice</td>
</tr>
<tr>
<td>NAGASUNDER, ARABHI, DO</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>NATH, ASHOK, MD†</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Teleservice</td>
</tr>
<tr>
<td>NATH, ASHOK, MD†</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-NOV-23</td>
</tr>
<tr>
<td>NATH, ASHOK, MD†</td>
<td>29878 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-JUN-19</td>
</tr>
<tr>
<td>NATH, ASHOK, MD†</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-MAR-19</td>
</tr>
<tr>
<td>NATH, ASHOK, MD†</td>
<td>27851 BRADLEY RD STE 125 MENIFEE, CA 92586</td>
<td>N/A</td>
<td>Effective as of 01-JUN-19</td>
</tr>
</tbody>
</table>
有效的网络提供者名单

专科护理医生

有效的网络提供者名单

NATH, ASHOK, MD
提供者ID: N/A

地址: 27851 BRADLEY RD STE 125 MENIFE, CA 92586

有效的网络提供者名单

YAN, ERIC, MD
提供者ID: N/A

地址: 27851 BRADLEY RD STE 125 MENIFE, CA 92586

有效的网络提供者名单

YAN, ERIC, MD
提供者ID: N/A

地址: 27851 BRADLEY RD STE 125 MENIFE, CA 92586

有效的网络提供者名单

NIHIRA, MIKIO, MD
提供者ID: N/A

地址: 29826 HAUN RD STE 200 MENIFE, CA 92586

有效的网络提供者名单

NIHIRA, MIKIO, MD
提供者ID: N/A

地址: 29826 HAUN RD STE 200 MENIFE, CA 92586

有效的网络提供者名单

NIHIRA, MIKIO, MD
提供者ID: N/A

地址: 29826 HAUN RD STE 200 MENIFE, CA 92586

有效的网络提供者名单

NIHIRA, MIKIO, MD
提供者ID: N/A

地址: 29826 HAUN RD STE 200 MENIFE, CA 92586

有效的网络提供者名单

RIZVI, SYED, MD
提供者ID: N/A

地址: 27174 NEWPORT RD STE 2 MENIFE, CA 92584

有效的网络提供者名单

URSO, MARY JO, DO
提供者ID: N/A

地址: 29826 HAUN RD STE 200 MENIFE, CA 92586

有效的网络提供者名单

URSO, MARY JO, DO
提供者ID: N/A

地址: 29826 HAUN RD STE 200 MENIFE, CA 92586

有效的网络提供者名单

HOM, KATHERINE, MD
提供者ID: N/A

地址: 29826 HAUN RD STE 200 MENIFE, CA 92586
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>URSO, MARY JO, DO⁺</td>
<td>N/A</td>
<td>29826 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>URSO, MARY JO, DO⁺</td>
<td>N/A</td>
<td>29826 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>STOTLER, APRIL, OT</td>
<td>N/A</td>
<td>30141 ANTELOPE RD STE A MENIFEE, CA 92584</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>STOTLER, APRIL, OT</td>
<td>N/A</td>
<td>30141 ANTELOPE RD STE A MENIFEE, CA 92584</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>ZECHA, RICHARD, OT⁺</td>
<td>N/A</td>
<td>30141 ANTELOPE RD STE A MENIFEE, CA 92584</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>ZECHA, RICHARD, OT⁺</td>
<td>N/A</td>
<td>30141 ANTELOPE RD STE A MENIFEE, CA 92584</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>CHOW, JASON, MD⁺</td>
<td>N/A</td>
<td>27168 NEWPORT RD STE 4 MENIFEE, CA 92584</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>CULOTTA, ANTHONY, MD⁺</td>
<td>N/A</td>
<td>29950 HAUN RD STE 202 MENIFEE, CA 92586</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>CULOTTA, ANTHONY, MD⁺</td>
<td>N/A</td>
<td>29950 HAUN RD STE 202 MENIFEE, CA 92586</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>LAZZARINI, THOMAS, MD</td>
<td>N/A</td>
<td>29798 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-SEP-17</td>
</tr>
<tr>
<td>LAZZARINI, THOMAS, MD</td>
<td>N/A</td>
<td>29798 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>LAZZARINI, THOMAS, MD</td>
<td>N/A</td>
<td>29798 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>LAZZARINI, THOMAS, MD</td>
<td>N/A</td>
<td>29798 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>LAZZARINI, THOMAS, MD</td>
<td>N/A</td>
<td>29798 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>LEE, JOHN, MD⁺</td>
<td>N/A</td>
<td>29826 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>LIN, THEODORE, MD⁺</td>
<td>N/A</td>
<td>29798 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-SEP-17</td>
</tr>
<tr>
<td>Provider Name</td>
<td>Provider ID</td>
<td>Address</td>
<td>Effective Date</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------</td>
<td>--------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>LIN, THEODORE, MD†</td>
<td>N/A</td>
<td>29798 HAUN RD STE 200 MENIFEE, CA 92586</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>ZOU, SIWEI, MD†</td>
<td>N/A</td>
<td>27168 NEWPORT RD STE 4 MENIFEE, CA 92584</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>LOBUE, THOMAS, MD</td>
<td>N/A</td>
<td>29950 HAUN RD STE 206 MENIFEE, CA 92586</td>
<td>01-APR-14</td>
</tr>
<tr>
<td>SAMUEL, MICHAEL, MD†</td>
<td>N/A</td>
<td>29950 HAUN RD STE 202 MENIFEE, CA 92586</td>
<td>Teleservice</td>
</tr>
<tr>
<td>HAMOUIE, JUDY, OD†</td>
<td>N/A</td>
<td>29950 HAUN RD STE 202 MENIFEE, CA 92586</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>BARR, AUSTIN, OD</td>
<td>N/A</td>
<td>29826 HAUN RD STE 100 MENIFEE, CA 92586</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>BARR, AUSTIN, OD</td>
<td>N/A</td>
<td>29826 HAUN RD STE 100 MENIFEE, CA 92586</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>BARR, AUSTIN, OD</td>
<td>N/A</td>
<td>29826 HAUN RD STE 100 MENIFEE, CA 92586</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>BARR, AUSTIN, OD</td>
<td>N/A</td>
<td>29826 HAUN RD STE 100 MENIFEE, CA 92586</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>BARR, AUSTIN, OD</td>
<td>N/A</td>
<td>29826 HAUN RD STE 100 MENIFEE, CA 92586</td>
<td>01-NOV-22</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAMOUIE, JUDY, OD</td>
<td>29950 HAUN RD STE 202</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
</tr>
<tr>
<td>MCINTYRE, DEBRA, OD</td>
<td>29826 HAUN RD STE 100</td>
<td>01-DEC-17</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td>ULIBARRI, MATTHEW, OD</td>
<td>29826 HAUN RD STE 100</td>
<td>01-DEC-17</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td>ULIBARRI, MATTHEW, OD</td>
<td>29826 HAUN RD STE 100</td>
<td>01-AUG-15</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td>ULIBARRI, MATTHEW, OD</td>
<td>29826 HAUN RD STE 100</td>
<td>01-AUG-15</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td>MILLER, RYAN, OD</td>
<td>29950 HAUN RD STE 206</td>
<td>01-APR-14</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td>TO, BRITTANY, OD</td>
<td>29826 HAUN RD STE 100</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td>ULIBARRI, MATTHEW, OD</td>
<td>29826 HAUN RD STE 100</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL MEDICINE /</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REHABILITATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHEN, HAMILTON, MD</td>
<td>27990 SHERMAN RD</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92585</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td>PHYSICIANS ASSISTANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUSTAMANTE, ANGEL, PA</td>
<td>29798 HAUN RD STE 301</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td>ANDERSEN, CLAIRE, MD</td>
<td>26926 CHERRY HILLS</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td></td>
<td>BLVD STE B</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td>ANDERSEN, CLAIRE, MD</td>
<td>26926 CHERRY HILLS</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td></td>
<td>BLVD STE B</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
<tr>
<td>PERSAUD, PRIA, MD</td>
<td>26926 CHERRY HILLS</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td></td>
<td>BLVD STE B</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MENIFEE, CA 92586</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
</tr>
</tbody>
</table>
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

C1. 网络提供者名单
专科护理医生

**MENIFEE, CA 92586**
Effective as of 01-AUG-20

**PERSAUD, PRIA, MD**
Provider ID: N/A
26926 CHERRY HILLS BLVD STE B
MENIFEE, CA 92586
Effective as of 01-AUG-20

**PERSAUD, PRIA, MD**
Provider ID: N/A
26926 CHERRY HILLS BLVD STE B
MENIFEE, CA 92586
Effective as of 01-AUG-20

**PSYCHIATRY CHILD**

**ANDERSEN, CLAIRE, MD**
Provider ID: N/A
26926 CHERRY HILLS BLVD STE B
MENIFEE, CA 92586
Effective as of 01-DEC-20

**ANDERSEN, CLAIRE, MD**
Provider ID: N/A
26926 CHERRY HILLS BLVD STE B
MENIFEE, CA 92586
Effective as of 01-DEC-20

**REGISTERED PHYSICAL THERAPIST**

**ALEXANDER, AUSTIN, PT**
Provider ID: N/A
30141 ANTELOPE RD STE A
MENIFEE, CA 92584
Effective as of 01-DEC-20

**COBURN, PIERRE, PT**
Provider ID: N/A
30141 ANTELOPE RD STE A
MENIFEE, CA 92584
Effective as of 01-JAN-24

**COBURN, PIERRE, PT**
Provider ID: N/A
30141 ANTELOPE RD STE A
MENIFEE, CA 92584
Effective as of 01-JAN-24

**FOX, DELANIE, PT**
Provider ID: N/A
30141 ANTELOPE RD STE A
MENIFEE, CA 92584
Effective as of 01-OCT-23

**FOX, DELANIE, PT**
Provider ID: N/A
30141 ANTELOPE RD STE A
MENIFEE, CA 92584
Effective as of 01-OCT-23

**GARCIA, JASON, PT†**
Provider ID: N/A
29798 HAUN RD STE 201
MENIFEE, CA 92586
Effective as of 01-JAN-22

**GARCIA, JASON, PT†**
Provider ID: N/A
29798 HAUN RD STE 201
MENIFEE, CA 92586
Effective as of 01-JAN-23

**HARMAN, JACY, PT†**
Provider ID: N/A
29798 HAUN RD STE 201
MENIFEE, CA 92586
Effective as of 01-JAN-22
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

SANCHEZ, EMILY, PT
Provider ID: N/A
30141 ANTELOPE RD STE A
MENIFEE, CA 92584
Effective as of 01-JUN-23

SANCHEZ, EMILY, PT
Provider ID: N/A
30141 ANTELOPE RD STE A
MENIFEE, CA 92584
Effective as of 01-JUN-23

RHEUMATOLOGY

BRAVO, ARLENE, MD†
Provider ID: N/A
29798 HAUN RD STE 201
MENIFEE, CA 92586
Effective as of 01-JUN-23

COLBURN, KEITH, MD†
Provider ID: N/A
29798 HAUN RD STE 201
MENIFEE, CA 92586
Effective as of 01-JUN-23

MEHTA, AMAL, MD†
Provider ID: N/A
29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-MAR-21

MEHTA, CHANDRAKANT, MD†
Provider ID: N/A
29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-MAR-21

MEHTA, CHANDRAKANT, MD†
Provider ID: N/A
29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-Oct-09

MEHTA, CHANDRAKANT, MD†
Provider ID: N/A
29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-MAY-21

MEHTA, CHANDRAKANT, MD†
Provider ID: N/A
29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-SEP-18

RAMASWAMY,
DHARMARAJAN, MD†
Provider ID: N/A
29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-JUL-23

RAMASWAMY,
DHARMARAJAN, MD†
Provider ID: N/A
29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-MAR-21

TRIVEDI, JANKI, MD†
Provider ID: N/A
29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-AUG-20

TRIVEDI, JANKI, MD†
Provider ID: N/A
29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-SEP-18

SURGERY GENERAL

IGWE, DANIEL, MD†
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-NOV-18

IGWE, DANIEL, MD†
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-NOV-18

IGWE, DANIEL, MD†
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-NOV-18

SURGERY ORTHOPEDIC

CHAUDHURI, KALI, MD†
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-AUG-21
C1. Network Provider List

Specialty: Urgent Care

CHAUDHURI, KALI, MD†
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-AUG-21

CHAUDHURI, KALI, MD†
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-AUG-21

DAVENPORT, STEPHEN, MD
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-JUL-23

GANDE, ABHIRAM, MD†
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-JUL-23

GANDE, ABHIRAM, MD†
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-SEP-22

GANDE, ABHIRAM, MD†
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-SEP-22

GANDE, ABHIRAM, MD†
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-SEP-22

PANSE, MILIND, MD†
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-NOV-18

PANSE, MILIND, MD†
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-NOV-18

PANSE, MILIND, MD†
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-NOV-18

UROLOGY

CRISSELL, MONISHA, MD†
Provider ID: N/A
29798 HAUN RD STE 104
MENIFEE, CA 92586
Effective as of 01-JUL-23

LARSON, BENJAMIN, MD†
Provider ID: N/A
29798 HAUN RD STE 104
MENIFEE, CA 92586
Effective as of 01-JUL-23

LARSON, BENJAMIN, MD†
Provider ID: N/A
29798 HAUN RD STE 104
MENIFEE, CA 92586
Effective as of 01-JUN-17

LUTTGE, SCOTT, MD
Provider ID: N/A
29826 HAUN RD STE 209
MENIFEE, CA 92586
Effective as of 01-MAY-23

NIHIRA, MIKIO, MD†
Provider ID: N/A
29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-DEC-20

ALLERGY IMMUNOLOGY

BASEN, TYLER, MD†
Provider ID: N/A
26691 PLAZA STE 170
MISSION VIEJO, CA 92691
Teleservice
Effective as of 01-DEC-20

BASEN, TYLER, MD†
Provider ID: N/A
26691 PLAZA STE 170
MISSION VIEJO, CA 92691
Teleservice
Effective as of 01-DEC-20

BASEN, TYLER, MD†
Provider ID: N/A
26691 PLAZA STE 170
MISSION VIEJO, CA 92691
Teleservice
Effective as of 01-SEP-22

BASEN, TYLER, MD†
Provider ID: N/A
26691 PLAZA STE 170
MISSION VIEJO, CA 92691
Teleservice
Effective as of 01-SEP-22

CARR, WARNER, MD
Provider ID: N/A
27800 MEDICAL CENTER RD STE 244
MISSION VIEJO, CA 92691
Effective as of 01-DEC-13
C1. 网络提供者名单
专科护理医生

CARR, WARNER, MD
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-DEC-13

CARR, WARNER, MD
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-MAR-21

CARR, WARNER, MD
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-MAY-22

LEEK-JIM, CHRISTINE, DO†
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-FEB-23

LEE-KIM, CHRISTINE, DO†
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-MAY-22

MEHTA, VINAY, MD
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-SEP-10

MEHTA, VINAY, MD
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-JUN-08

MEHTA, VINAY, MD
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-MAY-23

MEHTA, VINAY, MD
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-MAY-23

LEEM-KIM, CHRISTINE, DO†
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-MAY-22

LEEM-KIM, CHRISTINE, DO†
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-MAY-22

LEEM-KIM, CHRISTINE, DO†
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-MAY-22

LEEM-KIM, CHRISTINE, DO†
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 244
  MISSION VIEJO, CA 92691
  Effective as of 01-MAY-22
C1. 网络提供者名单
专科护理医生

MEHTA, VINAY, MD
Provider ID: N/A
27800 MEDICAL CENTER RD STE 244
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

VENKAT, GEETA, MD†
Provider ID: N/A
27800 MEDICAL CENTER RD STE 244
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

VENKAT, GEETA, MD†
Provider ID: N/A
26726 CROWN VALLEY PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-OCT-17

VENKAT, GEETA, MD†
Provider ID: N/A
26726 CROWN VALLEY PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-OCT-17

ANESTHESIOLOGY

GERAYLI, AFSHIN, MD†
Provider ID: N/A
26691 PLAZA STE 170
MISSION VIEJO, CA 92691
Effective as of 01-MAY-16

GERAYLI, AFSHIN, MD†
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Teleservice
Effective as of 01-OCT-08

GERAYLI, AFSHIN, MD†
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Teleservice
Effective as of 01-JAN-16

MOUSAVI, SHAHRYAR, MD
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

MOUSAVI, SHAHRYAR, MD
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-JUL-22

MOUSAVI, SHAHRYAR, MD
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-OCT-16

MOUSAVI, SHAHRYAR, MD
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-OCT-16

MOUSAVI, SHAHRYAR, MD
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-OCT-16

SHAHBAZIAN, MICHAEL, MD†
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-OCT-16

SHAHBAZIAN, MICHAEL, MD†
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

SHAHBAZIAN, MICHAEL, MD†
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-JUL-22

AUDIOLOGIST

NIAVARANY, PIRAYEH, AuD
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-OCT-08

NIavarany, PIRAYEH, AuD
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-OCT-16

PANEK, KRISTI, AuD
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

PANEK, KRISTI, AuD
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-OCT-16

PANEK, KRISTI, AuD
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-OCT-16

PANEK, KRISTI, AuD
Provider ID: N/A
25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-OCT-16

CARDIAC ELECTROPHYSIOLOGY

DESAI, ASEEM, MD†
C1. 网络提供者名单
专科护理医生

Provider ID: N/A

HUNG, LYNNE, MD†
Provider ID: N/A

TIONGSON, JAY, MD†
Provider ID: N/A

TIONGSON, JAY, MD†
Provider ID: N/A

CARDIOVASCULAR DISEASE

ALOMARI, IHAB, MD
Provider ID: N/A

ALOMARI, IHAB, MD
Provider ID: N/A

CUA, BENNETT, MD†
Provider ID: N/A

Provider ID: N/A

Provider ID: N/A

KULICK, DANIEL, MD†
Provider ID: N/A

KULICK, DANIEL, MD†
Provider ID: N/A

KULICK, DANIEL, MD†
Provider ID: N/A

KULICK, DANIEL, MD†
Provider ID: N/A

LOUSSARARIAN, ARTHUR, MD†
Provider ID: N/A

LOUSSARARIAN, ARTHUR, MD†
Provider ID: N/A

LOUSSARARIAN, ARTHUR, MD†
Provider ID: N/A
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOUSSARARIAN, ARTHUR, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 161</td>
<td>01-NOV-12</td>
</tr>
<tr>
<td>REDIKER, DONALD, MD</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 250</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td>REDIKER, DONALD, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 161</td>
<td>01-SEP-10</td>
</tr>
<tr>
<td>REDIKER, DONALD, MD</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 250</td>
<td>01-MAY-99</td>
</tr>
<tr>
<td>REDIKER, DONALD, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 161</td>
<td>01-MAY-12</td>
</tr>
<tr>
<td>CARR, CHERYL, NP</td>
<td>N/A</td>
<td>27800 MEDICAL CENTER RD STE 244</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>CARR, CHERYL, NP</td>
<td>N/A</td>
<td>27800 MEDICAL CENTER RD STE 244</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>CARR, CHERYL, NP</td>
<td>N/A</td>
<td>27800 MEDICAL CENTER RD STE 244</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>CARR, CHERYL, NP</td>
<td>N/A</td>
<td>27800 MEDICAL CENTER RD STE 244</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>CARR, CHERYL, NP</td>
<td>N/A</td>
<td>27800 MEDICAL CENTER RD STE 244</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>CARR, CHERYL, NP</td>
<td>N/A</td>
<td>27800 MEDICAL CENTER RD STE 244</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>CHAN, JUDY, NPF</td>
<td>N/A</td>
<td>30492 GATEWAY PL STE 200</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>CHAN, JUDY, NPF</td>
<td>N/A</td>
<td>30492 GATEWAY PL STE 200</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>CHAN, JUDY, NPF</td>
<td>N/A</td>
<td>30492 GATEWAY PL STE 200</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>CHAN, JUDY, NPF</td>
<td>N/A</td>
<td>30492 GATEWAY PL STE 200</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>CHAN, JUDY, NPF</td>
<td>N/A</td>
<td>30492 GATEWAY PL STE 110</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>CHAN, JUDY, NPF</td>
<td>N/A</td>
<td>30492 GATEWAY PL STE 110</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>CHAN, JUDY, NPF</td>
<td>N/A</td>
<td>30492 GATEWAY PL STE 110</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>DAVID, MARY LOU, NP</td>
<td>N/A</td>
<td>23512 MADERO</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>PARK, SE, NP</td>
<td>N/A</td>
<td>26691 PLAZA STE 120</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>PARK, SE, NP</td>
<td>N/A</td>
<td>26691 PLAZA STE 120</td>
<td>01-JUL-23</td>
</tr>
</tbody>
</table>

**CERTIFIED NURSE PRACTITIONER**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARR, CHERYL, NP</td>
<td>N/A</td>
<td>27800 MEDICAL CENTER RD STE 244</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>CHAN, JUDY, NPF</td>
<td>N/A</td>
<td>30492 GATEWAY PL STE 200</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>PARK, SE, NP</td>
<td>N/A</td>
<td>26691 PLAZA STE 120</td>
<td>01-JUL-23</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

PARK, SE, NP
Provider ID: N/A
26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JUL-23

PARK, SE, NP
Provider ID: N/A
26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JUL-23

PASICOLAN, MARI, NP
Provider ID: N/A
30897 GATEWAY PL STE F
MISSION VIEJO, CA 92694
Effective as of 01-DEC-22

PASICOLAN, MARI, NP
Provider ID: N/A
30897 GATEWAY PL STE F
MISSION VIEJO, CA 92694
Effective as of 01-JUL-23

PASICOLAN, MARI, NP
Provider ID: N/A
30897 GATEWAY PL STE F
MISSION VIEJO, CA 92694
Effective as of 01-DEC-22

TORIOLA, ABIODUN, NP
Provider ID: N/A
30240 RANCHO VIEJO
SUITE E
MISSION VIEJO, CA 92675
Effective as of 01-JUL-23

DERMATOLOGY

BISUNA, BLANCA, MD†
Provider ID: N/A
26732 CROWN VALLEY
PKWY STE 170
MISSION VIEJO, CA 92691
Effective as of 01-MAR-16

DICESARE, DANIEL, MD
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUL-23

DICESARE, DANIEL, MD
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-23

NGUYEN, TUYET, MD
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 435
MISSION VIEJO, CA 92691
Effective as of 01-JUN-23

ZHAN, FRANK, MD†
Provider ID: N/A
26691 PLAZA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

ZHAN, FRANK, MD†
Provider ID: N/A
26691 PLAZA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18
### C1. 网络提供者名单

#### 专科护理医生

| Provider ID: N/A | 26691 PLAZA STE 230
| MISSION VIEJO, CA 92691 | Effective as of 01-APR-23 |

**EMERGENCY MEDICINE**

- **ELPEDES, BERNARD, DO**
  Provider ID: N/A
  23962 ALICIA PKWY STE II
  MISSION VIEJO, CA 92691
  Effective as of 01-JAN-24

**ENDOCRINOLOGY METABOLISM DIABETES**

- **BARRERA, JOSEPH, MD**
  Provider ID: N/A
  26800 CROWN VALLEY
  PKWY STE 230
  MISSION VIEJO, CA 92691*
  Effective as of 01-DEC-02

- **HOSSEINI, ALIREZA, MD**
  Provider ID: N/A
  25982 PALA STE 140
  MISSION VIEJO, CA 92691†
  Effective as of 01-OCT-21

### 专科护理医生

| Provider ID: N/A | 26800 CROWN VALLEY
| PKWY STE 230
| MISSION VIEJO, CA 92691† | Effective as of 01-SEP-23 |

- **DAO, LISA, MD**
  Provider ID: N/A
  26800 CROWN VALLEY
  PKWY STE 230
  MISSION VIEJO, CA 92691Æ
  Effective as of 01-OCT-14

- **MULFORD, MIM, MD**
  Provider ID: N/A
  26800 CROWN VALLEY
  PKWY STE 250
  MISSION VIEJO, CA 92691Æ
  Effective as of 01-APR-23

### 专科护理医生

| Provider ID: N/A | 26800 CROWN VALLEY
| PKWY STE 230
| MISSION VIEJO, CA 92691 | Effective as of 01-OCT-21 |

- **BUI, AMY-VAN, MD**
  Provider ID: N/A
  26800 CROWN VALLEY
  PKWY STE 230
  MISSION VIEJO, CA 92691Æ
  Effective as of 01-OCT-21

- **MULFORD, MIM, MD**
  Provider ID: N/A
  26732 CROWN VALLEY
  PKWY STE 161
  MISSION VIEJO, CA 92691Æ
  Effective as of 01-NOV-12

### 专科护理医生

| Provider ID: N/A | 26800 CROWN VALLEY
| PKWY STE 230
| MISSION VIEJO, CA 92691† | Effective as of 01-SEP-23 |

- **CHAN, JESSICA, MD**
  Provider ID: N/A
  26800 CROWN VALLEY
  PKWY STE 230
  MISSION VIEJO, CA 92691† | Effective as of 01-SEP-23 |

- **CHAND, JESSICA, MD**
  Provider ID: N/A
  26800 CROWN VALLEY
  PKWY STE 230
  MISSION VIEJO, CA 92691† | Effective as of 01-OCT-21 |

- **HOSSEINI, ALIREZA, MD**
  Provider ID: N/A
  25982 PALA STE 140
  MISSION VIEJO, CA 92691† | Effective as of 01-NOV-12 |

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

MULFORD, MIM, MD†
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-OCT-99

TRAN, NEIL, MD†
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 230
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

TRAN, NEIL, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 161
MISSION VIEJO, CA 92691
Effective as of 01-NOV-12

TRAN, NEIL, MD†
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 230
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

TRUONG, MICHAEL, MD†
Provider ID: N/A
26401 CROWN VALLEY PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-JUL-12

TRUONG, MICHAEL, MD†
Provider ID: N/A
26401 CROWN VALLEY PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

CHANG, ELMER, MD†
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 310
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

CHANG, ELMER, MD†
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 310
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

FAMILY PRACTICE
SPORTS MEDICINE

CUENCA, ARNOLD, DO†
Provider ID: N/A
23512 MADERO MISSION VIEJO, CA 92691
Effective as of 01-SEP-21

CUENCA, ARNOLD, DO†
Provider ID: N/A
23512 MADERO MISSION VIEJO, CA 92691
Effective as of 01-SEP-21

CUENCA, ARNOLD, DO†
Provider ID: N/A
23512 MADERO MISSION VIEJO, CA 92691
Effective as of 01-SEP-21

MARANDOLA, MICHAEL, MD
Provider ID: N/A
26401 CROWN VALLEY PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-JUL-12

MARANDOLA, MICHAEL, MD
Provider ID: N/A
26401 CROWN VALLEY PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

GASTROENTEROLOGY

BAE, WANJUN, MD†
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 310
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

BAE, WANJUN, MD†
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 310
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

CHAURASIA, OM, MD
Provider ID: N/A
26421 CROWN VALLEY PKWY STE 140A
MISSION VIEJO, CA 92691
Effective as of 01-JAN-17

CHAURASIA, OM, MD
<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>MISSION VIEJO, CA 92691 Effective as of 01-NOV-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHU, ERIC, MD†</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>27871 MEDICAL CENTER RD STE 240</td>
<td>MISSION VIEJO, CA 92691 Effective as of 01-DEC-14</td>
</tr>
<tr>
<td>CHU, ERIC, MD†</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>27799 MEDICAL CENTER RD STE 310</td>
<td>MISSION VIEJO, CA 92691 Effective as of 01-APR-21</td>
</tr>
<tr>
<td>CHU, ERIC, MD†</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>27799 MEDICAL CENTER RD STE 310</td>
<td>MISSION VIEJO, CA 92691 Effective as of 01-APR-21</td>
</tr>
<tr>
<td>KIM, DANIEL, MD†</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>27799 MEDICAL CENTER RD STE 310</td>
<td>MISSION VIEJO, CA 92691 Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>KIM, DANIEL, MD†</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>27799 MEDICAL CENTER RD STE 310</td>
<td>MISSION VIEJO, CA 92691 Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>NGUYEN, DOUGLAS, MD†</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>27799 MEDICAL CENTER RD</td>
<td>MISSION VIEJO, CA 92691 Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>NGUYEN, DOUGLAS, MD†</td>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>27799 MEDICAL CENTER RD</td>
<td>MISSION VIEJO, CA 92691 Effective as of 01-SEP-22</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Specialty</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>STE 310</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ZABIHI, RAMIN, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26800 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 308</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>KANALY, KIM, MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 327</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WALLACE, PATRICIA, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 327</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HU, JOHN, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>27799 MEDICAL CENTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RD STE 460</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WALLACE, PATRICIA, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 327</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WALLACE, PATRICIA, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 327</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HUANG, DANIEL, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 271</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WALLACE, PATRICIA, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 327</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HUANG, DANIEL, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 271</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HUANG, DANIEL, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 271</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BUAD, DANIEL, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 271</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HUANG, DANIEL, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 271</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HEMATOLOGY / ONCOLOGY**

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Specialty</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>STE 310</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WALLACE, PATRICIA, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 327</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WALLACE, PATRICIA, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 327</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HUANG, DANIEL, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 271</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WALLACE, PATRICIA, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 327</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WALLACE, PATRICIA, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 327</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HUANG, DANIEL, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 271</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GYNECOLOGY**

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Specialty</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ZABIHI, RAMIN, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26800 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 308</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HU, JOHN, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>27799 MEDICAL CENTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RD STE 460</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WALLACE, PATRICIA, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 327</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HUANG, DANIEL, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 271</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HUANG, DANIEL, MD†</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider ID: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26732 CROWN VALLEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PKWY STE 271</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mission viejo, CA 92691</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

451
Effective as of 01-JAN-23

**LAZO, NELLY, MD†**
Provider ID: N/A
- 26732 CROWN VALLEY PKWY STE 271
  MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

**LAZO, NELLY, MD†**
Provider ID: N/A
- 26732 CROWN VALLEY PKWY STE 271
  MISSION VIEJO, CA 92691
Effective as of 01-NOV-18

**LAZO, NELLY, MD†**
Provider ID: N/A
- 26732 CROWN VALLEY PKWY STE 271
  MISSION VIEJO, CA 92691
Effective as of 01-JUL-16

**LAO, MING, MD†**
Provider ID: N/A
- 26732 CROWN VALLEY PKWY STE 271
  MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

**LAP, HABIB, MD†**
Provider ID: N/A
- 27799 MEDICAL CENTER RD
  STE 460
  MISSION VIEJO, CA 92691
Effective as of 01-SEP-22

**INFECTION DISEASE**

**REDDY, JAGADEESH, MD**
Provider ID: N/A
- 26732 CROWN VALLEY PKWY STE 271
  MISSION VIEJO, CA 92691
Effective as of 01-JUL-16

**REDDY, JAGADEESH, MD**
Provider ID: N/A
- 26732 CROWN VALLEY PKWY STE 541
  MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

**REDDY, JAGADEESH, MD**
Provider ID: N/A
- 26732 CROWN VALLEY PKWY STE 541
  MISSION VIEJO, CA 92691
Effective as of 01-JUL-16

**REDDY, JAGADEESH, MD**
Provider ID: N/A
- 26732 CROWN VALLEY PKWY STE 541
  MISSION VIEJO, CA 92691
Effective as of 01-JUL-16

**REDDY, JAGADEESH, MD**
Provider ID: N/A
- 26732 CROWN VALLEY PKWY STE 541
  MISSION VIEJO, CA 92691
Effective as of 01-JUL-16

**WAYNE, EDGAR, MD†**
Provider ID: N/A
- 26800 CROWN VALLEY PKWY STE 250
  MISSION VIEJO, CA 92691
Effective as of 01-APR-23

**WAYNE, EDGAR, MD†**
Provider ID: N/A
- 26800 CROWN VALLEY PKWY STE 275
  MISSION VIEJO, CA 92691
Effective as of 01-APR-23

**WAYNE, EDGAR, MD†**
Provider ID: N/A
- 26800 CROWN VALLEY PKWY STE 275
  MISSION VIEJO, CA 92691
Effective as of 01-JUL-16

**GOLDBERG, ROBERT, MD†**
Provider ID: N/A
- 26800 CROWN VALLEY PKWY STE 205
  MISSION VIEJO, CA 92691
Effective as of 01-NOV-12

**JIANG, FEN, MD†**
Provider ID: N/A
- 27799 MEDICAL CENTER RD
  STE 460
  MISSION VIEJO, CA 92691
Effective as of 01-APR-20

**GEE, JOEY, DO†**
Provider ID: N/A
- 26800 CROWN VALLEY PKWY STE 385
  MISSION VIEJO, CA 92691
Effective as of 01-DEC-16

**CHEN, MAY, MD†**
Provider ID: N/A
- 26800 CROWN VALLEY PKWY STE 250
  MISSION VIEJO, CA 92691
Effective as of 01-APR-23

**CHEN, MAY, MD†**
Provider ID: N/A
- 26800 CROWN VALLEY PKWY STE 205
  MISSION VIEJO, CA 92691
Effective as of 01-NOV-12

**LI, MING, MD†**
Provider ID: N/A
- 27800 MEDICAL CENTER RD
  STE 220
  MISSION VIEJO, CA 92691
Effective as of 01-APR-20

**LI, MING, MD†**
Provider ID: N/A
- 27800 MEDICAL CENTER RD STE 220
  MISSION VIEJO, CA 92691
Effective as of 01-APR-20

**CASTRO RUEDA, HERNAN, MD†**
Provider ID: N/A
- 26732 CROWN VALLEY PKWY STE 271
  MISSION VIEJO, CA 92691
Effective as of 01-NOV-12
C1. 网络提供者名单
专科护理医生

JIANG, FEN, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 460
MISSION VIEJO, CA 92691
Effective as of 01-SEP-22

KOVACS, DAVID, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 151
MISSION VIEJO, CA 92691
Effective as of 01-APR-16

MIEL, RUFINA, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 271
MISSION VIEJO, CA 92691
Effective as of 01-APR-19

QURESHI, TAUSEEF, MD
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 205
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

SCHIFFMAN, GEORGE, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 161
MISSION VIEJO, CA 92691
Effective as of 01-MAY-17

INTERNAL MEDICINE

sports medicine

DAVIS, KELLY, MD
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-18

INTERVENTIONAL CARDIOLOGY

DANON, SAAR, MD
Provider ID: N/A
30492 GATEWAY PL STE 110
MISSION VIEJO, CA 92694
Effective as of 01-MAY-21

DANON, SAAR, MD
Provider ID: N/A
30492 GATEWAY PL STE 110
MISSION VIEJO, CA 92694
Effective as of 01-MAY-21

DANON, SAAR, MD
Provider ID: N/A
30492 GATEWAY PL STE 110
MISSION VIEJO, CA 92694
Effective as of 01-MAY-21

DANON, SAAR, MD
Provider ID: N/A
30492 GATEWAY PL STE 110
MISSION VIEJO, CA 92694
Effective as of 01-MAY-21

DANON, SAAR, MD
Provider ID: N/A
30492 GATEWAY PL STE 110
MISSION VIEJO, CA 92694
Effective as of 01-MAY-21

LOUSSARARIAN, ARTHUR, MD
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JAN-15

LOUSSARARIAN, ARTHUR, MD
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-APR-11

LOUSSARARIAN, ARTHUR, MD
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-APR-11

INTERNAL MEDICINE

CRITICAL CARE MEDICINE

SCHIFFMAN, GEORGE, MD
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 205
MISSION VIEJO, CA 92691
Effective as of 01-MAY-17

30492 GATEWAY PL STE 110
MISSION VIEJO, CA 92694
Effective as of 01-AUG-20

HUNG, LYNNE, MD
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-MAY-12

KOPLIK, SHERI, MD
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-MAY-16

KOPLIK, SHERI, MD
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-MAY-16

453
<table>
<thead>
<tr>
<th>Service</th>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>City, State</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nephrology</td>
<td>Allamehzadeh, Reza, MD†</td>
<td>N/A</td>
<td>25982 Pala Ste 170</td>
<td>Mission Viejo, CA 92691</td>
<td>01-AUG-16</td>
</tr>
<tr>
<td>Marriages &amp; Family Therapy</td>
<td>Ortiz, Tina, MFT‡</td>
<td>N/A</td>
<td>26800 Crown Valley Pky W Y Ste 325</td>
<td>Mission Viejo, CA 92691</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>Bender, Richard, MD†</td>
<td>N/A</td>
<td>25982 Pala Ste 170</td>
<td>Mission Viejo, CA 92691</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td></td>
<td>Allamehzadeh, Reza, MD†</td>
<td>N/A</td>
<td>26800 Crown Valley Pky W Y Ste 250</td>
<td>Mission Viejo, CA 92691</td>
<td>01-JAN-15</td>
</tr>
<tr>
<td></td>
<td>Allamehzadeh, Reza, MD†</td>
<td>N/A</td>
<td>26800 Crown Valley Pky W Y Ste 250</td>
<td>Mission Viejo, CA 92691</td>
<td>01-JAN-15</td>
</tr>
<tr>
<td></td>
<td>Allamehzadeh, Reza, MD†</td>
<td>N/A</td>
<td>26800 Crown Valley Pky W Y Ste 250</td>
<td>Mission Viejo, CA 92691</td>
<td>01-JAN-15</td>
</tr>
<tr>
<td></td>
<td>Allamehzadeh, Reza, MD†</td>
<td>N/A</td>
<td>26800 Crown Valley Pky W Y Ste 250</td>
<td>Mission Viejo, CA 92691</td>
<td>01-JAN-15</td>
</tr>
</tbody>
</table>
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIK, ANDREW, MD†</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 385 MISSION VIEJO, CA 92691</td>
<td>01-DEC-16</td>
</tr>
<tr>
<td>NIK, ANDREW, MD†</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 385 MISSION VIEJO, CA 92691</td>
<td>01-DEC-16</td>
</tr>
<tr>
<td>RAHIM, BASIT, MD†</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 385 MISSION VIEJO, CA 92691</td>
<td>01-AUG-19</td>
</tr>
<tr>
<td>RAHIM, BASIT, MD†</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 385 MISSION VIEJO, CA 92691</td>
<td>01-AUG-19</td>
</tr>
<tr>
<td>SALEHI, HAMID, MD†</td>
<td>N/A</td>
<td>26691 PLAZA STE 235 MISSION VIEJO, CA 92691</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td>SALEHI, HAMID, MD†</td>
<td>N/A</td>
<td>26691 PLAZA STE 235 MISSION VIEJO, CA 92691</td>
<td>01-SEP-10</td>
</tr>
<tr>
<td>SALEHI, HAMID, MD†</td>
<td>N/A</td>
<td>26691 PLAZA STE 235 MISSION VIEJO, CA 92691</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>SPOKOYNY, ELEONORA, MD†</td>
<td>N/A</td>
<td>25982 PALA STE 150 MISSION VIEJO, CA 92691</td>
<td>01-JUN-18</td>
</tr>
<tr>
<td>SPOKOYNY, ELEONORA, MD†</td>
<td>N/A</td>
<td>25982 PALA STE 150 MISSION VIEJO, CA 92691</td>
<td>01-JAN-15</td>
</tr>
<tr>
<td>TEACHER, THEODORE, MD†</td>
<td>N/A</td>
<td>26691 PLAZA STE 235 MISSION VIEJO, CA 92691</td>
<td>01-JAN-15</td>
</tr>
<tr>
<td>VORA, RONAK, DO†</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 385 MISSION VIEJO, CA 92691</td>
<td>01-DEC-16</td>
</tr>
<tr>
<td>VORA, RONAK, DO†</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 385 MISSION VIEJO, CA 92691</td>
<td>01-JUN-18</td>
</tr>
<tr>
<td>VORA, RONAK, DO†</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 385 MISSION VIEJO, CA 92691</td>
<td>01-JAN-15</td>
</tr>
<tr>
<td>VORA, RONAK, DO†</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 385 MISSION VIEJO, CA 92691</td>
<td>01-DEC-16</td>
</tr>
<tr>
<td>NEUROLOGY CHILD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELBALALESY, NASER, MD†</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 460 MISSION VIEJO, CA 92691</td>
<td>01-DEC-16</td>
</tr>
<tr>
<td>ELBALALESY, NASER, MD†</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 510 MISSION VIEJO, CA 92691</td>
<td>01-JAN-20</td>
</tr>
<tr>
<td>ELBALALESY, NASER, MD†</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 460 MISSION VIEJO, CA 92691</td>
<td>01-DEC-16</td>
</tr>
</tbody>
</table>
ELBALALESY, NASER, MD
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 460
MISSION VIEJO, CA 92691
Effective as of 01-MAR-19

ELBALALESY, NASER, MD
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 510
MISSION VIEJO, CA 92691
Effective as of 01-MAR-19

OBSTETRICS / GYNECOLOGY

ABRAVESH, SOODABEH, MD
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 510
MISSION VIEJO, CA 92691
Effective as of 01-MAR-19

BAGINSKI, LEON, MD
Provider ID: N/A
27800 MEDICAL CENTER RD STE 310
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

BAGINSKI, LEON, MD
Provider ID: N/A
27800 MEDICAL CENTER RD STE 310
MISSION VIEJO, CA 92691
Effective as of 01-JUL-20

BAILEY, THOMAS, MD
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 525
MISSION VIEJO, CA 92691
Effective as of 01-MAR-99

BAILEY, THOMAS, MD
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 460
MISSION VIEJO, CA 92691
Effective as of 01-MAR-19

BAILEY, THOMAS, MD
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 460
MISSION VIEJO, CA 92691
Effective as of 01-JUL-20
C1. 网络提供者名单  
专科护理医生

PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-14

BENZL, JERRY, MD†  
Provider ID: N/A  
26902 OSO PKWY STE 180  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-03

PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-14

EDMUNDSON, MORIAH, DO†  
Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

EDMUNDSON, MORIAH, DO†  
Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

FARAZ ESLAMI, PARASTOO,  
MD  
Provider ID: N/A  
30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-FEB-24

FARAZ ESLAMI, PARASTOO,  
MD†  
Provider ID: N/A  
30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-JUL-20

FARAZ ESLAMI, PARASTOO,  
MD‡  
Provider ID: N/A  
30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-JUL-18

GRANESE, MARSHA, MD‡  
Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 545  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-18

GRANESE, MARSHA, MD‡  
Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 545  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-18

KANALY, KIM, MD  
Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 381  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

KANALY, KIM, MD  
Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 381  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

CVAR, KATHRYN, MD†  
Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 443  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

CVAR, KATHRYN, MD†  
Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 443  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

CVAR, KATHRYN, MD†  
Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

CVAR, KATHRYN, MD†  
Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-20

CVAR, KATHRYN, MD†  
Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-20
LEAVITT, JAMIE, MD‡
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 525
MISSION VIEJO, CA 92691
Effective as of 01-SEP-18

LEAVITT, JAMIE, MD‡
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 525
MISSION VIEJO, CA 92691
Effective as of 01-SEP-18

MELKONIAN, VIKEN, MD‡
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 440
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

MELKONIAN, VIKEN, MD‡
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 440
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

MELKONIAN, VIKEN, MD‡
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 440
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

MILLER, KURT, MD‡
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 525
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

MILLER, KURT, MD‡
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 525
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

STADLER, EDWARD, MD‡
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 525
MISSION VIEJO, CA 92691
Effective as of 01-SEP-18

STADLER, EDWARD, MD‡
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 525
MISSION VIEJO, CA 92691
Effective as of 01-MAR-99

TRAN, TIFFANY, MD
Provider ID: N/A
27800 MEDICAL CENTER
RD STE 144
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

TRAN, BRYAN, MD
Provider ID: N/A
27800 MEDICAL CENTER
RD STE 144
MISSION VIEJO, CA 92691
Effective as of 01-SEP-22

TRAN, TIFFANY, MD
Provider ID: N/A
27800 MEDICAL CENTER
RD STE 144
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

OPHTHALMOLOGY

AHMED, SARAH, MD‡
Provider ID: N/A
26701 CROWN VALLEY
C1. 网络提供者名单
专科护理医生

PKWY
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

AHMED, SARAH, MD†
Provider ID: N/A
26701 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
Effective as of 01-NOV-21

AHMED, SARAH, MD†
Provider ID: N/A
26701 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

AHMED, SARAH, MD†
Provider ID: N/A
26701 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
Effective as of 01-OCT-21

AHMED, SARAH, MD†
Provider ID: N/A
26701 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
Effective as of 01-DEC-22

AMRA, NOOR, MD†
Provider ID: N/A
26701 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
Effective as of 01-OCT-21

AMRA, NOOR, MD†
Provider ID: N/A
26701 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
Effective as of 01-DEC-22

AMRA, NOOR, MD†
Provider ID: N/A
26701 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
Effective as of 01-JUN-16

AMRA, NOOR, MD†
Provider ID: N/A
26701 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

BANUELOS, LYDIA, MD†
Provider ID: N/A
26691 PLAZA STE 250
MISSION VIEJO, CA 92691
Effective as of 01-DEC-22

BANUELOS, LYDIA, MD†
Provider ID: N/A
26691 PLAZA STE 250
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

CUNNINGHAM-AHUMADA, ROSE, DO†
Provider ID: N/A
27871 MEDICAL CENTER RD STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-18

CUNNINGHAM-AHUMADA, ROSE, DO†
Provider ID: N/A
27871 MEDICAL CENTER RD STE 120
MISSION VIEJO, CA 92691
Effective as of 01-FEB-23

CUNNINGHAM-AHUMADA, ROSE, DO†
Provider ID: N/A
27871 MEDICAL CENTER RD STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-22

CUNNINGHAM-AHUMADA, ROSE, DO†
Provider ID: N/A
27871 MEDICAL CENTER RD STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-22
C1. 网络提供者名单
专科护理医生

ROSE, DO²
Provider ID: N/A
27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-AUG-19

CUNNINGHAM-AHUMADA, ROSE, DO²
Provider ID: N/A
27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-14

CUNNINGHAM-AHUMADA, ROSE, DO²
Provider ID: N/A
27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-11

GHOSHEH, FARIS, MD
Provider ID: N/A
26701 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
Effective as of 01-FEB-08

JOSON, PETER, MD
Provider ID: N/A
26691 PLAZA STE 250
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

GHOSHEH, FARIS, MD
Provider ID: N/A
26726 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
Effective as of 01-OCT-17

JOSON, PETER, MD
Provider ID: N/A
26691 PLAZA STE 250
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

GHOSHEH, FARIS, MD
Provider ID: N/A
26691 PLAZA STE 250
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

KRAD, OMAR, MD²
Provider ID: N/A
27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

KRAD, OMAR, MD²
Provider ID: N/A
27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

KRAD, OMAR, MD²
Provider ID: N/A
27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-22

KRAD, OMAR, MD²
Provider ID: N/A
27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-12

KRAD, OMAR, MD²
Provider ID: N/A
27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JUN-23

KRAD, OMAR, MD²
Provider ID: N/A
27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-23

KRAD, OMAR, MD²
Provider ID: N/A
27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-14

KRAD, OMAR, MD²
Provider ID: N/A
27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-14
C1. 网络提供者名单
专科护理医生

MISSION VIEJO, CA 92691
Effective as of 01-AUG-19

KRAD, OMAR, MD†
Provider ID: N/A
27871 MEDICAL CENTER RD STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

SALEHI-HAD, HANI, MD†
Provider ID: N/A
27871 MEDICAL CENTER RD STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

TAI, AUDREY, DO†
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-SEP-22

TAYANI, RAMIN, MD
Provider ID: N/A
26691 PLAZA STE 250 MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

TAYANI, RAMIN, MD
Provider ID: N/A
26691 PLAZA STE 250 MISSION VIEJO, CA 92691
Effective as of 01-SEP-12

TAYANI, RAMIN, MD
Provider ID: N/A
26691 PLAZA STE 250 MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

TAYANI, RAMIN, MD
Provider ID: N/A
26691 PLAZA STE 250 MISSION VIEJO, CA 92691
Effective as of 01-SEP-23

NG, REBECCA, OD
Provider ID: N/A
26691 PLAZA STE 250 MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

WONG, RANDALL, OD
Provider ID: N/A
26701 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
Effective as of 01-FEB-04

WONG, RANDALL, OD
Provider ID: N/A
26701 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

HWANG, DONNA, OD
Provider ID: N/A
26701 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

TAYANI, RAMIN, MD
Provider ID: N/A
26691 PLAZA STE 250 MISSION VIEJO, CA 92691
Effective as of 01-APR-11

Khan, Cemone, OD
Provider ID: N/A
27871 MEDICAL CENTER RD STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

NG, REBECCA, OD
Provider ID: N/A
26691 PLAZA STE 250 MISSION VIEJO, CA 92691
Effective as of 01-SEP-23

Sako, Aaron, OD
Provider ID: N/A
27724 SANTA MARGARITA PKWY
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

Wong, Randall, OD
Provider ID: N/A
26701 CROWN VALLEY PKWY
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

OPTOMETRIST

ANSARI, SHORA, OD
Provider ID: N/A
27871 MEDICAL CENTER RD STE 120
MISSION VIEJO, CA 92691
Effective as of 01-SEP-12
C1. 网络提供者名单
专科护理医生

PKWY
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

OTOLARYNGOLOGY

BREDENKAMP, JAMES, MD†
Provider ID: N/A
26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

BREDENKAMP, JAMES, MD†
Provider ID: N/A
26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-SEP-99

BREDENKAMP, JAMES, MD†
Provider ID: N/A
26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-OCT-22

CHO, MICHAEL, MD†
Provider ID: N/A
26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-APR-11

FEINBERG, STEVEN, MD²
Provider ID: N/A
26730 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-APR-11

HEINRICH, JAMES, MD
Provider ID: N/A
26730 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-SEP-99

HEINRICH, JAMES, MD
Provider ID: N/A
26730 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-OCT-22

HEINRICH, JAMES, MD
Provider ID: N/A
26730 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

CROCKETT, DENNIS, MD†
Provider ID: N/A
26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-OCT-22

CROCKETT, DENNIS, MD†
Provider ID: N/A
26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-MAY-12

CROCKETT, DENNIS, MD†
Provider ID: N/A
26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEINRICH, JAMES, MD</td>
<td>N/A</td>
<td>PKWY STE 250, MISSION VIEJO, CA</td>
<td>01-SEP-10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td>JAKOBSEN, MICHAEL, MD</td>
<td>N/A</td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-MAY-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-MAY-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-MAR-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKWY STE 200, MISSION VIEJO, CA</td>
<td>01-OCT-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92691</td>
<td></td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

Effective as of 01-JAN-18
THOMPSON, CHRISTOPHER, MD
Provider ID: N/A
26726 CROWN VALLEY PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-FEB-16
THOMPSON, CHRISTOPHER, MD
Provider ID: N/A
26726 CROWN VALLEY PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

Effective as of 01-MAY-15
CHUN, DAVID, MD
Provider ID: N/A
26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

Effective as of 01-OCT-18
ELLIINI, AHMAD, MD
Provider ID: N/A
26691 PLAZA STE 120A
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

GANDY, JODIE, MD
Provider ID: N/A
26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

GANDY, JODIE, MD
Provider ID: N/A
26691 PLAZA STE 160
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

GANDY, JODIE, MD
Provider ID: N/A
26691 PLAZA STE 160
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

GANDY, JODIE, MD
Provider ID: N/A
26691 PLAZA STE 160
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

PEDIATRIC CARDIOLOGY

CHUN, DAVID, MD
Provider ID: N/A
26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-OCT-22

GANDY, JODIE, MD
Provider ID: N/A
26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

GANDY, JODIE, MD
Provider ID: N/A
26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

GANDY, JODIE, MD
Provider ID: N/A
26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

GANDY, JODIE, MD
Provider ID: N/A
26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

GANDY, JODIE, MD
Provider ID: N/A
26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

GANDY, JODIE, MD
Provider ID: N/A
26691 PLAZA STE 160
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

GANDY, JODIE, MD
Provider ID: N/A
26691 PLAZA STE 160
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

GANDY, JODIE, MD
Provider ID: N/A
26691 PLAZA STE 160
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

GANDY, JODIE, MD
Provider ID: N/A
26691 PLAZA STE 160
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

MUHONEN, LINDA, MD
Provider ID: N/A
26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

RAHIMI, MOHAMMAD, MD
<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>30492 GATEWAY PL STE 110</th>
<th>MISSION VIEJO, CA 92694</th>
<th>Effective as of 01-DEC-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEINER, KEITH, MD†</td>
<td>Provider ID: N/A</td>
<td>27800 MEDICAL CENTER RD STE 264</td>
<td>MISSION VIEJO, CA 92691</td>
</tr>
<tr>
<td>RAHIMI, MOHAMMAD, MD†</td>
<td>Provider ID: N/A</td>
<td>30492 GATEWAY PL STE 110</td>
<td>MISSION VIEJO, CA 92694</td>
</tr>
<tr>
<td>WEINER, KEITH, MD†</td>
<td>Provider ID: N/A</td>
<td>26691 PLAZA STE 210</td>
<td>MISSION VIEJO, CA 92691</td>
</tr>
<tr>
<td>RAHIMI, MOHAMMAD, MD†</td>
<td>Provider ID: N/A</td>
<td>30492 GATEWAY PL STE 110</td>
<td>MISSION VIEJO, CA 92694</td>
</tr>
<tr>
<td>WEINER, KEITH, MD</td>
<td>Provider ID: N/A</td>
<td>26691 PLAZA STE 160</td>
<td>MISSION VIEJO, CA 92691</td>
</tr>
<tr>
<td>RAHIMI, MOHAMMAD, MD†</td>
<td>Provider ID: N/A</td>
<td>30492 GATEWAY PL STE 110</td>
<td>MISSION VIEJO, CA 92694</td>
</tr>
<tr>
<td>WEINER, KEITH, MD</td>
<td>Provider ID: N/A</td>
<td>26691 PLAZA STE 160</td>
<td>MISSION VIEJO, CA 92691</td>
</tr>
<tr>
<td>RAHIMI, MOHAMMAD, MD†</td>
<td>Provider ID: N/A</td>
<td>30492 GATEWAY PL STE 110</td>
<td>MISSION VIEJO, CA 92694</td>
</tr>
<tr>
<td>WEINER, KEITH, MD</td>
<td>Provider ID: N/A</td>
<td>26691 PLAZA STE 160</td>
<td>MISSION VIEJO, CA 92691</td>
</tr>
</tbody>
</table>

**PEDIATRIC INFECTIOUS DISEASES**

ARRIETA, ANTONIO, MD†
Provider ID: N/A

27800 MEDICAL CENTER RD STE 138 BLDG 2
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

ARRIETA, ANTONIO, MD†
Provider ID: N/A

27800 MEDICAL CENTER RD STE 138 BLDG 2
MISSION VIEJO, CA 92691
Effective as of 01-FEB-17

ARRIETA, ANTONIO, MD†
Provider ID: N/A

27800 MEDICAL CENTER RD STE 138 BLDG 2
MISSION VIEJO, CA 92691
Effective as of 01-FEB-17

**PEDIATRIC NEPHROLOGY**

ZAMAN, RUMINA, MD
Provider ID: N/A

26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

**PEDIATRIC SPORTS MEDICINE**

DAVIS, KELLY, MD†
Provider ID: N/A

25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-APR-18

DAVIS, KELLY, MD†
Provider ID: N/A

25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-APR-18
DAVIS, KELLY, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-DEC-20
DAVIS, KELLY, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-18
DAVIS, KELLY, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-18
DAVIS, KELLY, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-18
AMINIAN, AFSHIN, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JUL-05
AMINIAN, AFSHIN, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JAN-21
LALONDE, FRANCOIS, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-22
CAO, LISA, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-22
CAO, LISA, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-22
CAO, LISA, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23
DOBYNS, JEFFREY, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19
DOBYNS, JEFFREY, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-18
DOBYNS, JEFFREY, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-SEP-15
DOBYNS, JEFFREY, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-05
SCHLECHTER, JOHN, DO†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-20
ROSENFELD, SAMUEL, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-20
WEINERT, CARL, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-SEP-15
CHAMBERLIN, JOSHUA, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-18
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address Details</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider(s)</td>
<td>Mission Viejo, CA 92691</td>
<td></td>
</tr>
<tr>
<td>Provider(s)</td>
<td>26137 La Paz Rd Ste 140</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>Provider(s)</td>
<td>27700 Medical Center Rd</td>
<td>Effective as of 01-APR-11</td>
</tr>
<tr>
<td>26932 Osopkwy Ste 275</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26302 La Paz Rd Ste 106</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26401 Crown Valley Pkwy Ste 101</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

Effective as of 01-SEP-21
KING, FRANK, MD
Provider ID: N/A
26932 OSO PKWY STE 275
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

KING, FRANK, MD
Provider ID: N/A
26932 OSO PKWY STE 275
MISSION VIEJO, CA 92691
Effective as of 01-JAN-16

RANJBARAN, ZIBA, MD†
Provider ID: N/A
23512 MADERO
MISSION VIEJO, CA 92691
Effective as of 01-MAY-12

RANJBARAN, ZIBA, MD†
Provider ID: N/A
23512 MADERO
MISSION VIEJO, CA 92691
Effective as of 01-APR-11

WASHBURN, NEAL, DO
Provider ID: N/A
26401 CROWN VALLEY
PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-JAN-24

WASHBURN, NEAL, DO
Provider ID: N/A
26401 CROWN VALLEY
PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-JAN-24

PHYSICIANS ASSISTANT
CARR, OLIVIA, PA
Provider ID: N/A
26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-APR-24

CARR, OLIVIA, PA
Provider ID: N/A
26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-APR-24

CARR, OLIVIA, PA
Provider ID: N/A
26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-APR-24

KENNEDY, KATHRYN, PA
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 205
MISSION VIEJO, CA 92691
Effective as of 01-NOV-22

KISCADEN, LAUREN, PA†
Provider ID: N/A
26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-FEB-22

KISCADEN, LAUREN, PA†
Provider ID: N/A
26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-FEB-22

KISCADEN, LAUREN, PA†
Provider ID: N/A
26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-DEC-23

KISCADEN, LAUREN, PA†
Provider ID: N/A
26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-DEC-23

KISCADEN, LAUREN, PA†
Provider ID: N/A
26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-DEC-23

KISCADEN, LAUREN, PA†
Provider ID: N/A
26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-DEC-23

KISCADEN, LAUREN, PA
Provider ID: N/A
26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-DEC-23

NOJAN, JOSEPH, PA
Provider ID: N/A
26024 ACERO
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

NOJAN, JOSEPH, PA
Provider ID: N/A
26024 ACERO
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23
## C1. 网络提供者名单
### 专科护理医生

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>26024 ACERO MISSION VIEJO, CA 92691 Effective as of 01-FEB-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOJAN, JOSEPH, PA</td>
<td>26024 ACERO MISSION VIEJO, CA 92691 Effective as of 01-FEB-23</td>
</tr>
<tr>
<td>PARK, SUNG, PA</td>
<td>26024 ACERO MISSION VIEJO, CA 92691 Effective as of 01-FEB-23</td>
</tr>
<tr>
<td>SOBHANIAN, SHAHAB, PA</td>
<td>26691 PLAZA STE 120 MISSION VIEJO, CA 92691 Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>SOBHANIAN, SHAHAB, PA</td>
<td>26800 CROWN VALLEY PKWY STE 340 MISSION VIEJO, CA 92691 Effective as of 01-MAR-24</td>
</tr>
<tr>
<td>SOBHANIAN, SHAHAB, PA</td>
<td>26800 CROWN VALLEY PKWY STE 340 MISSION VIEJO, CA 92691 Effective as of 01-NOV-22</td>
</tr>
<tr>
<td>TERRERI, NATHALIE, PA</td>
<td>26732 CROWN VALLEY PKWY STE 541 MISSION VIEJO, CA 92691 Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>TERRERI, NATHALIE, PA</td>
<td>26732 CROWN VALLEY PKWY STE 541 MISSION VIEJO, CA 92691 Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>PODIATRIST</td>
<td>26732 CROWN VALLEY PKWY STE 541 MISSION VIEJO, CA 92691 Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>PODIATRIST</td>
<td>26732 CROWN VALLEY PKWY STE 541 MISSION VIEJO, CA 92691 Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>PODIATRIST</td>
<td>26732 CROWN VALLEY PKWY STE 541 MISSION VIEJO, CA 92691 Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>PODIATRIST</td>
<td>26732 CROWN VALLEY PKWY STE 541 MISSION VIEJO, CA 92691 Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>PODIATRIST</td>
<td>26732 CROWN VALLEY PKWY STE 541 MISSION VIEJO, CA 92691 Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>GOLSHAHI, BAHAR, DPM</td>
<td>26691 PLAZA STE 201 MISSION VIEJO, CA 92691 Effective as of 01-SEP-23</td>
</tr>
<tr>
<td>GOLSHAHI, BAHAR, DPM</td>
<td>26691 PLAZA STE 201 MISSION VIEJO, CA 92691 Effective as of 01-SEP-23</td>
</tr>
<tr>
<td>GOLSHAHI, BAHAR, DPM</td>
<td>26691 PLAZA STE 201 MISSION VIEJO, CA 92691 Effective as of 01-SEP-23</td>
</tr>
<tr>
<td>HAIDER, SANDRA, DPM</td>
<td>26732 CROWN VALLEY PKWY STE 317 MISSION VIEJO, CA 92691 Effective as of 01-FEB-24</td>
</tr>
<tr>
<td>HAIDER, SANDRA, DPM</td>
<td>26732 CROWN VALLEY PKWY STE 317 MISSION VIEJO, CA 92691 Effective as of 01-FEB-24</td>
</tr>
<tr>
<td>HAIDER, SANDRA, DPM</td>
<td>26732 CROWN VALLEY PKWY STE 317 MISSION VIEJO, CA 92691 Effective as of 01-FEB-24</td>
</tr>
<tr>
<td>HAIDER, SANDRA, DPM</td>
<td>26732 CROWN VALLEY PKWY STE 317 MISSION VIEJO, CA 92691 Effective as of 01-FEB-24</td>
</tr>
<tr>
<td>HEHE, KYLE, DPM</td>
<td>26691 PLAZA STE 201 MISSION VIEJO, CA 92691 Effective as of 01-AUG-23</td>
</tr>
<tr>
<td>HEHE, KYLE, DPM</td>
<td>26691 PLAZA STE 201 MISSION VIEJO, CA 92691 Effective as of 01-AUG-23</td>
</tr>
<tr>
<td>HEHE, KYLE, DPM</td>
<td>26691 PLAZA STE 201 MISSION VIEJO, CA 92691 Effective as of 01-AUG-23</td>
</tr>
<tr>
<td>HEHE, KYLE, DPM</td>
<td>26691 PLAZA STE 201 MISSION VIEJO, CA 92691 Effective as of 01-AUG-23</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
### MCCANN, JAN, DPM
- Provider ID: N/A
- 26800 CROWN VALLEY PKWY STE 485
  - Mission Viejo, CA 92691
  - Effective as of 01-AUG-19

### MCGRATH, BENJAMIN, DPM
- Provider ID: N/A
- 26732 CROWN VALLEY PKWY STE 317
  - Mission Viejo, CA 92691
  - Effective as of 01-MAY-23

### NGUYEN, HAN, DPM
- Provider ID: N/A
- 26732 CROWN VALLEY PKWY STE 317
  - Mission Viejo, CA 92691
  - Effective as of 01-DEC-20

### NOSRATI, SAM, DPM
- Provider ID: N/A
- 26691 PLAZA STE 201
  - Mission Viejo, CA 92691
  - Effective as of 01-OCT-21

### PENERA, KEITH, DPM
- Provider ID: N/A
- 26991 CROWN VALLEY PKWY STE 100
  - Mission Viejo, CA 92691
  - Effective as of 01-MAY-21

### RAMBACHER, THOMAS, DPM
- Provider ID: N/A
- 26302 LA PAZ RD STE 101
  - Mission Viejo, CA 92691
  - Effective as of 01-MAY-22

### SCHMALHAUS, MONTE, DPM
C1. 网络提供者名单
专科护理医生

Provider ID: N/A

26691 PLAZA STE 201
MISSION VIEJO, CA 92691
Effective as of 01-FEB-24

SCHMALHAUS, MONTE, DPM
Provider ID: N/A

26691 PLAZA STE 201
MISSION VIEJO, CA 92691
Effective as of 01-FEB-24

SPENCER, ROBERT, DPM‡
Provider ID: N/A

27800 MEDICAL CENTER RD STE 110
MISSION VIEJO, CA 92691
Effective as of 01-JAN-16

PSYCHIATRY

ANOSHIVANI, ARDE, MD‡
Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUL-22

ANOSHIVANI, ARDE, MD‡
Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUL-22

BENESCH, ERIN, DO‡
Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUL-22

BENESCH, ERIN, DO‡
Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUL-22

DENNIS, TSHEKEDI, MD‡
Provider ID: N/A

26024 ACERO
MISSION VIEJO, CA 92691
Effective as of 01-AUG-22

DENNIS, TSHEKEDI, MD‡
Provider ID: N/A

26024 ACERO
MISSION VIEJO, CA 92691
Effective as of 01-AUG-21

SHREIBA, MOHAMMED, MD‡
Provider ID: N/A

26024 ACERO
MISSION VIEJO, CA 92691
Effective as of 01-NOV-22

SHREIBA, MOHAMMED, MD‡
Provider ID: N/A

26024 ACERO
MISSION VIEJO, CA 92691
Effective as of 01-NOV-22

SHREIBA, MOHAMMED, MD‡
Provider ID: N/A

26024 ACERO
MISSION VIEJO, CA 92691
Effective as of 01-NOV-22

SHREIBA, MOHAMMED, MD‡
Provider ID: N/A

26024 ACERO
MISSION VIEJO, CA 92691
Effective as of 01-NOV-22

PSYCHOLOGIST

FRANCIS, CATHERINE, PSYD
Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

FRANCIS, CATHERINE, PSYD
Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

FRANCIS, CATHERINE, PSYD
Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

FRANCIS, CATHERINE, PSYD
Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

FRANCIS, CATHERINE, PSYD
Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

FRANCIS, CATHERINE, PSYD
Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

FRANCIS, CATHERINE, PSYD
Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

HAMILTON, JOANNE, PhD
Provider ID: N/A

29122 RANCHO VIEJO RD STE 102G
MISSION VIEJO, CA 92675
Effective as of 01-MAR-24

HAMILTON, JOANNE, PhD
Provider ID: N/A

29122 RANCHO VIEJO RD STE 102G
MISSION VIEJO, CA 92675
Effective as of 01-MAR-24

HAMILTON, JOANNE, PhD
Provider ID: N/A

29122 RANCHO VIEJO RD
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>KIENZLE, HELEN, PhD†</td>
<td>N/A</td>
<td>26051 ACERO STE 100 MISSION VIEJO, CA 92691</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>HAMILTON, JOANNE, PhD</td>
<td>N/A</td>
<td>29122 RANCHO VIEJO RD STE 102G MISSION VIEJO, CA 92675</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>HANDLEY, KAREN, PhD</td>
<td>N/A</td>
<td>26441 CROWN VALLEY PKWY STE 101 MISSION VIEJO, CA 92691</td>
<td>01-JUN-19</td>
</tr>
<tr>
<td>HANDLEY, KAREN, PhD</td>
<td>N/A</td>
<td>26441 CROWN VALLEY PKWY STE 101 MISSION VIEJO, CA 92691</td>
<td>01-JUN-19</td>
</tr>
<tr>
<td>HANDLEY, KAREN, PhD</td>
<td>N/A</td>
<td>26441 CROWN VALLEY PKWY STE 101 MISSION VIEJO, CA 92691</td>
<td>01-JUN-19</td>
</tr>
<tr>
<td>HANDLEY, KAREN, PhD</td>
<td>N/A</td>
<td>26441 CROWN VALLEY PKWY STE 101 MISSION VIEJO, CA 92691</td>
<td>01-JUN-19</td>
</tr>
<tr>
<td>HANDLEY, KAREN, PhD</td>
<td>N/A</td>
<td>26441 CROWN VALLEY PKWY STE 101 MISSION VIEJO, CA 92691</td>
<td>01-JUN-19</td>
</tr>
<tr>
<td>MELE, ANTHONY, PSYD†</td>
<td>N/A</td>
<td>26051 ACERO STE 100 MISSION VIEJO, CA 92691</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>MELE, ANTHONY, PSYD†</td>
<td>N/A</td>
<td>26051 ACERO STE 100 MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MELE, ANTHONY, PSYD†</td>
<td>N/A</td>
<td>26051 ACERO STE 100 MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MELE, ANTHONY, PSYD†</td>
<td>N/A</td>
<td>26051 ACERO STE 100 MISSION VIEJO, CA 92691</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>MELE, ANTHONY, PSYD†</td>
<td>N/A</td>
<td>26051 ACERO STE 100 MISSION VIEJO, CA 92691</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>MELE, ANTHONY, PSYD†</td>
<td>N/A</td>
<td>26051 ACERO STE 100 MISSION VIEJO, CA 92691</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>MELE, ANTHONY, PSYD†</td>
<td>N/A</td>
<td>26051 ACERO STE 100 MISSION VIEJO, CA 92691</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>MELE, ANTHONY, PSYD†</td>
<td>N/A</td>
<td>26051 ACERO STE 100 MISSION VIEJO, CA 92691</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>MELE, ANTHONY, PSYD†</td>
<td>N/A</td>
<td>26051 ACERO STE 100 MISSION VIEJO, CA 92691</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>MELE, ANTHONY, PSYD†</td>
<td>N/A</td>
<td>26051 ACERO STE 100 MISSION VIEJO, CA 92691</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>MELE, ANTHONY, PSYD†</td>
<td>N/A</td>
<td>26051 ACERO STE 100 MISSION VIEJO, CA 92691</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>MELE, ANTHONY, PSYD†</td>
<td>N/A</td>
<td>26051 ACERO STE 100 MISSION VIEJO, CA 92691</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>MELE, ANTHONY, PSYD†</td>
<td>N/A</td>
<td>26051 ACERO STE 100 MISSION VIEJO, CA 92691</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>MONTEL, SEBASTIEN, PhD†</td>
<td>N/A</td>
<td>27201 PUERTA REAL STE 300 MISSION VIEJO, CA 92691</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>MONTEL, SEBASTIEN, PhD†</td>
<td>N/A</td>
<td>27201 PUERTA REAL STE 300 MISSION VIEJO, CA 92691</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>MONTEL, SEBASTIEN, PhD†</td>
<td>N/A</td>
<td>27201 PUERTA REAL STE 300 MISSION VIEJO, CA 92691</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>Name</td>
<td>Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------</td>
<td>------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>MONTEL, SEBASTIEN, PhD‡</td>
<td>27201 PUERTA REAL STE 300</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>MONTEL, SEBASTIEN, PhD‡</td>
<td>27201 PUERTA REAL STE 300</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>REZNICK, HARRELL, PSYD‡</td>
<td>26051 ACERO STE 100</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>REZNICK, HARRELL, PSYD‡</td>
<td>26051 ACERO STE 100</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>REZNICK, HARRELL, PSYD‡</td>
<td>26051 ACERO STE 100</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>ZAYAT, DINA, PSYD</td>
<td>26051 ACERO STE 100</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>ZAYAT, DINA, PSYD</td>
<td>26051 ACERO STE 100</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>ZAYAT, DINA, PSYD</td>
<td>26051 ACERO STE 100</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>PULMONARY DISEASES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GOLDBERG, ROBERT, MD‡</td>
<td>26800 CROWN VALLEY PKWY STE 205</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>GOLDBERG, ROBERT, MD‡</td>
<td>26800 CROWN VALLEY PKWY STE 205</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>GOLDBERG, ROBERT, MD‡</td>
<td>26800 CROWN VALLEY PKWY STE 205</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>SCHIFFMAN, GEORGE, MD‡</td>
<td>26800 CROWN VALLEY PKWY STE 205</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>SCHIFFMAN, GEORGE, MD‡</td>
<td>26800 CROWN VALLEY PKWY STE 205</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>SCHIFFMAN, GEORGE, MD‡</td>
<td>26800 CROWN VALLEY PKWY STE 205</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>TAMMELIN, BRUCE, MD‡</td>
<td>26800 CROWN VALLEY PKWY STE 250</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>TAMMELIN, BRUCE, MD‡</td>
<td>26800 CROWN VALLEY PKWY STE 250</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>TAMMELIN, BRUCE, MD‡</td>
<td>26800 CROWN VALLEY PKWY STE 250</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
<tr>
<td>TAMMELIN, BRUCE, MD‡</td>
<td>26800 CROWN VALLEY PKWY STE 161</td>
<td>MISSION VIEJO, CA 92691</td>
<td></td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

RADIATION ONCOLOGY

CHOU, WILLIAM, MD†
Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

CHOU, WILLIAM, MD†
Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-19

CHOU, WILLIAM, MD†
Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-19

CHOU, WILLIAM, MD†
Provider ID: N/A
27700 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JAN-17

FENG, CHU-PEI, MD†
Provider ID: N/A
27700 MEDICAL CENTER
RD
STE 2
MISSION VIEJO, CA 92691
Effective as of 01-JAN-17

FENG, CHU-PEI, MD†
Provider ID: N/A
27700 MEDICAL CENTER
RD
STE 2
MISSION VIEJO, CA 92691
Effective as of 01-JAN-17

FENG, CHU-PEI, MD†
Provider ID: N/A
27700 MEDICAL CENTER
RD
STE 2
MISSION VIEJO, CA 92691
Effective as of 01-JAN-17

LIU, GENE FU, MD†
Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

LIU, GENE FU, MD†
Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

Liu, Gene Fu, MD†
Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

YOUNG, CAROLYN, MD†
Provider ID: N/A
27700 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

YOUNG, CAROLYN, MD†
Provider ID: N/A
27700 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

YOUNG, CAROLYN, MD†
Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

YOUNG, CAROLYN, MD†
Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

YOUNG, CAROLYN, MD†
Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

YOUNG, CAROLYN, MD†
Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
27800 MEDICAL CENTER RD STE 160
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

RHEUMATOLOGY
CASTRO RUEDA, HERNAN, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 151
MISSION VIEJO, CA 92691
Effective as of 01-AUG-17

DRIVER, CATHERINE, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 151
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

DRIVER, CATHERINE, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 151
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

FARSHAMI, FATEMEH, MD
Provider ID: N/A
26991 CROWN VALLEY PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-SEP-23

KOVACS, DAVID, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 151
MISSION VIEJO, CA 92691
Effective as of 01-APR-16

PHILOPOSE, JAYA, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 151
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

SINGH, SIMRANJIT, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 151
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

SINGH, SIMRANJIT, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 151
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

SURGERY COLON SURGERY
BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

PHILOPOSE, JAYA, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 151
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-AUG-17

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

PHILOPOSE, JAYA, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 151
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-AUG-17

BRADY, MATTHEW, MD
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

PHILOPOSE, JAYA, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 151
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

476

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

**SURGERY CRITICAL CARE**

**BRADY, MATTHEW, MD**
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

**YU, PETER, MD**
Provider ID: N/A
26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

**SURGERY GENERAL**

**ABOU ABBASS, AHMAD, MD**
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-SEP-18

**ABOU ABBASS, AHMAD, MD**
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

**ABOU ABBASS, AHMAD, MD**
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

**ANDERSON, MARLA, MD**
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-MAY-22

**ANDERSON, MARLA, MD**
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

**ANDERSON, MARLA, MD**
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

**ANDERSON, MARLA, MD**
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

**ANDERSON, MARLA, MD**
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

**ANDERSON, MARLA, MD**
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

**ANDERSON, MARLA, MD**
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

**ANDERSON, MARLA, MD**
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

**ANDERSON, MARLA, MD**
Provider ID: N/A
27799 MEDICAL CENTER RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

ANDERSON, MARLA, MD†
Provider ID: N/A
owment 440
MISSION VIEJO, CA 92691
Effective as of 01-SEP-22

BACON, LOUISE, MD†
Provider ID: N/A
owment 440
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

BACON, LOUISE, MD†
Provider ID: N/A
owment 440
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

BACON, LOUISE, MD†
Provider ID: N/A
owment 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

KUSHNER, KENNETH, MD†
Provider ID: N/A
owment 440
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

KUSHNER, KENNETH, MD†
Provider ID: N/A
owment 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

KUSHNER, KENNETH, MD†
Provider ID: N/A
owment 440
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

KUSHNER, KENNETH, MD†
Provider ID: N/A
owment 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

KUSHNER, KENNETH, MD†
Provider ID: N/A
owment 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

KUSHNER, KENNETH, MD†
Provider ID: N/A
owment 440
MISSION VIEJO, CA 92691
Effective as of 01-SEP-22
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

KUSHNER, KENNETH, MD
Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

SHAVER, JOHN, MD
Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

SHAVER, JOHN, MD
Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

LAM, VINH, MD
Provider ID: N/A

26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-DEC-18

ROBERTSON, ELSIE, MD
Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

ROBERTSON, ELSIE, MD
Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

SHAVER, JOHN, MD
Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

SHAVER, JOHN, MD
Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-SEP-22

SHAVER, JOHN, MD
Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

SHAVER, JOHN, MD
Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

SHAVER, JOHN, MD
Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

KIM, KEUN YOUNG, MD
Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUL-15

KIM, KEUN YOUNG, MD
Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUL-15

KIM, KEUN YOUNG, MD
Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUL-15

KIM, KEUN YOUNG, MD
Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUL-15

KIM, KEUN YOUNG, MD
Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUL-15

KIM, KEUN YOUNG, MD
Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUL-15

SURGERY

NEUROLOGICAL

KIM, KEUN YOUNG, MD
Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUL-15

KIM, KEUN YOUNG, MD
Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUL-15

KIM, KEUN YOUNG, MD
Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUL-15
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>ID</th>
<th>Address</th>
<th>City, State</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIAUW, JASON, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 561</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MAGGE, SURESH, MD</td>
<td>N/A</td>
<td>26691 PLAZA STE 130</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>MEHTA, VIVEK, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 541</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MEHTA, VIVEK, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 541</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MEHTA, VIVEK, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 541</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MEHTA, VIVEK, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 541</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MEHTA, VIVEK, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 541</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MEHTA, VIVEK, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 541</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MEHTA, VIVEK, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 541</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MEHTA, VIVEK, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 541</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MEHTA, VIVEK, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 541</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MEHTA, VIVEK, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 541</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MEHTA, VIVEK, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 541</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>MEHTA, VIVEK, MD</td>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 541</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-AUG-21</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

MISSION VIEJO, CA 92691
Effective as of 01-AUG-15

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

TSIMPAS, ASTERIOS, MD
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

Surgery Orthopedic

AMINIAN, AFSHIN, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JAN-17

AMINIAN, AFSHIN, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JAN-17

AMINIAN, AFSHIN, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JAN-17

AMINIAN, AFSHIN, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-NOV-07

BURDI, MICHAEL, MD
Provider ID: N/A
26401 CROWN VALLEY PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

BURDI, MICHAEL, MD
Provider ID: N/A
26401 CROWN VALLEY PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

BURDI, MICHAEL, MD
Provider ID: N/A
26401 CROWN VALLEY PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14
C1. 网络提供者名单
专科护理医生

Effective as of 01-APR-12

CHEN, JAMES, MD†
Provider ID: N/A
26401 CROWN VALLEY
PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-SEP-22

CHEN, JAMES, MD†
Provider ID: N/A
26401 CROWN VALLEY
PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-SEP-22

CLAVERIA, RICHARD, MD
Provider ID: N/A
26921 CROWN VALLEY
PKWY STE 201
MISSION VIEJO, CA 92691
Effective as of 01-MAR-20

CLAVERIA, RICHARD, MD
Provider ID: N/A
26921 CROWN VALLEY
PKWY STE 201
MISSION VIEJO, CA 92691
Effective as of 01-NOV-23

DOBYNS, JEFFREY, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-SEP-15

DUGGAN, DANIEL, DO†
Provider ID: N/A
27725 SANTA MARGARITA
PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-DEC-23

FITZPATRICK, MICHAEL, MD†
Provider ID: N/A
26730 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

FITZPATRICK, MICHAEL, MD†
Provider ID: N/A
26730 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-DEC-23

FITZPATRICK, MICHAEL, MD†
Provider ID: N/A
26730 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-DEC-23

FITZPATRICK, MICHAEL, MD†
Provider ID: N/A
26730 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-DEC-23

FITZPATRICK, MICHAEL, MD†
Provider ID: N/A
26730 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-DEC-23

FITZPATRICK, MICHAEL, MD†
Provider ID: N/A
26730 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-DEC-23

GUERRERO, EVAN, MD†
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
26401 CROWN VALLEY PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-NOV-21

GUERRERO, EVAN, MD†
Provider ID: N/A
26401 CROWN VALLEY PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-NOV-21

GVOZDYEV, BORYS, MD†
Provider ID: N/A
27725 SANTA MARGARITA PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

GVOZDYEV, BORYS, MD†
Provider ID: N/A
27725 SANTA MARGARITA PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

GVOZDYEV, BORYS, MD†
Provider ID: N/A
27725 SANTA MARGARITA PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

HANJAN, TIVA, MD†
Provider ID: N/A
26401 CROWN VALLEY PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

LALONDE, FRANCOIS, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-FEB-18

HUO, KEUN-HENG, MD†
Provider ID: N/A
27725 SANTA MARGARITA PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

HUO, KEUN-HENG, MD†
Provider ID: N/A
27725 SANTA MARGARITA PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

HUO, KEUN-HENG, MD†
Provider ID: N/A
27725 SANTA MARGARITA PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

HUO, KEUN-HENG, MD†
Provider ID: N/A
27725 SANTA MARGARITA PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

HUO, KEUN-HENG, MD†
Provider ID: N/A
27725 SANTA MARGARITA PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

HANJAN, TIVA, MD†
Provider ID: N/A
26401 CROWN VALLEY PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

LALONDE, FRANCOIS, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

LALONDE, FRANCOIS, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-12

LALONDE, FRANCOIS, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JAN-17

LALONDE, FRANCOIS, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-APR-08

LALONDE, FRANCOIS, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JUL-23

LALONDE, FRANCOIS, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JUL-23

MAJUMDAR, ADITI, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-MAY-22

MAJUMDAR, ADITI, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARANGI, KENT, MD†</td>
<td>N/A</td>
<td>26401 CROWN VALLEY PKWY STE 101</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-MAY-22</td>
</tr>
<tr>
<td>PARK, SAMUEL, MD</td>
<td>N/A</td>
<td>26730 CROWN VALLEY PKWY STE 200</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-APR-12</td>
</tr>
<tr>
<td>PARK, SAMUEL, MD</td>
<td>N/A</td>
<td>26730 CROWN VALLEY PKWY STE 200</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>MISAGHI, AMIRHOSSEIN, MD†</td>
<td>N/A</td>
<td>25982 PALA STE 230</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-SEP-19</td>
</tr>
<tr>
<td>PARK, SAMUEL, MD</td>
<td>N/A</td>
<td>26730 CROWN VALLEY PKWY STE 200</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>MISAGHI, AMIRHOSSEIN, MD†</td>
<td>N/A</td>
<td>25982 PALA STE 230</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-DEC-19</td>
</tr>
<tr>
<td>PARK, SAMUEL, MD</td>
<td>N/A</td>
<td>26730 CROWN VALLEY PKWY STE 200</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-DEC-14</td>
</tr>
<tr>
<td>MISAGHI, AMIRHOSSEIN, MD†</td>
<td>N/A</td>
<td>25982 PALA STE 230</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-DEC-19</td>
</tr>
<tr>
<td>MORRIS, JOHN, MD†</td>
<td>N/A</td>
<td>26401 CROWN VALLEY PKWY STE 101</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-JUL-12</td>
</tr>
<tr>
<td>PODOLSKY, ANATOL, MD†</td>
<td>N/A</td>
<td>26921 CROWN VALLEY PKWY STE 201</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-JUL-12</td>
</tr>
<tr>
<td>PORAT, SHAROUN, MD†</td>
<td>N/A</td>
<td>27725 SANTA MARGARITA PKWY STE 100</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td>PODOLSKY, ANATOL, MD†</td>
<td>N/A</td>
<td>26921 CROWN VALLEY PKWY STE 201</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>PORAT, SHAROUN, MD†</td>
<td>N/A</td>
<td>27725 SANTA MARGARITA PKWY STE 100</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-MAR-23</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

PORAT, SHAROUN, MD†
Provider ID: N/A
27725 SANTA MARGARITA PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-NOV-20

PORAT, SHAROUN, MD†
Provider ID: N/A
27725 SANTA MARGARITA PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

PORAT, SHAROUN, MD†
Provider ID: N/A
27725 SANTA MARGARITA PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

ROSENFELD, SAMUEL, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-APR-08

ROSENFELD, SAMUEL, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JAN-21

ROSENFELD, SAMUEL, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-12

ROSENFELD, SAMUEL, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-SEP-17

WEINERT, CARL, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-12

WEINERT, CARL, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-APR-08

WEINERT, CARL, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JAN-17

SCHLECHTER, JOHN, DO†
Provider ID: N/A
26401 CROWN VALLEY PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

TOCCI, STEPHEN, MD
Provider ID: N/A
26401 CROWN VALLEY PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-OCT-20

TOCCI, STEPHEN, MD
Provider ID: N/A
26401 CROWN VALLEY PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-JUL-18

WANG, WILLIAM, MD†
Provider ID: N/A
26730 CROWN VALLEY PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-MAY-23

WANG, WILLIAM, MD†
Provider ID: N/A
26730 CROWN VALLEY PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-MAR-18

WANG, WILLIAM, MD†
Provider ID: N/A
26730 CROWN VALLEY PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-MAR-18

WEINERT, CARL, MD†
Provider ID: N/A
25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-12

SURGERY PEDIATRIC

GERMAN, JOHN, MD†
Provider ID: N/A
26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-MAR-18

LAM, VINH, MD†
Provider ID: N/A
26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-SEP-17

LAM, VINH, MD†
Provider ID: N/A
26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-JUL-23

LAM, VINH, MD†
Provider ID: N/A
26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-SEP-17

LAM, VINH, MD†
Provider ID: N/A
26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-SEP-17

LAM, VINH, MD†
Provider ID: N/A
26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-JUL-17

LAM, VINH, MD†
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address Details</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>27800 MEDICAL CENTER RD STE 138 MISSION VIEJO, CA 92691</td>
<td>01-JAN-14</td>
</tr>
<tr>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 410 MISSION VIEJO, CA 92691</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 226 MISSION VIEJO, CA 92691</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 226 MISSION VIEJO, CA 92691</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 226 MISSION VIEJO, CA 92691</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 226 MISSION VIEJO, CA 92691</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 226 MISSION VIEJO, CA 92691</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 226 MISSION VIEJO, CA 92691</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 226 MISSION VIEJO, CA 92691</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 226 MISSION VIEJO, CA 92691</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 226 MISSION VIEJO, CA 92691</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 226 MISSION VIEJO, CA 92691</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 226 MISSION VIEJO, CA 92691</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>N/A</td>
<td>26732 CROWN VALLEY PKWY STE 226 MISSION VIEJO, CA 92691</td>
<td>01-OCT-20</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
THIBAULT, WILLIAM, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-19

THIBAULT, WILLIAM, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-19

THIBAULT, WILLIAM, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-19

THIBAULT, WILLIAM, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-19

THIBAULT, WILLIAM, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-19

THIBAULT, WILLIAM, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-19

THIBAULT, WILLIAM, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-19

THIBAULT, WILLIAM, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-19

THIBAULT, WILLIAM, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-19

WON, EUGENE, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-OCT-22

WON, EUGENE, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-23

WON, EUGENE, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-23

WON, EUGENE, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-23

WON, EUGENE, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-23

WON, EUGENE, MD†
Provider ID: N/A
26732 CROWN VALLEY PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-23

UROLOGY

BUI, DON, MD†
Provider ID: N/A
26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-FEB-23

BUI, DON, MD†
Provider ID: N/A
26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-FEB-23

BUI, DON, MD†
Provider ID: N/A
26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-FEB-23

BUI, DON, MD†
Provider ID: N/A
26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-FEB-23

BUI, DON, MD†
Provider ID: N/A
26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-FEB-23
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUI, DON, MD†</td>
<td>N/A</td>
<td>26691 PLAZA STE 120 MISSION VIEJO, CA 92691</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>CHAMBERLIN, DAVID, MD</td>
<td>N/A</td>
<td>27871 MEDICAL CENTER RD STE 140 MISSION VIEJO, CA 92691</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD</td>
<td>N/A</td>
<td>26691 PLAZA STE 120 MISSION VIEJO, CA 92691</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>ELKHOURY, FUAD, MD</td>
<td>N/A</td>
<td>26691 PLAZA STE 120 MISSION VIEJO, CA 92691</td>
<td>01-DEC-19</td>
</tr>
<tr>
<td>HO, TAMMY, MD†</td>
<td>N/A</td>
<td>26600 CROWN VALLEY PKWY STE 340 MISSION VIEJO, CA 92691</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>HO, TAMMY, MD</td>
<td>N/A</td>
<td>26691 PLAZA STE 120 MISSION VIEJO, CA 92691</td>
<td>01-DEC-19</td>
</tr>
<tr>
<td>HO, TAMMY, MD</td>
<td>N/A</td>
<td>26691 PLAZA STE 120 MISSION VIEJO, CA 92691</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>HO, TAMMY, MD</td>
<td>N/A</td>
<td>26691 PLAZA STE 120 MISSION VIEJO, CA 92691</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>HO, TAMMY, MD</td>
<td>N/A</td>
<td>26691 PLAZA STE 120 MISSION VIEJO, CA 92691</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>HO, TAMMY, MD</td>
<td>N/A</td>
<td>26691 PLAZA STE 120 MISSION VIEJO, CA 92691</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>HO, TAMMY, MD</td>
<td>N/A</td>
<td>26691 PLAZA STE 120 MISSION VIEJO, CA 92691</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>HO, TAMMY, MD</td>
<td>N/A</td>
<td>26691 PLAZA STE 120 MISSION VIEJO, CA 92691</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>HO, TAMMY, MD</td>
<td>N/A</td>
<td>26691 PLAZA STE 120 MISSION VIEJO, CA 92691</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>HO, TAMMY, MD</td>
<td>N/A</td>
<td>26691 PLAZA STE 120 MISSION VIEJO, CA 92691</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>KIM, MOSES, MD</td>
<td>N/A</td>
<td>26691 PLAZA STE 120 MISSION VIEJO, CA 92691</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>C1. 网络提供者名单</td>
<td>专科护理医生</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MISSION VIEJO, CA 92691</td>
<td>Effective as of 01-FEB-23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KIM, MOSES, MD**  
Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**MEAGLIA, JAMES, MD**  
Provider ID: N/A  
26800 CROWN VALLEY PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

**MEAGLIA, JAMES, MD**  
Provider ID: N/A  
26800 CROWN VALLEY PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

**MEAGLIA, JAMES, MD**  
Provider ID: N/A  
26800 CROWN VALLEY PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

**MEAGLIA, JAMES, MD**  
Provider ID: N/A  
26800 CROWN VALLEY PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**MEAGLIA, JAMES, MD**  
Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**MEAGLIA, JAMES, MD**  
Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

**MEAGLIA, JAMES, MD**  
Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

**NAKAMURA, LEAH, MD**  
Provider ID: N/A  
26800 CROWN VALLEY PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**MEAGLIA, JAMES, MD**  
Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-Oct-23

**MEAGLIA, JAMES, MD**  
Provider ID: N/A  
26800 CROWN VALLEY PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**MEAGLIA, JAMES, MD**  
Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**MEAGLIA, JAMES, MD**  
Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

**MEAGLIA, JAMES, MD**  
Provider ID: N/A  
26800 CROWN VALLEY PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-18

**MEAGLIA, JAMES, MD**  
Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**NAKAMURA, LEAH, MD**  
Provider ID: N/A  
26800 CROWN VALLEY PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Role/Status</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAKAMURA, LEAH, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26691 PLAZA STE 120</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>NAKAMURA, LEAH, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26691 PLAZA STE 120</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>NAKAMURA, LEAH, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 340</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-JUN-18</td>
</tr>
<tr>
<td>NAKAMURA, LEAH, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 340</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>NAKAMURA, LEAH, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26800 CROWN VALLEY PKWY STE 445</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-NOV-14</td>
</tr>
<tr>
<td>NAKAMURA, LEAH, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26991 CROWN VALLEY PKWY STE 120</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>NAKAMURA, LEAH, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26991 CROWN VALLEY PKWY STE 120</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>NAKAMURA, LEAH, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26691 PLAZA STE 120</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>NAKAMURA, LEAH, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26691 PLAZA STE 120</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>SHOURESHI, POONE, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26691 PLAZA STE 120</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>SINGH, KARAN, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26691 PLAZA STE 120</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>SINGH, KARAN, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26691 PLAZA STE 120</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>SINGH, KARAN, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26691 PLAZA STE 120</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>SINGH, KARAN, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26691 PLAZA STE 120</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-MAY-24</td>
</tr>
<tr>
<td>SINGH, KARAN, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26691 PLAZA STE 120</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>SINGH, KARAN, MD</td>
<td>Provider</td>
<td>N/A</td>
<td>26691 PLAZA STE 120</td>
<td>MISSION VIEJO, CA 92691</td>
<td>01-MAY-22</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

SINGH, KARAN, MD†
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-OCT-19

SPITZ, AARON, MD†
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-OCT-18

SPITZ, AARON, MD†
Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-OCT-22

SPITZ, AARON, MD†
Provider ID: N/A
26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

STEPHANY, HEIDI, MD
C1. 网络提供者名单
专科护理医生

SU, DANIEL, MD
Provider ID: N/A
26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-JAN-24

TEBYANI, NEYSSAN, MD
Provider ID: N/A
26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

SU, DANIEL, MD²
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-FEB-23

TEBYANI, NEYSSAN, MD²
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-DEC-19

SU, DANIEL, MD²
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-DEC-19

TEBYANI, NEYSSAN, MD²
Provider ID: N/A
26800 CROWN VALLEY PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-MAY-21

SU, DANIEL, MD²
Provider ID: N/A
26991 CROWN VALLEY PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-JUN-18
## Tebyani, Neyssan, MD
Provider ID: N/A
- 26991 Crown Valley Pkwy Ste 200
  Mission Viejo, CA 92691
  Effective as of 01-Jan-23

## Tebyani, Neyssan, MD
Provider ID: N/A
- 26691 Plaza Ste 120
  Mission Viejo, CA 92691
  Effective as of 01-Oct-23

### Allergy Immunology

**Imam, Asif, MD**
Provider ID: N/A
- 40680 California Oaks Rd Ste 1A
  Murrieta, CA 92562
  Effective as of 01-Mar-23

**Imam, Asif, MD**
Provider ID: N/A
- 40680 California Oaks Rd Ste 1A
  Murrieta, CA 92562
  Effective as of 01-Mar-23

**Imam, Asif, MD**
Provider ID: N/A
- 40680 California Oaks Rd Ste 1A
  Murrieta, CA 92562
  Effective as of 01-Mar-23

### Anesthesiaology Pain Management

**Austin, Mark, MD**
Provider ID: N/A
- 25495 Medical Center Dr Ste 102
  Murrieta, CA 92562
  Effective as of 01-Jul-22

**Betts, Andres, MD**
Provider ID: N/A
- 41670 Ivy St Ste B
  Murrieta, CA 92562
  Effective as of 01-Nov-23

**Betts, Andres, MD**
Provider ID: N/A
- 41670 Ivy St Ste B
  Murrieta, CA 92562
  Effective as of 01-Nov-23

**Kelling, Jonathan, MD**
Provider ID: N/A
- 38860 Sky Canyon Dr Bldg A
  Murrieta, CA 92563
  Effective as of 01-Dec-18

**Kelling, Jonathan, MD**
Provider ID: N/A
- 29995 Technology Dr Ste 302

### Cardiac Electrophysiology

**Messenger, Bradley, MD**
Provider ID: N/A
- 39755 Murrieta Hot Springs Rd Bldg G
  Murrieta, CA 92563
  Effective as of 01-May-20

### Cardiology Disease

**Alturjuman, Ahmad, MD**
Provider ID: N/A
- 29995 Technology Dr Ste 302
C1. 网络提供者名单

专科护理医生

MURRIETA, CA 92563
Effective as of 01-JUL-22

ALTURJUMAN, AHMAD, MD†
Provider ID: N/A
29995 TECHNOLOGY DR
STE 302
MURRIETA, CA 92563
Effective as of 01-MAR-22

ALTURJUMAN, AHMAD, MD†
Provider ID: N/A
29995 TECHNOLOGY DR
STE 302
MURRIETA, CA 92563
Effective as of 01-MAR-22

ALTURJUMAN, AHMAD, MD†
Provider ID: N/A
40700 CALIFORNIA OAKS
RD STE 208
MURRIETA, CA 92562
Effective as of 01-NOV-22

AMIN, JATIN, MD†
Provider ID: N/A
39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563
Teleservice
Effective as of 01-AUG-20

ATTIA, NADER, DO†
Provider ID: N/A
39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563
Teleservice
Effective as of 01-MAY-21

ATTIA, NADER, DO†
Provider ID: N/A
39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563
Teleservice
Effective as of 01-JUL-23

BISWAS, MIMI, MD†
Provider ID: N/A
39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563
Teleservice
Effective as of 01-AUG-20

MESSENGER, BRADLEY, MD†
Provider ID: N/A
39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563
Teleservice
Effective as of 01-AUG-20

MUKHERJEE, ASHIS, MD†
Provider ID: N/A
28078 BAXTER RD STE 110
MURRIETA, CA 92563
Teleservice
Effective as of 01-JUL-23

OSHODI, GANIYU, MD
C1. 网络提供者名单
专科护理医生

Provider ID: N/A

OSHODI, GANIYU, MD‡
Provider ID: N/A
40700 CALIFORNIA OAKS RD STE 208
MURRIETA, CA 92562
Effective as of 01-JAN-21

PAREKH, NIRAJ, MD‡
Provider ID: N/A
39755 MURRIETA HOT SPRINGS RD BLDG G
MURRIETA, CA 92563
Teleservice
Effective as of 01-MAY-20

PATANKAR, KAUSTUBH, MD‡
Provider ID: N/A
39755 MURRIETA HOT SPRINGS RD BLDG G
MURRIETA, CA 92563
Teleservice
Effective as of 01-SEP-18

PAREKH, NIRAJ, MD‡
Provider ID: N/A
39755 DATE ST STE 205
MURRIETA, CA 92563
Effective as of 01-AUG-22

SCHWARZ, ERNST, MD‡
Provider ID: N/A
25470 MEDICAL CENTER DR STE 201
MURRIETA, CA 92562
Effective as of 01-FEB-20

ANDERSON, TRACEY, NP‡
Provider ID: N/A
25150 HANCOCK AVE STE 210
MURRIETA, CA 92562
Effective as of 01-FEB-20

SCHWARZ, ERNST, MD‡
Provider ID: N/A
25470 MEDICAL CENTER DR STE 201
MURRIETA, CA 92562
Effective as of 01-SEP-21

SCHWARZ, ERNST, MD‡
Provider ID: N/A
25150 HANCOCK AVE STE 210
MURRIETA, CA 92562
Effective as of 01-FEB-20

ANDERSON, TRACEY, NP‡
Provider ID: N/A
25150 HANCOCK AVE STE 210
MURRIETA, CA 92562
Effective as of 01-FEB-20
网络提供者名单
专科护理医生

210
MURRIETA, CA 92562
Effective as of 01-FEB-20

ANDERSON, TRACEY, NP
Provider ID: N/A
25150 HANCOCK AVE STE 210
MURRIETA, CA 92562
Effective as of 01-DEC-20

BARBOZA, GEORGE, NP
Provider ID: N/A
39755 MURRIETA HOT SPRINGS RD
MURRIETA, CA 92563
Effective as of 01-SEP-22

BARBOZA, GEORGE, NP
Provider ID: N/A
39755 MURRIETA HOT SPRINGS RD
MURRIETA, CA 92563
Effective as of 01-SEP-22

BEDFORD, RONALD, NP
Provider ID: N/A
25405 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-MAY-22

BEDFORD, RONALD, NP
Provider ID: N/A
25405 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-MAY-22

CAMPBELL, AMBER, NP
Provider ID: N/A
25470 MEDICAL CENTER DR STE 102
MURRIETA, CA 92562
Effective as of 01-JAN-22

CORCORAN, KIMBERLY, NP
Provider ID: N/A
24910 LAS BRISAS RD STE 105
MURRIETA, CA 92562
Effective as of 01-OCT-19

FAIQ, JAMILA, NP
Provider ID: N/A
25405 HANCOCK AVE STE 206
MURRIETA, CA 92562
Effective as of 01-NOV-22

GUTIERREZ, CRYSTAL, NP
Provider ID: N/A
25470 MEDICAL CENTER DR STE 102
MURRIETA, CA 92562
Effective as of 01-OCT-23

HARTMAN, JULIE, NPF
Provider ID: N/A
25470 MEDICAL CENTER DR STE 102
MURRIETA, CA 92562
Effective as of 01-SEP-23

HASAN, BUSHRA, NP
Provider ID: N/A
25470 MEDICAL CENTER DR STE 102
MURRIETA, CA 92562
Effective as of 01-SEP-23

DONLON, RYAN, NPF
Provider ID: N/A
24400 JACKSON AVE STE B MURRIETA, CA 92562
Effective as of 01-MAR-24

DONLON, RYAN, NPF
Provider ID: N/A
24400 JACKSON AVE STE B MURRIETA, CA 92562
Effective as of 01-MAR-24

DONLON, RYAN, NPF
Provider ID: N/A
24400 JACKSON AVE STE B MURRIETA, CA 92562
Effective as of 01-MAR-24

HUERTA, CARMEN, NP
Provider ID: N/A
C1. 网络提供者名单
专科护理医生

- 25405 HANCOCK AVE STE 200
  - MURRIETA, CA 92562
  - Effective as of 01-OCT-22

- HUERTA, CARMEN, NP
  - Provider ID: N/A
  - 25405 HANCOCK AVE STE 200
  - MURRIETA, CA 92562
  - Effective as of 01-MAY-22

- HUERTA, CARMEN, NP
  - Provider ID: N/A
  - 25405 HANCOCK AVE STE 217
  - MURRIETA, CA 92562
  - Effective as of 01-JAN-18

- KLEWEIN, CRYSTAL, NPF
  - Provider ID: N/A
  - 40770 CALIFORNIA OAKS RD STE A
  - MURRIETA, CA 92562
  - Effective as of 01-MAY-23

- KULJIAN, NANCY, NP
  - Provider ID: N/A
  - 39755 MURRIETA HOT SPRINGS RD STE E
  - MURRIETA, CA 92563
  - Effective as of 01-AUG-21

- MOONEY, PATRICIA, NP
  - Provider ID: N/A
  - 25405 HANCOCK AVE STE 206
  - MURRIETA, CA 92562
  - Effective as of 01-OCT-16

- MWAURA, WAIRIMU, NP
  - Provider ID: N/A
  - 25405 HANCOCK AVE STE 206
  - MURRIETA, CA 92562
  - Effective as of 01-NOV-19

- PIZZIFRED, TIFFINY, NP
  - Provider ID: N/A
  - 25405 HANCOCK AVE STE 200
  - MURRIETA, CA 92562
  - Effective as of 01-JUN-21

- PIZZIFRED, TIFFINY, NP
  - Provider ID: N/A
  - 25405 HANCOCK AVE STE 217
  - MURRIETA, CA 92562
  - Effective as of 01-JAN-18

- SHEIKH, SARAH, NP
  - Provider ID: N/A
  - 41670 IVY ST STE B
  - MURRIETA, CA 92562
  - Effective as of 01-JAN-23

- SHEIKH, SARAH, NP
  - Provider ID: N/A
  - 41670 IVY ST STE B
  - MURRIETA, CA 92562
  - Effective as of 01-JAN-23

- SICKELS, JENNIFER, NP
  - Provider ID: N/A
  - 24910 LAS BRISAS RD STE 105
  - MURRIETA, CA 92562
  - Effective as of 01-FEB-24

- VIERA, LIANA, NP
  - Provider ID: N/A
  - 39755 MURRIETA HOT SPRINGS RD
  - MURRIETA, CA 92563
  - Effective as of 01-JAN-22

- VIERA, LIANA, NP
  - Provider ID: N/A
  - 39755 MURRIETA HOT SPRINGS RD
  - MURRIETA, CA 92563
  - Effective as of 01-JAN-22

- WILLEY, MARTI, NP
  - Provider ID: N/A
  - 25405 HANCOCK AVE STE 206
  - MURRIETA, CA 92562
  - Teleservice
  - Effective as of 01-JUN-21

**DERMATOLOGY**

- CABRAL, ERIK, MD
  - Provider ID: N/A
  - 40663 MURRIETA HOT SPRINGS RD STE C3
  - MURRIETA, CA 92562
  - Effective as of 01-JUN-22

- FOWLER, VINCENT, MD
  - Provider ID: N/A
  - 25405 HANCOCK AVE STE 200
  - MURRIETA, CA 92562
  - Effective as of 01-FEB-24

- FOWLER, VINCENT, MD
  - Provider ID: N/A
  - 25405 HANCOCK AVE STE 200
  - MURRIETA, CA 92562
  - Effective as of 01-FEB-24

- KHERADMAND, SHIVA, DO
  - Provider ID: N/A
25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

KHERADMAND, SHIVA, DO†  
Provider ID: N/A  
25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

KHERADMAND, SHIVA, DO†  
Provider ID: N/A  
25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

KHERADMAND, SHIVA, DO†  
Provider ID: N/A  
25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

KOUPAIE, JAFAR, MD  
Provider ID: N/A  
24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

KOUPAIE, JAFAR, MD  
Provider ID: N/A  
24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

KOUPAIE, JAFAR, MD  
Provider ID: N/A  
24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

KOUPAIE, JAFAR, MD  
Provider ID: N/A  
24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

LEE, HELEN, MD†  
Provider ID: N/A  
25495 MEDICAL CENTER DR STE 200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-JAN-24

LEE, HELEN, MD†  
Provider ID: N/A  
25495 MEDICAL CENTER DR STE 200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-JAN-24

MITCHELL, JESSE, MD  
Provider ID: N/A  
24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

MITCHELL, JESSE, MD  
Provider ID: N/A  
24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

MITCHELL, JESSE, MD  
Provider ID: N/A  
24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

MITCHELL, JESSE, MD  
Provider ID: N/A  
24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

MITCHELL, JESSE, MD  
Provider ID: N/A  
24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

MITCHELL, JESSE, MD  
Provider ID: N/A  
24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

MUNYON, THOMAS, MD†  
Provider ID: N/A  
25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-JAN-24

MUNYON, THOMAS, MD†  
Provider ID: N/A  
25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-JAN-24

MUNYON, THOMAS, MD†  
Provider ID: N/A  
25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-JAN-24

MUNYON, THOMAS, MD†  
Provider ID: N/A  
25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-JAN-24
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Specialty</th>
<th>Effective Date</th>
<th>Location</th>
<th>ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSHDIEH, BABAK, MD†</td>
<td></td>
<td>01-NOV-21</td>
<td>25405 HANCOCK AVE STE 200</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MURRIETA, CA 92562</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-MAY-23</td>
<td>25405 HANCOCK AVE STE 200</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MURRIETA, CA 92562</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-JUL-23</td>
<td>25405 HANCOCK AVE STE 200</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MURRIETA, CA 92562</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-DEC-21</td>
<td>25405 HANCOCK AVE STE 200</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MURRIETA, CA 92562</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-APR-21</td>
<td>25405 HANCOCK AVE STE 200</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MURRIETA, CA 92562</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-OCT-21</td>
<td>25405 HANCOCK AVE STE 200</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MURRIETA, CA 92562</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

GASTROENTEROLOGY

ANYADIKE, CYRIL, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 302
MURRIETA, CA 92562
Effective as of 01-SEP-15

ANYADIKE, CYRIL, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 302
MURRIETA, CA 92562
Effective as of 01-FEB-18

ANYADIKE, CYRIL, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 302
MURRIETA, CA 92562
Effective as of 01-APR-17

FAN, ROBERT, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 302
MURRIETA, CA 92562
Teleservice
Effective as of 01-JUL-23

FAN, ROBERT, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 302
MURRIETA, CA 92562
Teleservice
Effective as of 01-JUL-15

FAN, ROBERT, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 302
MURRIETA, CA 92562
Teleservice
Effective as of 01-APR-17

FAN, ROBERT, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 302
MURRIETA, CA 92562
Teleservice
Effective as of 01-AUG-15

FAN, ROBERT, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 302
MURRIETA, CA 92562
Teleservice
Effective as of 01-APR-20

FLANNERY, CHRISTOPHER, MD
Provider ID: N/A
501

C1. 网络提供者名单
专科护理医生

40663 MURRIETA HOTSPRINGS RD STE C1
MURRIETA, CA 92562
Effective as of 01-APR-23

FLANNERY, CHRISTOPHER, MD
Provider ID: N/A
40663 MURRIETA HOTSPRINGS RD STE C1
MURRIETA, CA 92562
Effective as of 01-APR-23

FLANNERY, CHRISTOPHER, MD
Provider ID: N/A
28078 BAXTER RD STE 530
MURRIETA, CA 92563
Effective as of 01-APR-23

NAKKA, SREENIVASA, MD
Provider ID: N/A
25495 MEDICAL CENTER DR STE 306
MURRIETA, CA 92562
Effective as of 01-OCT-16

NAKKA, SREENIVASA, MD
Provider ID: N/A
25495 MEDICAL CENTER DR STE 306
MURRIETA, CA 92562
Effective as of 01-OCT-16

NAKKA, SREENIVASA, MD
Provider ID: N/A
25495 MEDICAL CENTER DR STE 306
MURRIETA, CA 92562
Effective as of 01-Oct-16

Provider ID: N/A
25495 MEDICAL CENTER DR STE 302
MURRIETA, CA 92562
Teleservice
Effective as of 01-APR-17

RAGHUWANSHI, NAISHADH, MD
Provider ID: N/A
25495 MEDICAL CENTER DR STE 306
MURRIETA, CA 92562
Effective as of 01-OCT-16

RAGHUWANSHI, NAISHADH, MD
Provider ID: N/A
25495 MEDICAL CENTER DR STE 306
MURRIETA, CA 92562
Effective as of 01-OCT-16

RAGHUWANSHI, NAISHADH, MD
Provider ID: N/A
25495 MEDICAL CENTER DR STE 306
MURRIETA, CA 92562
Effective as of 01-OCT-16

TEYMOORIAN, ARIAN, MD
Provider ID: N/A
40404 CALIFORNIA OAKS RD STE C
MURRIETA, CA 92562
Effective as of 01-SEP-19
C1. 网络提供者名单
专科护理医生

**GENETICS CLINICAL**

**BRAR, HARBINDER, MD**
Provider ID: N/A

- 25109 JEFFERSON AVE STE 210
  MURRIETA, CA 92562
  Effective as of 01-JUL-19

**Hematology / Oncology**

**AGAJANIAN, RICHY, MD**
Provider ID: N/A

- 25405 HANCOCK AVE STE 101
  MURRIETA, CA 92562
  Effective as of 01-JUL-23

**ANDREY, JEFFREY, MD**
Provider ID: N/A

- 25405 HANCOCK AVE STE 101
  MURRIETA, CA 92562
  Effective as of 01-JUL-23

**BASERI, BABAK, MD**
Provider ID: N/A

- 25405 HANCOCK AVE STE 101
  MURRIETA, CA 92562
  Effective as of 01-OCT-23

**BASERI, BABAK, MD**
Provider ID: N/A

- 25405 HANCOCK AVE STE 101
  MURRIETA, CA 92562
  Effective as of 01-OCT-23

**BASERI, BABAK, MD**
Provider ID: N/A

- 25405 HANCOCK AVE STE 203
  MURRIETA, CA 92562
  Effective as of 01-OCT-23

**BASERI, BABAK, MD**
Provider ID: N/A

- 25405 HANCOCK AVE STE 203
  MURRIETA, CA 92562
  Effective as of 01-OCT-23

**BELLO, OSAGIE, MD**
Provider ID: N/A

- 25405 HANCOCK AVE STE 203
  MURRIETA, CA 92562
  Effective as of 01-JUL-23

**BELLO, OSAGIE, MD**
Provider ID: N/A

- 25405 HANCOCK AVE STE 211
  MURRIETA, CA 92562
  Effective as of 01-OCT-23

**BELLO, OSAGIE, MD**
Provider ID: N/A

- 25405 HANCOCK AVE STE 211
  MURRIETA, CA 92562
  Effective as of 01-OCT-23

**MASIELLO, DAVID, MD**
Provider ID: N/A

- 25405 HANCOCK AVE STE 211
  MURRIETA, CA 92562
  Effective as of 01-OCT-23

**BELLO, OSAGIE, MD**
Provider ID: N/A

- 25405 HANCOCK AVE STE 211
  MURRIETA, CA 92562
  Effective as of 01-OCT-23

**BELLO, OSAGIE, MD**
Provider ID: N/A

- 25405 HANCOCK AVE STE 211
  MURRIETA, CA 92562
  Effective as of 01-OCT-23

**BELLO, OSAGIE, MD**
Provider ID: N/A

- 25405 HANCOCK AVE STE 211
  MURRIETA, CA 92562
  Effective as of 01-OCT-23

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOST, CAROLE, MD†</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 211 MURRIETA, CA 92562</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td>MOST, CAROLE, MD†</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 211 MURRIETA, CA 92562</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td>MOST, CAROLE, MD†</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 211 MURRIETA, CA 92562</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>RAVINDRANATHAN, MEERA, MD</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 211 MURRIETA, CA 92562</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>SARDARI, NAWID, MD</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 101 MURRIETA, CA 92562</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>SAUNDERS, PHILLIP, DO</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 101 MURRIETA, CA 92562</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td>SCHWERKOSKE, JOHN, MD</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 101 MURRIETA, CA 92562</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>SHUM, MERRILL, MD†</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 203 MURRIETA, CA 92562</td>
<td>01-JUL-23</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HARFOUCH, CHAWKI, MD†</td>
<td>N/A</td>
<td>28078 BAXTER RD STE 320</td>
<td>01-MAY-13</td>
</tr>
<tr>
<td>KIM, EMILY, MD</td>
<td>N/A</td>
<td>28078 BAXTER RD STE 320</td>
<td>01-MAY-13</td>
</tr>
<tr>
<td>LE, THUAN, MD†</td>
<td>N/A</td>
<td>28078 BAXTER RD STE 320</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>HARFOUCH, CHAWKI, MD†</td>
<td>N/A</td>
<td>28078 BAXTER RD STE 320</td>
<td>01-MAY-13</td>
</tr>
<tr>
<td>KIM, EMILY, MD</td>
<td>N/A</td>
<td>28078 BAXTER RD STE 320</td>
<td>01-MAY-13</td>
</tr>
<tr>
<td>LE, THUAN, MD†</td>
<td>N/A</td>
<td>28078 BAXTER RD STE 320</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>INTERNAL MEDICINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASERI, BABAK, MD†</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 203</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>HADDADIN, HASSAN, MD†</td>
<td>N/A</td>
<td>28078 BAXTER RD STE 324</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>HADDADIN, HASSAN, MD†</td>
<td>N/A</td>
<td>28078 BAXTER RD STE 324</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>INTENSIVE CARE MEDICINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRITICAL CARE MEDICINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PATHEL, SAGAR, MD†</td>
<td>N/A</td>
<td>25500 MEDICAL CENTER DR</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>INTERVENTIONAL CARDIOLOGY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AL KHIAMI, BELAL, MD†</td>
<td>N/A</td>
<td>28062 BAXTER RD</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>AMIN, JATIN, MD†</td>
<td>N/A</td>
<td>39755 MURRIETA HOT SPRINGS RD</td>
<td>01-JAN-19</td>
</tr>
</tbody>
</table>
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

MURRIETA, CA 92562
Effective as of 01-DEC-22

UDDIN, MOHAMMAD, MD†
Provider ID: N/A
24910 LAS BRISAS RD STE 108
MURRIETA, CA 92562
Effective as of 01-JUL-20

UDDIN, MOHAMMAD, MD†
Provider ID: N/A
24910 LAS BRISAS RD STE 108
MURRIETA, CA 92562
Effective as of 01-JUL-20

UDDIN, MOHAMMAD, MD†
Provider ID: N/A
24910 LAS BRISAS RD STE 108
MURRIETA, CA 92562
Effective as of 01-JUL-20

UDDIN, MOHAMMAD, MD†
Provider ID: N/A
24910 LAS BRISAS RD STE 108
MURRIETA, CA 92562
Effective as of 01-JUL-20

UDDIN, MOHAMMAD, MD†
Provider ID: N/A
24910 LAS BRISAS RD STE 108
MURRIETA, CA 92562
Effective as of 01-JUL-20

UDDIN, MOHAMMAD, MD†
Provider ID: N/A
24910 LAS BRISAS RD STE 108
MURRIETA, CA 92562
Effective as of 01-JUL-20

UDDIN, MOHAMMAD, MD†
Provider ID: N/A
24910 LAS BRISAS RD STE 108
MURRIETA, CA 92562
Effective as of 01-JUL-20

NEUROLOGY CHILD

NUNE, SUNITHA, MD†
Provider ID: N/A
39755 DATE ST STE 101
MURRIETA, CA 92563
Effective as of 01-APR-21

OBSTETRICS / GYNECOLOGY

ANDERSEN, MICHAEL, MD†
Provider ID: N/A
24619 WASHINGTON AVE STE 104
MURRIETA, CA 92562
Effective as of 01-JAN-21

BINDER, PRATIBHA, MD†
Provider ID: N/A
25405 HANCOCK AVE STE 217
MURRIETA, CA 92562
Effective as of 01-JUL-21

BRAR, HARBINDER, MD†
Provider ID: N/A
25109 JEFFERSON AVE STE 210
MURRIETA, CA 92562
Effective as of 01-SEP-23

BRAR, HARBINDER, MD†
Provider ID: N/A
25109 JEFFERSON AVE STE 210
MURRIETA, CA 92562
Effective as of 01-JUL-20

BRAR, HARBINDER, MD†
Provider ID: N/A
25109 JEFFERSON AVE STE 210
MURRIETA, CA 92562
Effective as of 01-SEP-23

BRAR, HARBINDER, MD†
Provider ID: N/A
25109 JEFFERSON AVE STE 210
MURRIETA, CA 92562
Effective as of 01-JUL-20

BRAR, HARBINDER, MD†
Provider ID: N/A
25109 JEFFERSON AVE STE 210
MURRIETA, CA 92562
Effective as of 01-JUL-20

CHIODI, MARTINA, MD†
Provider ID: N/A
24910 LAS BRISAS RD STE 113
MURRIETA, CA 92562
Effective as of 01-MAR-20

DIMMETTE, PATTIE, MD
Provider ID: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELFELT, TIMOTHY, MD²</td>
<td>25405 HANCOCK AVE STE 203</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>HAYTON, TAMMY, MD²</td>
<td>25460 MEDICAL CENTER DR STE 100</td>
<td>01-AUG-10</td>
</tr>
<tr>
<td>LOCASCIO, ELIZABETH, DO²</td>
<td>25460 MEDICAL CENTER DR STE 100</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>JONES, KENDRA, MD²</td>
<td>25460 MEDICAL CENTER DR STE 100</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>NEAL, JAMES, MD²</td>
<td>25495 MEDICAL CENTER DR STE 204</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>SHEHATA, HANNAH LOUISE, MD²</td>
<td>25395 HANCOCK AVE STE 210</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>THOMSON, EMILY, DO</td>
<td>25460 MEDICAL CENTER DR 100</td>
<td>01-FEB-18</td>
</tr>
<tr>
<td>THOMSON, EMILY, DO</td>
<td>25460 MEDICAL CENTER DR 100</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>TODD, CHRISTINE, MD²</td>
<td>25495 MEDICAL CENTER DR STE 300</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>TRAN, THERESA, DO</td>
<td>24910 LAS BRISAS RD STE 113</td>
<td>01-MAR-20</td>
</tr>
<tr>
<td>YANG, CHARLES, MD²</td>
<td>25495 MEDICAL CENTER DR STE 300</td>
<td>01-JUL-23</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
25460 MEDICAL CENTER DR STE 100
MURRIETA, CA 92562
Teleservice
Effective as of 01-AUG-10

YANG, CHARLES, MD†
Provider ID: N/A
25460 MEDICAL CENTER DR STE 100
MURRIETA, CA 92562
Teleservice
Effective as of 01-SEP-22

OCCUPATIONAL THERAPIST

BAST, SIDNEY, OT†
Provider ID: N/A
24671 MONROE AVE STE 101
MURRIETA, CA 92562
Effective as of 01-OCT-19

BAST, SIDNEY, OT†
Provider ID: N/A
24671 MONROE AVE STE 101
MURRIETA, CA 92562
Effective as of 01-OCT-19

CATIPON, GABRIELLE, OT
Provider ID: N/A
24671 MONROE AVE STE C101
MURRIETA, CA 92562
Effective as of 01-MAY-23

CATIPON, GABRIELLE, OT
Provider ID: N/A
24671 MONROE AVE STE C101
MURRIETA, CA 92562
Effective as of 01-MAY-23

DIMEGLIO, PAUL, OT†
Provider ID: N/A
24671 MONROE AVE STE 101
MURRIETA, CA 92562
Effective as of 01-FEB-21

DIMEGLIO, PAUL, OT†
Provider ID: N/A
24671 MONROE AVE STE 101
MURRIETA, CA 92562
Effective as of 01-FEB-21

STOTLER, APRIL, OT
Provider ID: N/A
24671 MONROE AVE STE C201
MURRIETA, CA 92562
Effective as of 01-JAN-24

STOTLER, APRIL, OT
Provider ID: N/A
24671 MONROE AVE STE C201
MURRIETA, CA 92562
Effective as of 01-JAN-24

ZECHACH, RICHARD, OT†
Provider ID: N/A
24671 MONROE AVE STE 101 BLDG C
MURRIETA, CA 92562
Effective as of 01-JAN-21

ZECHACH, RICHARD, OT†
Provider ID: N/A
24671 MONROE AVE STE 101 BLDG C
MURRIETA, CA 92562
Effective as of 01-JAN-21

OPHTHALMOLOGY

ABBOUD, JEAN-PAUL, MD†
Provider ID: N/A
40700 CALIFORNIA OAKS RD STE 106
MURRIETA, CA 92562
Effective as of 01-MAR-18

CARLSON, JOHN, MD†
Provider ID: N/A
25395 HANCOCK AVE STE 100
MURRIETA, CA 92562
Effective as of 01-FEB-21

CARLSON, JOHN, MD†
Provider ID: N/A
25395 HANCOCK AVE STE 100
MURRIETA, CA 92562
Effective as of 01-FEB-21

CHAWLA, ANUJ, MD†
Provider ID: N/A
40690 CALIFORNIA OAKS RD STE B
MURRIETA, CA 92562
Effective as of 01-JUL-23

CHIN, ERIC, MD†
Provider ID: N/A
25395 HANCOCK AVE STE 100
MURRIETA, CA 92562
Effective as of 01-FEB-21

CHIN, ERIC, MD†
Provider ID: N/A
25395 HANCOCK AVE STE 100
MURRIETA, CA 92562
Effective as of 01-FEB-21

CHIN, ERIC, MD†
Provider ID: N/A
25395 HANCOCK AVE STE 100
MURRIETA, CA 92562
Effective as of 01-FEB-21
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>25395 HANCOCK AVE STE 100</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>N/A</td>
<td>40690 CALIFORNIA OAKS RD STE B</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td>N/A</td>
<td>40690 CALIFORNIA OAKS RD STE B</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td>N/A</td>
<td>40690 CALIFORNIA OAKS RD STE B</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td>N/A</td>
<td>40690 CALIFORNIA OAKS RD STE B</td>
<td>01-MAY-21</td>
</tr>
<tr>
<td>N/A</td>
<td>40690 CALIFORNIA OAKS RD STE B</td>
<td>01-MAY-21</td>
</tr>
<tr>
<td>N/A</td>
<td>40690 CALIFORNIA OAKS RD STE B</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>N/A</td>
<td>40690 CALIFORNIA OAKS RD STE B</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>N/A</td>
<td>40690 CALIFORNIA OAKS RD STE B</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>N/A</td>
<td>40690 CALIFORNIA OAKS RD STE B</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>N/A</td>
<td>40690 CALIFORNIA OAKS RD STE B</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>N/A</td>
<td>40690 CALIFORNIA OAKS RD STE B</td>
<td>01-DEC-22</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>官方编号</th>
<th>地址</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>JOHNSON, ROGER, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-FEB-22</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-MAY-17</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-OCT-17</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-AUG-19</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-AUG-18</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-MAY-17</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
</tbody>
</table>

*网络提供者名单*：网络提供者名单

专科护理医生

<table>
<thead>
<tr>
<th>官方编号</th>
<th>地址</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>JOHNSON, ROGER, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-MAY-17</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-MAY-17</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-OCT-09</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-OCT-17</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
</tbody>
</table>

*网络提供者名单*：网络提供者名单

专科护理医生

<table>
<thead>
<tr>
<th>官方编号</th>
<th>地址</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>JOHNSON, ROGER, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-MAY-17</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-MAY-17</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-OCT-09</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25395 HANCOCK AVE STE 100 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>PHILLIPS, BARRATT, MD</td>
<td>25460 MEDICAL CENTER DR STE 103 MURRIETA, CA 92562</td>
<td>01-JAN-22</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单  
专科护理医生

100  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

PHILLIPS, BARRATT, MD†  
Provider ID: N/A  
25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

PHILLIPS, BARRATT, MD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-18

SORENSON, ROBERT, MD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

SORENSON, ROBERT, MD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

VIDOR, IRA, MD†  
Provider ID: N/A  
40700 CALIFORNIA OAKS  
RD  
MURRIETA, CA 92562  
Effective as of 01-JUL-19

OPTOMETRIST

ARCHIBALD, JOHN, OD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

ARCHIBALD, JOHN, OD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

ARCHIBALD, JOHN, OD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-DEC-23

ARCHIBALD, JOHN, OD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-DEC-23

COLEMAN, BROOKE, OD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

COOPER, MICHAEL, OD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

COOPER, MICHAEL, OD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-FEB-22

MC DIARMID, JOHN, OD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JAN-11

MC DIARMID, JOHN, OD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-18

EVANS, RYAN, OD  
Provider ID: N/A  
40700 CALIFORNIA OAKS  
RD STE 106  
MURRIETA, CA 92562  
Effective as of 01-APR-14

LARSON, BRETT, OD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-FEB-22

LARSON, BRETT, OD†  
Provider ID: N/A  
25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

LARSON, BRETT, OD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

LARSON, BRETT, OD†  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JUL-19

To access a listing of mental health providers online, visit blueshieldca.com/fad.
## C1. 网络提供者名单
### 专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FORRESTER, MICHAEL, MD†</strong></td>
<td>N/A</td>
<td>25150 HANCOCK AVE STE 204</td>
<td>MURRIETA</td>
<td>CA</td>
<td>92562</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>SCOTT, JEFFREY, OD†</strong></td>
<td>N/A</td>
<td>40690 CALIFORNIA OAKS RD STE B</td>
<td>MURRIETA</td>
<td>CA</td>
<td>92562</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td><strong>SCOTT, JEFFREY, OD†</strong></td>
<td>N/A</td>
<td>40690 CALIFORNIA OAKS RD STE B</td>
<td>MURRIETA</td>
<td>CA</td>
<td>92562</td>
<td>01-JUN-05</td>
</tr>
<tr>
<td><strong>ROBERTS, TODD, DO</strong></td>
<td>N/A</td>
<td>25150 HANCOCK AVE STE 204</td>
<td>MURRIETA</td>
<td>CA</td>
<td>92562</td>
<td>01-DEC-15</td>
</tr>
<tr>
<td><strong>ABDOU, RAMI, MD†</strong></td>
<td>N/A</td>
<td>39755 DATE ST STE 105</td>
<td>MURRIETA</td>
<td>CA</td>
<td>92563</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>ABDOU, RAMI, MD†</strong></td>
<td>N/A</td>
<td>39755 DATE ST STE 105</td>
<td>MURRIETA</td>
<td>CA</td>
<td>92563</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td><strong>BANTHIA, VISHAL, MD†</strong></td>
<td>N/A</td>
<td>39755 DATE ST STE 105</td>
<td>MURRIETA</td>
<td>CA</td>
<td>92563</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>DATE, AMIT, MD</strong></td>
<td>N/A</td>
<td>39755 DATE ST STE 105-106</td>
<td>MURRIETA</td>
<td>CA</td>
<td>92563</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>ROBERTS, BENJAMIN, DO</strong></td>
<td>N/A</td>
<td>25150 HANCOCK AVE STE 204</td>
<td>MURRIETA</td>
<td>CA</td>
<td>92562</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>TIAN, QING, MD†</strong></td>
<td>N/A</td>
<td>39755 DATE ST STE 105-106</td>
<td>MURRIETA</td>
<td>CA</td>
<td>92563</td>
<td>01-JUL-23</td>
</tr>
</tbody>
</table>

*Forrester, Michael, MD†*

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>LANCASTER, MICHELLE, PA²</td>
<td>N/A</td>
<td>25150 HANCOCK AVE STE 210 MURRIETA, CA 92562</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>LEE, WILLIAM, PA²</td>
<td>N/A</td>
<td>40663 MURRIETA HOT SPRINGS RD STE C3 MURRIETA, CA 92562</td>
<td>01-APR-21</td>
</tr>
<tr>
<td>LEE, WILLIAM, PA²</td>
<td>N/A</td>
<td>40663 MURRIETA HOT SPRINGS RD STE C3 MURRIETA, CA 92562</td>
<td>01-APR-21</td>
</tr>
<tr>
<td>LIN, RAY, PA²</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 217 MURRIETA, CA 92562</td>
<td>01-AUG-17</td>
</tr>
<tr>
<td>LIN, RAY, PA²</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 217 MURRIETA, CA 92562</td>
<td>01-AUG-17</td>
</tr>
<tr>
<td>LUCATERO, JENNIFER, PA²</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 217 MURRIETA, CA 92562</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>LUCATERO, JENNIFER, PA²</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 217 MURRIETA, CA 92562</td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>LUCATERO, JENNIFER, PA²</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 217 MURRIETA, CA 92562</td>
<td>01-NOV-18</td>
</tr>
<tr>
<td>LUCATERO, JENNIFER, PA²</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 217 MURRIETA, CA 92562</td>
<td>01-NOV-18</td>
</tr>
<tr>
<td>NEALEIGH, NATALIE, PA²</td>
<td>N/A</td>
<td>25495 MEDICAL CENTER DR STE 204 MURRIETA, CA 92562</td>
<td>01-JAN-17</td>
</tr>
<tr>
<td>NEALEIGH, NATALIE, PA²</td>
<td>N/A</td>
<td>25495 MEDICAL CENTER DR STE 204 MURRIETA, CA 92562</td>
<td>01-JAN-17</td>
</tr>
<tr>
<td>QUEROL, CYRUS, PA</td>
<td>N/A</td>
<td>28078 BAXTER RD STE 312 MURRIETA, CA 92563</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>QUEROL, CYRUS, PA</td>
<td>N/A</td>
<td>28078 BAXTER RD STE 312 MURRIETA, CA 92563</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>QUISMORIO, DEMETRIO, PA²</td>
<td>N/A</td>
<td>28078 BAXTER RD STE 330 MURRIETA, CA 92563</td>
<td>01-DEC-16</td>
</tr>
<tr>
<td>QUISMORIO, DEMETRIO, PA²</td>
<td>N/A</td>
<td>28078 BAXTER RD STE 330 MURRIETA, CA 92563</td>
<td>01-DEC-16</td>
</tr>
<tr>
<td>QUISMORIO, DEMETRIO, PA²</td>
<td>N/A</td>
<td>28078 BAXTER RD STE 330 MURRIETA, CA 92563</td>
<td>01-NOV-20</td>
</tr>
<tr>
<td>QUISMORIO, DEMETRIO, PA²</td>
<td>N/A</td>
<td>28078 BAXTER RD STE 330 MURRIETA, CA 92563</td>
<td>01-NOV-20</td>
</tr>
<tr>
<td>RUIZ-FLORES, ROSE, PA</td>
<td>N/A</td>
<td>24703 MONROE AVE MURRIETA, CA 92562</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>RUIZ-FLORES, ROSE, PA</td>
<td>N/A</td>
<td>24703 MONROE AVE MURRIETA, CA 92562</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>ST JULES, JESSICA, PA²</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 217 MURRIETA, CA 92562</td>
<td>01-NOV-18</td>
</tr>
<tr>
<td>ST JULES, JESSICA, PA²</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 217 MURRIETA, CA 92562</td>
<td>01-NOV-18</td>
</tr>
<tr>
<td>ST JULES, JESSICA, PA²</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 217 MURRIETA, CA 92562</td>
<td>01-NOV-18</td>
</tr>
<tr>
<td>ST JULES, JESSICA, PA²</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 217 MURRIETA, CA 92562</td>
<td>01-NOV-18</td>
</tr>
<tr>
<td>VALENTA, CAYLIE, PA²</td>
<td>N/A</td>
<td>40700 CALIFORNIA OAKS RD STE 208 MURRIETA, CA 92562</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>VALENTA, CAYLIE, PA²</td>
<td>N/A</td>
<td>40700 CALIFORNIA OAKS RD STE 208 MURRIETA, CA 92562</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>WOOLEY, LAURA, PA²</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 217 MURRIETA, CA 92562</td>
<td>01-NOV-18</td>
</tr>
<tr>
<td>WOOLEY, LAURA, PA²</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 217 MURRIETA, CA 92562</td>
<td>01-NOV-18</td>
</tr>
</tbody>
</table>
PODIATRIST

EVANS, RICHARD, DPM
Provider ID: N/A
39755 MURRIETA HOT SPRINGS RD STE D130
MURRIETA, CA 92563
Effective as of 01-MAR-15

EVANS, RICHARD, DPM
Provider ID: N/A
39755 MURRIETA HOT SPRINGS RD STE D130
MURRIETA, CA 92563
Effective as of 01-APR-24

EVANS, RICHARD, DPM
Provider ID: N/A
39755 MURRIETA HOT SPRINGS RD STE D130
MURRIETA, CA 92563
Effective as of 01-APR-06

NGUYEN, THO, DPM†
Provider ID: N/A
24640 JEFFERSON AVE STE 109
MURRIETA, CA 92562
Effective as of 01-AUG-16

NGUYEN, THO, DPM†
Provider ID: N/A
24640 JEFFERSON AVE STE 109
MURRIETA, CA 92562
Effective as of 01-SEP-16

SCOTT, SUSAN, DPM†
Provider ID: N/A
24640 JEFFERSON AVE STE 109
MURRIETA, CA 92562
Effective as of 01-DEC-17

TRANSFIGURACION SHIN, CHRISTIANNE, DPM†
Provider ID: N/A
24640 JEFFERSON AVE STE 109
MURRIETA, CA 92562
Effective as of 01-SEP-22

PULMONARY DISEASES

HADDADIN, HASSAN, MD†
Provider ID: N/A
28078 BAXTER RD STE 324
MURRIETA, CA 92563
C1. Network Provider List

Effective as of 01-JUL-22

HADDADIN, HASSAN, MD†
Provider ID: N/A
28078 BAXTER RD STE 324
MURRIETA, CA 92563
Effective as of 01-APR-22

HADDADIN, HASSAN, MD†
Provider ID: N/A
28078 BAXTER RD STE 324
MURRIETA, CA 92563
Effective as of 01-APR-22

HENDRICKS, DELMER, MD
Provider ID: N/A
39755 DATE ST STE 101
MURRIETA, CA 92563
Effective as of 01-SEP-09

KUMAR, AVNEE, MD
Provider ID: N/A
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Effective as of 01-AUG-21

SIEN, STEFAN, DO†
Provider ID: N/A
28078 BAXTER RD STE 324
MURRIETA, CA 92563
Effective as of 01-FEB-15

HADDADIN, HASSAN, MD†
Provider ID: N/A
28078 BAXTER RD STE 324
MURRIETA, CA 92563
Effective as of 01-APR-22

SURI, RAJAT, MD†
Provider ID: N/A
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Effective as of 01-AUG-22

VEGA, RICARDO, MD†
Provider ID: N/A
28078 BAXTER RD STE 324
MURRIETA, CA 92563
Effective as of 01-AUG-22

VEGA, RICARDO, MD†
Provider ID: N/A
28078 BAXTER RD STE 324
MURRIETA, CA 92563
Effective as of 01-AUG-22

VEGA, RICARDO, MD†
Provider ID: N/A
28078 BAXTER RD STE 324
MURRIETA, CA 92563
Effective as of 01-AUG-22

REGISTERED DIETITIAN / NUTRITIONIST

BLUCHER, CHERI, RD
Provider ID: N/A
29970 TECHNOLOGY DR STE 105D
MURRIETA, CA 92563
Effective as of 01-JUL-22

PATEL, NIKHIL, MD†
Provider ID: N/A
25485 MEDICAL CENTER DR STE 106
MURRIETA, CA 92562
Effective as of 01-AUG-22

PATEL, NIKHIL, MD†
Provider ID: N/A
25485 MEDICAL CENTER DR STE 106
MURRIETA, CA 92562
Effective as of 01-DEC-22

PATEL, NIKHIL, MD†
Provider ID: N/A
25485 MEDICAL CENTER DR STE 106
MURRIETA, CA 92562
Effective as of 01-JAN-24

BRENDECE, LORIE, RDN
Provider ID: N/A
29970 TECHNOLOGY DR STE 105D
MURRIETA, CA 92563
Effective as of 01-AUG-22

BRENDECE, LORIE, RDN
Provider ID: N/A
29970 TECHNOLOGY DR
MURRIETA, CA 92563
Effective as of 01-JUL-22
### C1. 网络提供者名单
#### 专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATKINS, AARON, PT</strong></td>
<td>N/A</td>
<td>24671 MONROE AVE STE C-201</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>ATKINS, AARON, PT</strong></td>
<td>N/A</td>
<td>24671 MONROE AVE STE C-201</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>ATKINS, WILLIAM, PT</strong></td>
<td>N/A</td>
<td>25136 HANCOCK AVE STE A</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>ATKINS, AARON, PT</strong></td>
<td>N/A</td>
<td>25136 HANCOCK AVE STE A</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>ATKINS, AARON, PT</strong></td>
<td>N/A</td>
<td>25136 HANCOCK AVE STE A</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>ATKINS, WILLIAM, PT</strong></td>
<td>N/A</td>
<td>25495 MEDICAL CENTER DR STE 304</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>ATKINS, AARON, PT</strong></td>
<td>N/A</td>
<td>25495 MEDICAL CENTER DR STE 304</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>ATKINS, AARON, PT</strong></td>
<td>N/A</td>
<td>25495 MEDICAL CENTER DR STE 304</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>ATKINS, WILLIAM, PT</strong></td>
<td>N/A</td>
<td>25495 MEDICAL CENTER DR STE 304</td>
<td>01-JUL-23</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Provider</th>
<th>ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATKINS, CHEYENNE, PT†</td>
<td>N/A</td>
<td>25495 MEDICAL CENTER DR STE 304 MURRIETA, CA 92562</td>
<td>Effective as of 01-NOV-18</td>
</tr>
<tr>
<td>ATKINS, AARON, PT†</td>
<td>N/A</td>
<td>25495 MEDICAL CENTER DR STE 304 MURRIETA, CA 92562</td>
<td>Effective as of 01-NOV-18</td>
</tr>
<tr>
<td>ATKINS, AARON, PT</td>
<td>N/A</td>
<td>24630 WASHINGTON AVE STE 201 MURRIETA, CA 92562</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>ATKINS, AARON, PT†</td>
<td>N/A</td>
<td>25495 MEDICAL CENTER DR STE 304 MURRIETA, CA 92562</td>
<td>Effective as of 01-NOV-18</td>
</tr>
<tr>
<td>BARI, MONICA, PT</td>
<td>N/A</td>
<td>24671 MONROE AVE BLDG C201 MURRIETA, CA 92562</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>KESEL, KELSEY, PT</td>
<td>N/A</td>
<td>24671 MONROE AVE BLDG C101 MURRIETA, CA 92562</td>
<td>Effective as of 01-MAR-24</td>
</tr>
<tr>
<td>SABIN, SCOTT, PT†</td>
<td>N/A</td>
<td>24671 MONROE AVE BLDG C101 MURRIETA, CA 92562</td>
<td>Effective as of 01-MAY-22</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### RHEUMATOLOGY

**FREYNE, BRIDG, MD**
Provider ID: N/A
- 39755 MURRIETA HOT SPRINGS RD
  MURRIETA, CA 92563
  Effective as of 01-MAY-14

### SPEECH PATHOLOGIST

**PEDERSEN, ERICA, SP**
Provider ID: N/A
- 39755 MURRIETA HOT SPRINGS RD
  MURRIETA, CA 92563
  Effective as of 01-MAY-23

### SURGERY COLON SURGERY

**MOORE, PATRICK, MD**
Provider ID: N/A
- 25405 HANCOCK AVE STE 217
  MURRIETA, CA 92562
  Effective as of 01-JUL-23

**MOORE, PATRICK, MD**
Provider ID: N/A
- 25405 HANCOCK AVE STE 217
  MURRIETA, CA 92562
  Effective as of 01-JUL-23

### SURGERY GENERAL

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BATRA, MUNISH, MD**
Provider ID: N/A
- 25495 MEDICAL CENTER DR STE 303
  MURRIETA, CA 92562
  Effective as of 01-SEP-17

**BIANCHI, CHRISTIAN, MD**
Provider ID: N/A
- 41670 IVY ST STE B
  MURRIETA, CA 92562
  Effective as of 01-JAN-24

**BIANCHI, CHRISTIAN, MD**
Provider ID: N/A
- 41670 IVY ST STE B
  MURRIETA, CA 92562
  Effective as of 01-JAN-24

**BIANCHI, CHRISTIAN, MD**
Provider ID: N/A
- 41670 IVY ST STE B
  MURRIETA, CA 92562
  Effective as of 01-JAN-24
## C1. 网络提供者名单
### 专科护理医生

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIN, MICHAEL, MD†</td>
<td>N/A</td>
<td>41670 IVY ST STE B</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>DADA, STEPHEN, MD†</td>
<td>N/A</td>
<td>25470 MEDICAL CENTER DR STE 203</td>
<td>01-MAY-14</td>
</tr>
<tr>
<td>CROSS, MICHAEL, MD†</td>
<td>N/A</td>
<td>25470 MEDICAL CENTER DR STE 203</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>DADA, FESTUS, MD†</td>
<td>N/A</td>
<td>25470 MEDICAL CENTER DR STE 203</td>
<td>01-JUL-17</td>
</tr>
<tr>
<td>IGWE, DANIEL, MD†</td>
<td>N/A</td>
<td>25470 MEDICAL CENTER DR STE 203</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>MEHTA, PRATIK, MD†</td>
<td>N/A</td>
<td>41670 IVY ST STE B</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>POLLACK, JAMES, MD†</td>
<td>N/A</td>
<td>41670 IVY ST STE B</td>
<td>01-MAY-14</td>
</tr>
<tr>
<td>POLLACK, JAMES, MD†</td>
<td>N/A</td>
<td>41670 IVY ST STE B</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>POLLACK, JAMES, MD†</td>
<td>N/A</td>
<td>41670 IVY ST STE B</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>POLLACK, JAMES, MD†</td>
<td>N/A</td>
<td>25470 MEDICAL CENTER DR STE 203</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>POLLACK, JAMES, MD†</td>
<td>N/A</td>
<td>41670 IVY ST STE B</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>SAMIMI, KIAN, MD</td>
<td>N/A</td>
<td>25405 HANCOCK AVE STE 520</td>
<td>01-FEB-23</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

217
MURRIETA, CA 92562
Effective as of 01-APR-23

SUH, DAVID, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 303
MURRIETA, CA 92562
Effective as of 01-DEC-12

SUH, DAVID, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 303
MURRIETA, CA 92562
Effective as of 01-DEC-12

TRAN, MICHAEL, MD
Provider ID: N/A
41670 IVY ST STE B
MURRIETA, CA 92562
Effective as of 01-JUN-23

TRAN, MICHAEL, MD
Provider ID: N/A
41670 IVY ST STE B
MURRIETA, CA 92562
Effective as of 01-JUN-23

VEGA, FRANCISCO, MD
Provider ID: N/A
41670 IVY ST STE B
MURRIETA, CA 92562
Effective as of 01-JUN-23

KUPFER, DAVID, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 303
MURRIETA, CA 92562
Effective as of 01-SEP-09

WANG, SHIN-CHERN, MD
Provider ID: N/A
41670 IVY ST STE B
MURRIETA, CA 92562
Effective as of 01-MAR-23

WANG, SHIN-CHERN, MD
Provider ID: N/A
41670 IVY ST STE B
MURRIETA, CA 92562
Effective as of 01-FEB-23

ABSHIRE, BRET, MD†
Provider ID: N/A
25150 HANCOCK AVE STE 210
MURRIETA, CA 92562
Effective as of 01-SEP-17

ABSHIRE, BRET, MD†
Provider ID: N/A
25150 HANCOCK AVE STE 210
MURRIETA, CA 92562
Effective as of 01-SEP-17

ABSHIRE, BRET, MD†
Provider ID: N/A
25150 HANCOCK AVE STE 210
MURRIETA, CA 92562
Effective as of 01-SEP-17

ABSHIRE, BRET, MD†
Provider ID: N/A
25150 HANCOCK AVE STE 210
MURRIETA, CA 92562
Effective as of 01-SEP-17

ABSHIRE, BRET, MD†
Provider ID: N/A
25150 HANCOCK AVE STE 210
MURRIETA, CA 92562
Effective as of 01-MAR-17

ABSHIRE, BRET, MD†
Provider ID: N/A
25150 HANCOCK AVE STE 210
MURRIETA, CA 92562
Effective as of 01-MAR-17

ABSHIRE, BRET, MD†
Provider ID: N/A
25150 HANCOCK AVE STE 210
MURRIETA, CA 92562
Effective as of 01-MAR-17

ABSHIRE, BRET, MD†
Provider ID: N/A
25150 HANCOCK AVE STE 210
MURRIETA, CA 92562
Effective as of 01-MAR-17

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

**Network Provider List**

**Gastroenterology**

**ABSHIRE, BRET, MD†**
Provider ID: N/A
25150 HANCOCK AVE STE 210
MURRIETA, CA 92562
Effective as of 01-FEB-19

**FRIEDLICH, DANIEL, MD†**
Provider ID: N/A
25150 HANCOCK AVE STE 210
MURRIETA, CA 92562
Effective as of 01-FEB-18

**CHENG, WAYNE, MD†**
Provider ID: N/A
28078 BAXTER RD STE 340
MURRIETA, CA 92563
Effective as of 01-JUL-21

**CHENG, WAYNE, MD†**
Provider ID: N/A
28078 BAXTER RD STE 340
MURRIETA, CA 92563
Effective as of 01-JUL-21

**ERWTEMAN, ANDREW, MD†**
Provider ID: N/A
25150 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-MAR-22

**ERWTEMAN, ANDREW, MD†**
Provider ID: N/A
25150 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-MAR-22
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
521 E ELDER STREET
SUITE 202
MURRIETA, CA 92562
Effective as of 01-AUG-20
GARGULINSKI, MATTHEW, DO
Provider ID: N/A
25150 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-AUG-22
GARGULINSKI, MATTHEW, DO
Provider ID: N/A
25150 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-AUG-23
GARGULINSKI, MATTHEW, DO
Provider ID: N/A
25150 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-AUG-22
GARYOUMI, POURIYA, MD
Provider ID: N/A
25395 HANCOCK AVE STE 240
MURRIETA, CA 92562
Effective as of 01-AUG-22
GARYOUMI, POURIYA, MD
Provider ID: N/A
25395 HANCOCK AVE STE 240
MURRIETA, CA 92562
Effective as of 01-DEC-23
GARYOUMI, POURIYA, MD
Provider ID: N/A
25395 HANCOCK AVE STE 250
MURRIETA, CA 92562
Effective as of 01-AUG-22
JERCINOVIČ, IGOR, MD
Provider ID: N/A
25150 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-OCT-20
JERCINOVIČ, IGOR, MD
Provider ID: N/A
25150 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-DEC-22
JERCINOVIČ, IGOR, MD
Provider ID: N/A
25150 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-NOV-21
JERCINOVIČ, IGOR, MD
Provider ID: N/A
25150 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-APR-07
KIMBALL, JEFF, MD
Provider ID: N/A
28078 BAXTER RD STE 330
MURRIETA, CA 92563
Effective as of 01-DEC-23
KIMBALL, JEFF, MD
Provider ID: N/A
28078 BAXTER RD STE 330
MURRIETA, CA 92563
Effective as of 01-NOV-23
LOCKE, JOHN, MD
Provider ID: N/A
28078 BAXTER RD STE 340
MURRIETA, CA 92563
Effective as of 01-AUG-22
LOCKE, JOHN, MD
Provider ID: N/A
28078 BAXTER RD STE 330
MURRIETA, CA 92563
Effective as of 01-AUG-22
LUNA, MARIO, MD
Provider ID: N/A
25495 MEDICAL CENTER DR STE 101
MURRIETA, CA 92562
Effective as of 01-AUG-20
LUNA, MARIO, MD
Provider ID: N/A
39755 DATE ST STE 104
MURRIETA, CA 92563
Effective as of 01-MAR-23
ODA, NINOS, MD
Provider ID: N/A
25395 HANCOCK AVE STE 240
MURRIETA, CA 92562
Effective as of 01-MAY-23
ODA, NINOS, MD

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Provider ID: N/A
25395 HANCOCK AVE STE 250
MURRIETA, CA 92562
Effective as of 01-MAY-23

SAADAT, ARDAVAN, MD
Provider ID: N/A
25395 HANCOCK AVE STE 250
MURRIETA, CA 92562
Effective as of 01-NOV-21

SAADAT, ARDAVAN, MD
Provider ID: N/A
25395 HANCOCK AVE STE 240
MURRIETA, CA 92562
Effective as of 01-NOV-21

SAEGH, ELI, MD
Provider ID: N/A
28078 BAXTER RD STE 340
MURRIETA, CA 92563
Effective as of 01-DEC-22

TOOMA, GHASSAN, MD
Provider ID: N/A
28078 BAXTER RD STE 330
MURRIETA, CA 92563
Effective as of 01-APR-03

TOOMA, GHASSAN, MD
Provider ID: N/A
28078 BAXTER RD STE 340
MURRIETA, CA 92563
Effective as of 01-DEC-22

TOOMA, GHASSAN, MD
Provider ID: N/A
28078 BAXTER RD STE 330
MURRIETA, CA 92563
Effective as of 01-DEC-22

SURGERY PLASTIC

BATRA, MUNISH, MD
Provider ID: N/A
25495 MEDICAL CENTER DR STE 303
MURRIETA, CA 92562
Effective as of 01-JUL-23

KUPFER, DAVID, MD
Provider ID: N/A
25495 MEDICAL CENTER DR STE 303
MURRIETA, CA 92562
Effective as of 01-SEP-09

NEWMAN, DAVID, MD
Provider ID: N/A
25150 HANCOCK AVE STE 110
MURRIETA, CA 92562
Effective as of 01-SEP-13

NEWMAN, DAVID, MD
Provider ID: N/A
25150 HANCOCK AVE STE 110
MURRIETA, CA 92562
Effective as of 01-JAN-06

SURGERY THORACIC

KOUmjIAN, MICHAEL, MD
Provider ID: N/A
28078 BAXTER RD STE 510
MURRIETA, CA 92563
Effective as of 01-JUN-21

VO, QUANG, MD
Provider ID: N/A
25470 MEDICAL CENTER DR STE 203
MURRIETA, CA 92562
Effective as of 01-JUL-23

VO, QUANG, MD
Provider ID: N/A
25470 MEDICAL CENTER DR STE 203
MURRIETA, CA 92562
Effective as of 01-DEC-22

UROLOGY

CONNER, RICHARD, MD
Provider ID: N/A
25495 MEDICAL CENTER DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-20
CONNER, RICHARD, MD*  
Provider ID: N/A  
25495 MEDICAL CENTER DR STE 204 MURRIETA, CA 92562 Effective as of 01-JUN-15

KIM, FRANK, MD*  
Provider ID: N/A  
28078 BAXTER RD STE 450 MURRIETA, CA 92563 Effective as of 01-DEC-20

CRISSELL, MONISHA, MD*  
Provider ID: N/A  
25495 MEDICAL CENTER DR STE 204 MURRIETA, CA 92562 Effective as of 01-SEP-14

KIM, FRANK, MD*  
Provider ID: N/A  
28078 BAXTER RD STE 450 MURRIETA, CA 92563 Effective as of 01-APR-21

CRISSELL, MONISHA, MD*  
Provider ID: N/A  
25495 MEDICAL CENTER DR STE 204 MURRIETA, CA 92562 Effective as of 01-SEP-14

KIM, FRANK, MD*  
Provider ID: N/A  
28078 BAXTER RD STE 450 MURRIETA, CA 92563 Effective as of 01-JAN-24

CRISSELL, MONISHA, MD*  
Provider ID: N/A  
25495 MEDICAL CENTER DR STE 204 MURRIETA, CA 92562 Effective as of 01-FEB-15

KIM, FRANK, MD*  
Provider ID: N/A  
28078 BAXTER RD STE 450 MURRIETA, CA 92563 Effective as of 01-NOV-20

CRISSELL, MONISHA, MD*  
Provider ID: N/A  
25495 MEDICAL CENTER DR STE 204 MURRIETA, CA 92562 Effective as of 01-MAY-20

KIM, FRANK, MD*  
Provider ID: N/A  
28078 BAXTER RD STE 450 MURRIETA, CA 92563 Effective as of 01-NOV-20

CRISSELL, MONISHA, MD*  
Provider ID: N/A  
25495 MEDICAL CENTER DR STE 204 MURRIETA, CA 92562 Effective as of 01-JAN-04

KIM, FRANK, MD*  
Provider ID: N/A  
28078 BAXTER RD STE 450 MURRIETA, CA 92563 Effective as of 01-NOV-20

CRISSELL, MONISHA, MD*  
Provider ID: N/A  
25495 MEDICAL CENTER DR STE 204 MURRIETA, CA 92562 Effective as of 01-MAY-15

KIM, FRANK, MD*  
Provider ID: N/A  
28078 BAXTER RD STE 450 MURRIETA, CA 92563 Effective as of 01-DEC-20

CRISSELL, MONISHA, MD*  
Provider ID: N/A  
25495 MEDICAL CENTER DR STE 204 MURRIETA, CA 92562 Effective as of 01-DEC-20

KIM, FRANK, MD*  
Provider ID: N/A  
28078 BAXTER RD STE 450 MURRIETA, CA 92563 Effective as of 01-DEC-20

LARSON, BENJAMIN, MD  
Provider ID: N/A  
28078 BAXTER RD STE 430 MURRIETA, CA 92563 Effective as of 01-MAY-23

LARSON, BENJAMIN, MD*  
Provider ID: N/A  
25495 MEDICAL CENTER DR STE 204 MURRIETA, CA 92562 Effective as of 01-JUL-23

LARSON, BENJAMIN, MD*  
Provider ID: N/A  
28078 BAXTER RD STE 450 MURRIETA, CA 92563 Effective as of 01-DEC-20

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-20

LARSON, BENJAMIN, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-OCT-15

LARSON, BENJAMIN, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-AUG-15

LOUIE, BRANDON, MD
Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-JAN-24

LOUIE, BRANDON, MD
Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-JAN-24

LUTTGE, SCOTT, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-22

REDDY, MADHUMITHA, DO†
Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-DEC-22

LUTTGE, SCOTT, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-22

LUTTGE, SCOTT, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-23

LUTTGE, SCOTT, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-23

LUTTGE, SCOTT, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-23

LUTTGE, SCOTT, MD†
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-AUG-23

REDDY, MADHUMITHA, DO†
Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-MAR-21

REDDY, MADHUMITHA, DO†
Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-MAY-21

REDDY, MADHUMITHA, DO†
Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-MAY-21

TAKESITA, KEN, MD†
Provider ID: N/A
28078 BAXTER RD STE 430
MURRIETA, CA 92563
Effective as of 01-JAN-23

TAKESITA, KEN, MD†
Provider ID: N/A
28078 BAXTER RD STE 430
MURRIETA, CA 92563
Effective as of 01-JAN-24

TAKESITA, KEN, MD†
Provider ID: N/A
28078 BAXTER RD STE 430
MURRIETA, CA 92563
Effective as of 01-JAN-24

TAKESITA, KEN, MD†
Provider ID: N/A
28078 BAXTER RD STE 430
MURRIETA, CA 92563
Effective as of 01-NOV-15

TAKESITA, KEN, MD†
Provider ID: N/A
28078 BAXTER RD STE 430
MURRIETA, CA 92563
Effective as of 01-NOV-15

TALANKI, VARUN, MD
Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-MAY-21

TALANKI, VARUN, MD
Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-MAY-23

TALANKI, VARUN, MD
Provider ID: N/A
28078 BAXTER RD STE 430
C1. 网络提供者名单
专科护理医生

MURRIETA, CA 92563
Effective as of 01-MAY-23

TALANKI, VARUN, MD
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-22

TALANKI, VARUN, MD
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-JAN-22

TALANKI, VARUN, MD
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-15

VEMULAPALLI, SREENIVAS, MD
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-JUN-15

VEMULAPALLI, SREENIVAS, MD
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-JUL-13

VEMULAPALLI, SREENIVAS, MD
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-DEC-23

VEMULAPALLI, SREENIVAS, MD
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-APR-22

VEMULAPALLI, SREENIVAS, MD
Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-20

YUN, EDWARD, MD†
Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-APR-16

YUN, EDWARD, MD†
Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-APR-22

YUN, EDWARD, MD†
Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-JUL-13

YUN, EDWARD, MD†
Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-DEC-23

YUN, EDWARD, MD†
Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-JAN-23

YUN, EDWARD, MD†
Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-APR-16

CARDIOVASCULAR
DISEASE

DAMANI, SAMIR, MD
Provider ID: N/A
655 EUCLID AVE STE 401
NATIONAL CITY, CA 91950
Effective as of 01-AUG-23

KIM, JAMES, MD
Provider ID: N/A
1415 E 8TH ST STE 3
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-AUG-23

LY, NANCY, MD
Provider ID: N/A
1415 E 8TH ST
NATIONAL CITY, CA 91950
Effective as of 01-JUN-23

LY, NANCY, MD
Provider ID: N/A
1415 E 8TH ST
NATIONAL CITY, CA 91950
Effective as of 01-JUN-23

LY, NANCY, MD
Provider ID: N/A
1415 E 8TH ST STE 4
NATIONAL CITY, CA 91950
Effective as of 01-JUN-23

NANAVATI, VIMAL, MD
Provider ID: N/A
2345 E 8TH ST
NATIONAL CITY, CA 91950
Effective as of 01-FEB-23

OVIEDO-LINAARES, RAUL, MD
Provider ID: N/A
1415 E 8TH ST STE 5
NATIONAL CITY, CA 91950
Effective as of 01-AUG-23

OVIEDO-LINAARES, RAUL, MD
Provider ID: N/A
1415 E 8TH ST STE 5
NATIONAL CITY, CA 91950
Effective as of 01-JUN-23

PANDHI, JAY, MD
Provider ID: N/A
655 EUCLID AVE STE 208
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

PANDHI, JAY, MD
Provider ID: N/A
655 EUCLID AVE STE 208
NATIONAL CITY, CA 91950
Effective as of 01-MAR-18

ROUGH, STEVEN, MD
Provider ID: N/A
1415 E 8TH ST STE 6
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-AUG-23

SHEREV, DIMITRI, MD
Provider ID: N/A
655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950
Effective as of 01-SEP-23

WYSOCZANSKI, MARIUSZ, MD
Provider ID: N/A
1415 E 8TH ST STE 8
NATIONAL CITY, CA 91950
Effective as of 01-JUN-23

WYSOCZANSKI, MARIUSZ, MD
Provider ID: N/A
1415 E 8TH ST STE 8
NATIONAL CITY, CA 91950
Effective as of 01-AUG-23

CERTIFIED NURSE PRACTITIONER

AQUINO, FELINO, NP
Provider ID: N/A
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

CARDEÑAS, MIRIAM, NPF
Provider ID: N/A
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-OCT-23

DHARKAR SURBER, SAPNA, NP
Provider ID: N/A
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-OCT-23

DRISCOLL, SUSAN, NP
Provider ID: N/A
330 E 8TH ST
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-OCT-23

DRISCOLL, SUSAN, NP
Provider ID: N/A
340 E 8TH ST
NATIONAL CITY, CA 91950

C1. 网络提供者名单

专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>City, State ZIP: CA 91950</th>
<th>Service</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>KYI, MYA, NP</td>
<td>N/A</td>
<td>217 HIGHLAND AVE</td>
<td>NATIONAL CITY</td>
<td>Teleservice</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>LIM, IMELDA, NP</td>
<td>N/A</td>
<td>2743 HIGHLAND AVE</td>
<td>NATIONAL CITY</td>
<td>Teleservice</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>OLESCO, JENNIFER, NP</td>
<td>N/A</td>
<td>655 EUCLID AVE STE 303</td>
<td>NATIONAL CITY</td>
<td>Teleservice</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>REAL, MARIA, NP</td>
<td>N/A</td>
<td>217 HIGHLAND AVE</td>
<td>NATIONAL CITY</td>
<td>Teleservice</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>REDDY, PRIYA, NP</td>
<td>N/A</td>
<td>217 HIGHLAND AVE</td>
<td>NATIONAL CITY</td>
<td>Teleservice</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>RENZAS, JENNIFER, NP</td>
<td>N/A</td>
<td>217 HIGHLAND AVE</td>
<td>NATIONAL CITY</td>
<td>Teleservice</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>SWEEENEY, ZSA ZSA, NP</td>
<td>N/A</td>
<td>217 HIGHLAND AVE</td>
<td>NATIONAL CITY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>City, State ZIP: CA 91950</th>
<th>Service</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>VILLANUEVA DE GUTIE, BERENICE, NP</td>
<td>N/A</td>
<td>217 HIGHLAND AVE</td>
<td>NATIONAL CITY</td>
<td>Teleservice</td>
<td>01-MAY-21</td>
</tr>
<tr>
<td>WILLIAMS, BREAHNA, NP</td>
<td>N/A</td>
<td>217 HIGHLAND AVE</td>
<td>NATIONAL CITY</td>
<td>Teleservice</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>MAST, ASHLEY, CRNM</td>
<td>N/A</td>
<td>217 HIGHLAND AVE</td>
<td>NATIONAL CITY</td>
<td>Teleservice</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>DORADO, SUE, DC</td>
<td>N/A</td>
<td>217 HIGHLAND AVE</td>
<td>NATIONAL CITY</td>
<td>Teleservice</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>GILIBERIO, JOSEPH, DC</td>
<td>N/A</td>
<td>2835 HIGHLAND AVE</td>
<td>NATIONAL CITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HALEY, STEVEN, DC</td>
<td>N/A</td>
<td>217 HIGHLAND AVE</td>
<td>NATIONAL CITY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Date</th>
<th>Additional Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>CELANO, NICHOLAS, MD*</td>
<td>655 EUCLID AVE STE 304</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
<tr>
<td>CHIANG, JENNIFER, MD*</td>
<td>655 EUCLID AVE STE 401</td>
<td>01-MAR-21</td>
<td>N/A</td>
</tr>
<tr>
<td>GONZALEZ, JOSE, MD*</td>
<td>655 EUCLID AVE STE 304</td>
<td>01-APR-24</td>
<td>N/A</td>
</tr>
<tr>
<td>NELSON, AISLYN, MD*</td>
<td>655 EUCLID AVE STE 401</td>
<td>01-AUG-22</td>
<td>N/A</td>
</tr>
<tr>
<td>CHIANG, JENNIFER, MD*</td>
<td>655 EUCLID AVE STE 401</td>
<td>01-MAY-23</td>
<td>N/A</td>
</tr>
<tr>
<td>GORDON, JUSTIN, MD*</td>
<td>655 EUCLID AVE STE 304</td>
<td>01-JUL-22</td>
<td>N/A</td>
</tr>
<tr>
<td>NELSON, AISLYN, MD*</td>
<td>655 EUCLID AVE STE 401</td>
<td>01-OCT-19</td>
<td>N/A</td>
</tr>
<tr>
<td>SATEESH, BROOKE, MD*</td>
<td>655 EUCLID AVE STE 304</td>
<td>01-APR-22</td>
<td>N/A</td>
</tr>
<tr>
<td>SATEESH, BROOKE, MD*</td>
<td>655 EUCLID AVE STE 401</td>
<td>01-MAR-18</td>
<td>N/A</td>
</tr>
<tr>
<td>LIN, SHINKO, MD</td>
<td>655 EUCLID AVE STE 304</td>
<td>01-APR-24</td>
<td>N/A</td>
</tr>
<tr>
<td>LIN, SHINKO, MD</td>
<td>655 EUCLID AVE STE 304</td>
<td>01-JUL-22</td>
<td>N/A</td>
</tr>
<tr>
<td>LIN, SHINKO, MD</td>
<td>655 EUCLID AVE STE 304</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Note: MD indicates a medical doctor.*

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

TYAGI, ABHILASHA, MD†
Provider ID: N/A
655 EUCLID AVE STE 401
NATIONAL CITY, CA 91950
Effective as of 01-AUG-22

EMERGENCY MEDICINE

TABILA, BRIAN, MD†
Provider ID: N/A
610 EUCLID AVE STE 202
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

ENDOCRINOLOGY
METABOLISM DIABETES

VALDEZ, KRYSTAL, MD
Provider ID: N/A
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Effective as of 01-JAN-24

FAMILY PRACTICE

DILLON, MAYRA, MD†
Provider ID: N/A
1136 D AVE
NATIONAL CITY, CA 91950
Effective as of 01-AUG-23

GASTROENTEROLOGY

GISH, ROBERT, MD†
Provider ID: N/A
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-JUN-21

INTERNAL MEDICINE
CRITICAL CARE MEDICINE

LIM, ROSEMARIE, MD†
Provider ID: N/A
655 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
Effective as of 01-MAY-21

TABILA, BRIAN, MD†
Provider ID: N/A
655 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
Effective as of 01-MAR-21

INTERVENTIONAL
CARDIOLOGY

CAMACHO, BENJAMIN, MD†
Provider ID: N/A
<table>
<thead>
<tr>
<th>Network Provider Name</th>
<th>Address</th>
<th>Effective Date</th>
<th>Provider ID</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMACHO, BENJAMIN, MD</td>
<td>1615 SWEETWATER RD NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-AUG-21</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>CAMACHO, BENJAMIN, MD</td>
<td>1615 SWEETWATER RD NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-JUL-22</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>CAMACHO, BENJAMIN, MD</td>
<td>1615 SWEETWATER RD NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-SEP-22</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>DAMANI, SAMIR, MD</td>
<td>655 EUCLID AVE STE 4 NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-MAR-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>FERNANDEZ, GENARO, MD</td>
<td>610 EUCLID AVE STE 5 NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-SEP-22</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>FERNANDEZ, GENARO, MD</td>
<td>610 EUCLID AVE STE 5 NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-JAN-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>FERNANDEZ, GENARO, MD</td>
<td>610 EUCLID AVE STE 5 NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-JAN-20</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>FERNANDEZ, GENARO, MD</td>
<td>610 EUCLID AVE STE 5 NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-APR-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>LY, NANCY, MD</td>
<td>1415 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-JUN-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>LY, NANCY, MD</td>
<td>1415 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-OCT-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>OVIDEO-LINARES, RAUL, MD</td>
<td>1415 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-AUG-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>OVIDEO-LINARES, RAUL, MD</td>
<td>1415 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-AUG-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>OVIDEO-LINARES, RAUL, MD</td>
<td>1415 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-OCT-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>OVIDEO-LINARES, RAUL, MD</td>
<td>1415 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-OCT-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>PANDHI, JAY, MD</td>
<td>655 EUCLID AVE STE 208 NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-JAN-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>PANDHI, JAY, MD</td>
<td>655 EUCLID AVE STE 208 NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-APR-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>PANDHI, JAY, MD</td>
<td>655 EUCLID AVE STE 208 NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-OCT-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>PANDHI, JAY, MD</td>
<td>655 EUCLID AVE STE 208 NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-OCT-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>PANDHI, JAY, MD</td>
<td>655 EUCLID AVE STE 208 NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-OCT-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>PANDHI, JAY, MD</td>
<td>655 EUCLID AVE STE 208 NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-OCT-23</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>ROUGH, STEVEN, MD</td>
<td>1415 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-FEB-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>ROUGH, STEVEN, MD</td>
<td>1415 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-FEB-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>ROUGH, STEVEN, MD</td>
<td>1415 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-FEB-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>SHARF, ALBERT, MD</td>
<td>655 EUCLID AVE STE 304 NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-FEB-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>SHETABI, KAMBIZ, MD</td>
<td>1415 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-JAN-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>SHETABI, KAMBIZ, MD</td>
<td>1415 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-SEP-22</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>ROUGH, STEVEN, MD</td>
<td>1415 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-FEB-24</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>ROUGH, STEVEN, MD</td>
<td>1415 E 8TH ST NATIONAL CITY, CA 91950</td>
<td>Effective as of 01-FEB-24</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

WYSOCZANSKI, MARIUSZ, MD†
Provider ID: N/A
502 EUCLID AVE STE 104
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

WYSOCZANSKI, MARIUSZ, MD†
Provider ID: N/A
502 EUCLID AVE STE 104
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

WYSOCZANSKI, MARIUSZ, MD
Provider ID: N/A
1415 E 8TH ST STE 8
NATIONAL CITY, CA 91950
Effective as of 01-JAN-24

LICENSED CLINICAL SOCIAL WORKER

ALVAREZ, DIANA, LCSW
Provider ID: N/A
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-APR-21

JASSO-RAMIREZ, MARTHA, LCSW
Provider ID: N/A
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-SEP-21

SACHS, MELISSA, LCSW†
Provider ID: N/A
2400 E 8TH ST
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-MAR-21

WRIGHT, STEPHANIE, LCSW
Provider ID: N/A
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Effective as of 01-JAN-24

COMUNALE, RODERICK, MD†
Provider ID: N/A
502 EUCLID AVE STE 205
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-JUL-22

MAA CHIP, FHARAK, MD†
Provider ID: N/A
655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950
Effective as of 01-JUL-22

MAA CHIP, FHARAK, MD†
Provider ID: N/A
655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

MAA CHIP, FHARAK, MD†
Provider ID: N/A
655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950
Effective as of 01-SEP-20

SACAMAY, TAGUMPAY, MD†
Provider ID: N/A
655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950
Effective as of 01-SEP-20

SACAMAY, TAGUMPAY, MD†
Provider ID: N/A
502 EUCLID AVE STE 205
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-JAN-21

SACAMAY, TAGUMPAY, MD†
Provider ID: N/A
655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950
Effective as of 01-SEP-20

SACAMAY, TAGUMPAY, MD†
Provider ID: N/A
502 EUCLID AVE STE 205
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-FEB-19

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

SACAMAY, TAGUMPAY, MD†
Provider ID: N/A
655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950
Effective as of 01-JUL-22

NEUROLOGY

BOBO, JERRY, MD†
Provider ID: N/A
502 EUCLID AVE STE 204
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

OBSTETRICS / GYNECOLOGY

AL-MSHDANI, AYESR, MD
Provider ID: N/A
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-OCT-23

ASLIAN, AZITA, MD
Provider ID: N/A
1136 D AVE
NATIONAL CITY, CA 91950
Effective as of 01-SEP-23

AL-MSHDANI, AYESR, MD
Provider ID: N/A
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-OCT-23

ASLIAN, AZITA, MD†
Provider ID: N/A
2400 E 8TH ST
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

ASLIAN, AZITA, MD†
Provider ID: N/A
2400 E 8TH ST
NATIONAL CITY, CA 91950
Effective as of 01-APR-23

CARRABY, ARNETT, MD†
Provider ID: N/A
1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

DAVIS, TRACIE, MD
Provider ID: N/A
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-OCT-23

DEL ROSARIO, GELEN, MD†
Provider ID: N/A
502 EUCLID AVE STE 300
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

FOLCH TORRES-AGUIAR, BEATRIZ, MD†
Provider ID: N/A
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-AUG-22

GELLENS, ANDREW, MD†
Provider ID: N/A
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-NOV-21

MENDEZ, DIEGO, MD
Provider ID: N/A
2400 E 8TH ST
NATIONAL CITY, CA 91950
Effective as of 01-APR-23

FISH, STEVEN, MD†
Provider ID: N/A
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Effective as of 01-APR-23

FISH, STEVEN, MD†
Provider ID: N/A
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Effective as of 01-SEP-21

DELENGOCK, TAYSON, DO
Provider ID: N/A
1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-FEB-24

FISH, STEVEN, MD†
Provider ID: N/A
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Effective as of 01-NOV-22

FISH, STEVEN, MD†
Provider ID: N/A
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Effective as of 01-APR-23

FISH, STEVEN, MD†
Provider ID: N/A
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Effective as of 01-APR-23

FISH, STEVEN, MD†
Provider ID: N/A
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

OPHTHALMOLOGY

CHANG, TOM, MD†
Provider ID: N/A
2240 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

DELENGOCK, TAYSON, DO
Provider ID: N/A
1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-FEB-24

FISH, STEVEN, MD†
Provider ID: N/A
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Effective as of 01-JAN-23

FISH, STEVEN, MD†
Provider ID: N/A
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

FISH, STEVEN, MD†
Provider ID: N/A
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>FISH, STEVEN, MD†</td>
<td>N/A</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>GOLLOGLY, HEIDRUN, MD†</td>
<td>N/A</td>
<td>01-APR-18</td>
</tr>
<tr>
<td>GOLLOGLY, HEIDRUN, MD†</td>
<td>N/A</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>GOLLOGLY, HEIDRUN, MD†</td>
<td>N/A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>GOLLOGLY, HEIDRUN, MD†</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>HAIN, BRUCE, MD†</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>HUDSON, HENRY, MD†</td>
<td>N/A</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>HUDSON, HENRY, MD†</td>
<td>N/A</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>HUDSON, HENRY, MD†</td>
<td>N/A</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>HUDSON, HENRY, MD†</td>
<td>N/A</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>HUDSON, HENRY, MD†</td>
<td>N/A</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>HAIGHT, BRUCE, MD†</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>MCGRAW, JOSEPH, MD†</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>MCGRAW, JOSEPH, MD†</td>
<td>N/A</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>MCGRAW, JOSEPH, MD†</td>
<td>N/A</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>MCGRAW, JOSEPH, MD†</td>
<td>N/A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MCGRAW, JOSEPH, MD†</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>MCGRAW, JOSEPH, MD†</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>MCGRAW, JOSEPH, MD†</td>
<td>N/A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MCGRAW, JOSEPH, MD†</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>MCGRAW, JOSEPH, MD†</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>MORRISON-REYES, JOSHUA, MD</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>MORRISON-REYES, JOSHUA, MD</td>
<td>N/A</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>MORRISON-REYES, JOSHUA, MD</td>
<td>N/A</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>MORRISON-REYES, JOSHUA, MD</td>
<td>N/A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MORRISON-REYES, JOSHUA, MD</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
MD
Provider ID: N/A
2240 E PLAZA BOULEVARD
SUITE F AND G
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

MORRISON-REYES, JOSHUA, MD
Provider ID: N/A
2240 E PLAZA BOULEVARD
SUITE F AND G
NATIONAL CITY, CA 91950
Effective as of 01-APR-22

PAPASTERGIOU, GEORGIOS, MD
Provider ID: N/A
1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

PATEL, SARJAN, MD
Provider ID: N/A
2240 E PLAZA BOULEVARD
SUITE F AND G
NATIONAL CITY, CA 91950
Effective as of 01-AUG-20

PATEL, GITANE, MD
Provider ID: N/A
2240 E PLAZA BOULEVARD
SUITE F AND G
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

PATEL, SARJAN, MD
Provider ID: N/A
2240 E PLAZA BOULEVARD
SUITE F AND G
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

PATEL, SARJAN, MD
Provider ID: N/A
1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-AUG-20

RAJSBAUM, MARTIN, MD
Provider ID: N/A
1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

SASSANI, PATRICK, MD
Provider ID: N/A
1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

OPTOMETRIST

AOTO, KIM, OD
Provider ID: N/A
2240 E PLAZA BOULEVARD
SUITE F AND G
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

DYER, SHARON, OD
Provider ID: N/A
1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

EL-MOGHRABI, NANCY, OD
Provider ID: N/A
1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

EL-MOGHRABI, ROULA, OD
Provider ID: N/A
1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

KHIEU, TINA, OD
Provider ID: N/A
2240 E PLAZA BOULEVARD
SUITE F AND G
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

WAINESS, REID, MD
Provider ID: N/A
2240 E PLAZA BLVD
SUITE F AND G
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22
C1. 网络提供者名单
专科护理医生

- **2240 E PLAZA BLVD STE F&G**
  NATIONAL CITY, CA 91950
  Effective as of 01-MAR-24

  **KHIEU, TINA, OD**
  Provider ID: N/A
  - 2240 E PLAZA BLVD STE F&G
    NATIONAL CITY, CA 91950
    Effective as of 01-DEC-23

  **KOO, ANITA, OD**
  Provider ID: N/A
  - 1520 E PLAZA BLVD
    NATIONAL CITY, CA 91950
    Effective as of 01-FEB-24

  **MARR, RYAN, OD**
  Provider ID: N/A
  - 655 EUCLID AVE STE 302
    NATIONAL CITY, CA 91950
    Effective as of 01-DEC-22

- **610 EUCLID AVE STE 301**
  NATIONAL CITY, CA 91950
  Effective as of 01-SEP-20

- **PHYSICAL MEDICINE / REHABILITATION**

  **CROWLEY, DONNA, MD†**
  Provider ID: N/A
  - 655 EUCLID AVE STE 209
    NATIONAL CITY, CA 91950
    Effective as of 01-JAN-21

  **CROWLEY, DONNA, MD†**
  Provider ID: N/A
  - 655 EUCLID AVE STE 209
    NATIONAL CITY, CA 91950
    Effective as of 01-APR-14

- **PHYSICIANS ASSISTANT**

  **HABBOUSSH, RANA, PA**
  Provider ID: N/A
  - 217 HIGHLAND AVE
    NATIONAL CITY, CA 91950
    Teleservice
    Effective as of 01-OCT-23

  **HIGUERA, EDITH, PA**
  Provider ID: N/A
  - 217 HIGHLAND AVE
    NATIONAL CITY, CA 91950
    Teleservice
    Effective as of 01-OCT-23

  **LANDON, JEFFREY, PA**
  Provider ID: N/A
  - 610 EUCLID AVE STE 200
    NATIONAL CITY, CA 91950
    Teleservice
    Effective as of 01-NOV-23

  **MACASADIA, MARITES, PA**
  Provider ID: N/A
  - 610 EUCLID AVE STE 302
    NATIONAL CITY, CA 91950
    Effective as of 01-SEP-20

  **MACASADIA, MARITES, PA**
  Provider ID: N/A
  - 610 EUCLID AVE STE 302
    NATIONAL CITY, CA 91950
    Effective as of 01-SEP-20

- **PODIATRIST**

  **ATMAR, AKMAL, DPM†**
  Provider ID: N/A
  - 2345 E 8TH ST STE 105
    NATIONAL CITY, CA 91950
    Effective as of 01-JAN-23

  **ATMAR, AKMAL, DPM†**
  Provider ID: N/A
  - 2345 E 8TH ST STE 105
    NATIONAL CITY, CA 91950
    Effective as of 01-SEP-22

  **CAINE, SAMUEL, DPM**
  Provider ID: N/A
  - 610 EUCLID AVE STE 301
    NATIONAL CITY, CA 91950
    Effective as of 01-MAR-24
### Your PCP's Physician Group

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

#### Network Providers

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Provider ID</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAINE, SAMUEL, DPM</strong></td>
<td>610 EUCLID AVE STE 301 NATIONAL CITY, CA 91950</td>
<td>N/A</td>
<td>01-APR-24</td>
</tr>
<tr>
<td><strong>DAVIDSON, JOHN, DPM</strong></td>
<td>610 EUCLID AVE STE 301 NATIONAL CITY, CA 91950</td>
<td>N/A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td><strong>KRIGER, STEPHEN, DPM</strong></td>
<td>610 EUCLID AVE STE 301 NATIONAL CITY, CA 91950</td>
<td>N/A</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td><strong>TSAI, GRACE, DPM</strong></td>
<td>610 EUCLID AVE STE 301 NATIONAL CITY, CA 91950</td>
<td>N/A</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td><strong>XU, DIXON, DPM</strong></td>
<td>610 EUCLID AVE STE 301 NATIONAL CITY, CA 91950</td>
<td>N/A</td>
<td>01-APR-23</td>
</tr>
<tr>
<td><strong>XU, DIXON, DPM</strong></td>
<td>610 EUCLID AVE STE 301 NATIONAL CITY, CA 91950</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td><strong>XU, DIXON, DPM</strong></td>
<td>610 EUCLID AVE STE 301 NATIONAL CITY, CA 91950</td>
<td>N/A</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td><strong>XU, DIXON, DPM</strong></td>
<td>610 EUCLID AVE STE 301 NATIONAL CITY, CA 91950</td>
<td>N/A</td>
<td>01-MAY-21</td>
</tr>
</tbody>
</table>

---

[538]
### PSYCHIATRY

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOBO, JERRY, MD†</td>
<td>N/A</td>
<td>502 EUCLID AVE STE 204</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>CHAUDHRI, YASHWANT, MD†</td>
<td>N/A</td>
<td>3035 E 8TH ST</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>CHAUDHRI, YASHWANT, MD†</td>
<td>N/A</td>
<td>3035 E 8TH ST</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>KUGEL, SAMUEL, MD†</td>
<td>N/A</td>
<td>502 EUCLID AVE STE 305</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>KUGEL, SAMUEL, MD†</td>
<td>N/A</td>
<td>502 EUCLID AVE STE 305</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MIRANDA, CYNTHIA, PhD†</td>
<td>N/A</td>
<td>217 HIGHLAND AVE</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>MIRANDA, CYNTHIA, PhD†</td>
<td>N/A</td>
<td>217 HIGHLAND AVE</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>NGUYEN, TIA, PT</td>
<td>N/A</td>
<td>3400 E 8TH ST STE 108</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-MAR-24</td>
</tr>
</tbody>
</table>

### THERAPIST

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHENG, BRANDON, PT</td>
<td>N/A</td>
<td>3400 E 8TH ST STE 108</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>DORSEY, KYLE, PT†</td>
<td>N/A</td>
<td>3400 E 8TH ST STE 108</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>DORSEY, KYLE, PT†</td>
<td>N/A</td>
<td>3400 E 8TH ST STE 108</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>HERMAN, RACHEL, PT†</td>
<td>N/A</td>
<td>3400 E 8TH ST STE 108</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>HERMAN, RACHEL, PT†</td>
<td>N/A</td>
<td>3400 E 8TH ST STE 108</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>KARANDE, PRACHI, PT†</td>
<td>N/A</td>
<td>3400 E 8TH ST STE 108</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-JAN-22</td>
</tr>
</tbody>
</table>

### PSYCHOLOGIST

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAHENA-COLLEY, SANDRA, PSYD†</td>
<td>N/A</td>
<td>217 HIGHLAND AVE</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-APR-21</td>
</tr>
</tbody>
</table>

### REGISTERED PHYSICAL

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOVENCIDO, ANDREW, PT†</td>
<td>N/A</td>
<td>3400 E 8TH ST STE 108</td>
<td>NATIONAL CITY, CA 91950</td>
<td>01-MAR-24</td>
</tr>
</tbody>
</table>
### C1. 网络提供者名单
#### 专科护理医生

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>3400 E 8TH ST STE 108</th>
<th>NATIONAL CITY, CA 91950</th>
<th>Effective as of 01-SEP-22</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUDDS, SARAH, PT</strong></td>
<td>Provider ID: N/A</td>
<td>3400 E 8TH ST STE 108</td>
<td>NATIONAL CITY, CA 91950</td>
</tr>
</tbody>
</table>

### SURGERY PLASTIC

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>655 EUCLID AVE STE 200</th>
<th>NATIONAL CITY, CA 91950</th>
<th>Effective as of 01-DEC-23</th>
</tr>
</thead>
</table>

### ALLERGY IMMUNOLOGY

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>400 NEWPORT CENTER DR STE 401</th>
<th>NEWPORT BEACH, CA 92660</th>
<th>Effective as of 01-JUL-23</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>400 NEWPORT CENTER DR STE 401</th>
<th>NEWPORT BEACH, CA 92660</th>
<th>Effective as of 01-JUL-23</th>
</tr>
</thead>
</table>

### CERTIFIED NURSE PRACTITIONER

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>1401 AVOCADO AVE STE 703</th>
<th>NEWPORT BEACH, CA</th>
<th>Effective as of 01-NOV-23</th>
</tr>
</thead>
</table>

### DERMATOLOGY

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>400 NEWPORT CENTER DR STE 702</th>
<th>NEWPORT BEACH, CA 92660</th>
<th>Effective as of 01-DEC-22</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>400 NEWPORT CENTER DR STE 702</th>
<th>NEWPORT BEACH, CA 92660</th>
<th>Effective as of 01-DEC-22</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>360 SAN MIGUEL DR STE 405</th>
<th>NEWPORT BEACH, CA 92660</th>
<th>Effective as of 01-OCT-18</th>
</tr>
</thead>
</table>

### BIERNER, DINA, MD†

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>360 SAN MIGUEL DR STE 501</th>
<th>NEWPORT BEACH, CA 92660</th>
<th>Effective as of 01-JAN-23</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>360 SAN MIGUEL DR STE 501</th>
<th>NEWPORT BEACH, CA 92660</th>
<th>Effective as of 01-AUG-19</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>360 SAN MIGUEL DR STE 501</th>
<th>NEWPORT BEACH, CA 92660</th>
<th>Effective as of 01-DEC-22</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>360 SAN MIGUEL DR STE 501</th>
<th>NEWPORT BEACH, CA 92660</th>
<th>Effective as of 01-DEC-22</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>360 SAN MIGUEL DR STE 501</th>
<th>NEWPORT BEACH, CA 92660</th>
<th>Effective as of 01-OCT-18</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>360 SAN MIGUEL DR STE 501</th>
<th>NEWPORT BEACH, CA 92660</th>
<th>Effective as of 01-DEC-22</th>
</tr>
</thead>
</table>

### BEREHaupt, ANDREW, MD†

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单

专科护理医生

92660
Effective as of 01-SEP-18

FOREMAN, TANYA, MD†
Provider ID: N/A
400 NEWPORT CENTER DR STE 702
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-15

FOREMAN, TANYA, MD†
Provider ID: N/A
400 NEWPORT CENTER DR STE 702
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-23

FOREMAN, TANYA, MD†
Provider ID: N/A
400 NEWPORT CENTER DR STE 702
NEWPORT BEACH, CA 92660
Effective as of 01-JAN-17

FOWLER, VINCENT, MD†
Provider ID: N/A
240 NEWPORT CENTER DR STE 105
NEWPORT BEACH, CA 92660
Effective as of 01-FEB-20

GRUSHCHAK, SOLOMIYA, MD
Provider ID: N/A
1441 AVOCADO AVE STE 409
NEWPORT BEACH, CA 92660
Effective as of 01-JAN-17

HENDERSON, GREGORY, MD
Provider ID: N/A
1441 AVOCADO AVE STE 409
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-18

GRUSHCHAK, SOLOMIYA, MD
Provider ID: N/A
1441 AVOCADO AVE STE 409
NEWPORT BEACH, CA 92660
Effective as of 01-JAN-24

HENDERSON, GREGORY, MD
Provider ID: N/A
1441 AVOCADO AVE STE 409
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-23

KAMEL, JOSEPH, DO
Provider ID: N/A
360 SAN MIGUEL DR STE 501
NEWPORT BEACH, CA 92660
Effective as of 01-APR-23

KAMEL, JOSEPH, DO
Provider ID: N/A
360 SAN MIGUEL DR STE 501
NEWPORT BEACH, CA 92660
Effective as of 01-MAR-24

KAMEL, JOSEPH, DO
Provider ID: N/A
360 SAN MIGUEL DR STE 501
NEWPORT BEACH, CA 92660
Effective as of 01-MAR-24

KARAVAN JAHROMI, MAHSA, MD†
Provider ID: N/A
1401 AVOCADO AVE STE 703
NEWPORT BEACH, CA 92660
Effective as of 01-SEP-19

KHERADMAND, SHIVA, DO†
Provider ID: N/A
240 NEWPORT CENTER DR STE 105
NEWPORT BEACH, CA 92660
Effective as of 01-DEC-21

KHERADMAND, SHIVA, DO†
Provider ID: N/A
240 NEWPORT CENTER DR STE 105
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-23
NEWPORT BEACH, CA 92660
Effective as of 01-DEC-21

LANDER, JEFFREY, MD†
Provider ID: N/A
1401 AVOCADO AVE STE 703
NEWPORT BEACH, CA 92660
Effective as of 01-DEC-21

LANDER, JEFFREY, MD†
Provider ID: N/A
1441 AVOCADO AVE STE 806
NEWPORT BEACH, CA 92660
Effective as of 01-DEC-21

LANDER, JEFFREY, MD†
Provider ID: N/A
1441 AVOCADO AVE STE 806
NEWPORT BEACH, CA 92660
Effective as of 01-AUG-22

LANDER, JEFFREY, MD†
Provider ID: N/A
1441 AVOCADO AVE STE 806
NEWPORT BEACH, CA 92660
Effective as of 01-DEC-21

LANDER, JEFFREY, MD†
Provider ID: N/A
1401 AVOCADO AVE STE 703
NEWPORT BEACH, CA 92660
Effective as of 01-DEC-22

LANDER, JEFFREY, MD†
Provider ID: N/A
1441 AVOCADO AVE STE 806
NEWPORT BEACH, CA 92660
Effective as of 01-AUG-22

LANDER, JEFFREY, MD†
Provider ID: N/A
1401 AVOCADO AVE STE 703
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-23

LANGER, ROBERT, MD
Provider ID: N/A
360 SAN MIGUEL DR STE 501
NEWPORT BEACH, CA 92660
Effective as of 01-MAR-24

LANDER, JEFFREY, MD†
Provider ID: N/A
1401 AVOCADO AVE STE 703
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-23

LEDON, JENNIFER, MD
Provider ID: N/A
400 NEWPORT CENTER DR STE 702
NEWPORT BEACH, CA 92660
Effective as of 01-MAY-23

LANDER, JEFFREY, MD†
Provider ID: N/A
1401 AVOCADO AVE STE 703
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-23

LEDON, JENNIFER, MD
Provider ID: N/A
400 NEWPORT CENTER DR STE 602
NEWPORT BEACH, CA 92660
Effective as of 01-DEC-22

LANDER, JEFFREY, MD†
Provider ID: N/A
1401 AVOCADO AVE STE 703
NEWPORT BEACH, CA 92660
Effective as of 01-MAY-23

LANDER, JEFFREY, MD†
Provider ID: N/A
1401 AVOCADO AVE STE 703
NEWPORT BEACH, CA 92660
Effective as of 01-MAY-23

LEDON, JENNIFER, MD
Provider ID: N/A
1401 AVOCADO AVE STE 703
NEWPORT BEACH, CA 92660
Effective as of 01-MAY-23
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEDON, JENNIFER, MD</td>
<td>N/A</td>
<td>400 NEWPORT CENTER DR STE 702</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>LEDON, JENNIFER, MD</td>
<td>N/A</td>
<td>1401 AVOCADO AVE STE 703 NEWPORT BEACH, CA 92660</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>LEDON, JENNIFER, MD</td>
<td>N/A</td>
<td>400 NEWPORT CENTER DR STE 702</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>LEDON, JENNIFER, MD</td>
<td>N/A</td>
<td>1401 AVOCADO AVE STE 703 NEWPORT BEACH, CA 92660</td>
<td>01-APR-21</td>
</tr>
<tr>
<td>LEDON, JENNIFER, MD</td>
<td>N/A</td>
<td>400 NEWPORT CENTER DR STE 702</td>
<td>01-MAY-21</td>
</tr>
<tr>
<td>LEDON, JENNIFER, MD</td>
<td>N/A</td>
<td>1401 AVOCADO AVE STE 703 NEWPORT BEACH, CA 92660</td>
<td>01-APR-21</td>
</tr>
<tr>
<td>LEDON, JENNIFER, MD</td>
<td>N/A</td>
<td>400 NEWPORT CENTER DR STE 702</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>LEDON, JENNIFER, MD</td>
<td>N/A</td>
<td>1401 AVOCADO AVE STE 703 NEWPORT BEACH, CA 92660</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>LIEM, WIEKE, MD</td>
<td>N/A</td>
<td>360 SAN MIGUEL DR STE 501 NEWPORT BEACH, CA 92660</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>LIEM, WIEKE, MD</td>
<td>N/A</td>
<td>1401 AVOCADO AVE STE 703 NEWPORT BEACH, CA 92660</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>LIEM, WIEKE, MD</td>
<td>N/A</td>
<td>1401 AVOCADO AVE STE 703 NEWPORT BEACH, CA 92660</td>
<td>01-JUL-19</td>
</tr>
<tr>
<td>LIEM, WIEKE, MD</td>
<td>N/A</td>
<td>1401 AVOCADO AVE STE 703 NEWPORT BEACH, CA 92660</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>LIEM, WIEKE, MD</td>
<td>N/A</td>
<td>1401 AVOCADO AVE STE 703 NEWPORT BEACH, CA 92660</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>MESHKINPOUR, AZIN, MD</td>
<td>N/A</td>
<td>360 SAN MIGUEL DR STE 501 NEWPORT BEACH, CA 92660</td>
<td>01-JUL-23</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>MESHKINPOUR, AZIN, MD²</td>
<td>N/A</td>
<td>1401 AVOCADO AVE STE 703</td>
<td>01-MAY-19</td>
<td>Newport Beach, CA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAMI, NAVID, DO²</td>
<td>N/A</td>
<td>360 SAN MIGUEL DR STE 501</td>
<td>01-OCT-18</td>
<td>Newport Beach, CA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MESHKINPOUR, AZIN, MD²</td>
<td>N/A</td>
<td>1401 AVOCADO AVE STE 703</td>
<td>01-JUL-19</td>
<td>Newport Beach, CA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAMI, NAVID, DO²</td>
<td>N/A</td>
<td>360 SAN MIGUEL DR STE 501</td>
<td>01-JUN-19</td>
<td>Newport Beach, CA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MESHKINPOUR, AZIN, MD²</td>
<td>N/A</td>
<td>1401 AVOCADO AVE STE 703</td>
<td>01-JAN-23</td>
<td>Newport Beach, CA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAMI, NAVID, DO²</td>
<td>N/A</td>
<td>360 SAN MIGUEL DR STE 501</td>
<td>01-OCT-23</td>
<td>Newport Beach, CA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MESHKINPOUR, AZIN, MD²</td>
<td>N/A</td>
<td>1401 AVOCADO AVE STE 703</td>
<td>01-FEB-23</td>
<td>Newport Beach, CA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAMI, NAVID, DO²</td>
<td>N/A</td>
<td>360 SAN MIGUEL DR STE 501</td>
<td>01-APR-21</td>
<td>Newport Beach, CA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAMI, NAVID, DO²</td>
<td>N/A</td>
<td>360 SAN MIGUEL DR STE 501</td>
<td>01-APR-21</td>
<td>Newport Beach, CA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAMI, NAVID, DO²</td>
<td>N/A</td>
<td>360 SAN MIGUEL DR STE 501</td>
<td>01-SEP-19</td>
<td>Newport Beach, CA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAMI, NAVID, DO²</td>
<td>N/A</td>
<td>360 SAN MIGUEL DR STE 501</td>
<td>01-NOV-23</td>
<td>Newport Beach, CA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92660</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

NGUYEN, DENNIS, MD‡
Provider ID: N/A
360 SAN MIGUEL DR STE 501
NEWPORT BEACH, CA 92660
Effective as of 01-FEB-23

ROSHDIEH, BABAK, MD‡
Provider ID: N/A
1401 AVOCADO AVE STE 703
NEWPORT BEACH, CA 92660
Effective as of 01-MAY-22

SHIEL, RONALD, MD‡
Provider ID: N/A
1401 AVOCADO AVE STE 703
NEWPORT BEACH, CA 92660
Effective as of 01-MAY-22

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address 1</th>
<th>Address 2</th>
<th>City, State</th>
<th>Zip</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>400 NEWPORT CENTER DR STE 702</td>
<td>NEWPORT BEACH, CA</td>
<td>92660</td>
<td></td>
<td></td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>400 NEWPORT CENTER DR STE 702</td>
<td>NEWPORT BEACH, CA</td>
<td>92660</td>
<td></td>
<td></td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>SHIELL, RONALD, MD</td>
<td>Provider ID: N/A</td>
<td>1441 AVOCADO AVE STE 806</td>
<td>NEWPORT BEACH, CA</td>
<td>92660</td>
<td>Effective as of 01-SEP-18</td>
<td></td>
</tr>
<tr>
<td>SHIELL, RONALD, MD</td>
<td>Provider ID: N/A</td>
<td>1441 AVOCADO AVE STE 806</td>
<td>NEWPORT BEACH, CA</td>
<td>92660</td>
<td>Effective as of 01-SEP-18</td>
<td></td>
</tr>
<tr>
<td>TRIVEDI, RADHIKA, MD</td>
<td>Provider ID: N/A</td>
<td>1401 AVOCADO AVE STE 703</td>
<td>NEWPORT BEACH, CA</td>
<td>92660</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>TRIVEDI, RADHIKA, MD</td>
<td>Provider ID: N/A</td>
<td>1401 AVOCADO AVE STE 703</td>
<td>NEWPORT BEACH, CA</td>
<td>92660</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>TRIVEDI, RADHIKA, MD</td>
<td>Provider ID: N/A</td>
<td>1401 AVOCADO AVE STE 703</td>
<td>NEWPORT BEACH, CA</td>
<td>92660</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>TRIVEDI, RADHIKA, MD</td>
<td>Provider ID: N/A</td>
<td>1401 AVOCADO AVE STE 703</td>
<td>NEWPORT BEACH, CA</td>
<td>92660</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>TRIVEDI, RADHIKA, MD</td>
<td>Provider ID: N/A</td>
<td>1401 AVOCADO AVE STE 703</td>
<td>NEWPORT BEACH, CA</td>
<td>92660</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>TRIVEDI, RADHIKA, MD</td>
<td>Provider ID: N/A</td>
<td>1401 AVOCADO AVE STE 703</td>
<td>NEWPORT BEACH, CA</td>
<td>92660</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>TRIVEDI, RADHIKA, MD</td>
<td>Provider ID: N/A</td>
<td>1401 AVOCADO AVE STE 703</td>
<td>NEWPORT BEACH, CA</td>
<td>92660</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>Provider ID</td>
<td>Address</td>
<td>City, State, Zip Code</td>
<td>Effective as of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>---------</td>
<td>----------------------</td>
<td>-----------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>1401 AVOCADO AVE STE 703</td>
<td>NEWPORT BEACH, CA 92660</td>
<td>01-OCT-23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>369 SAN MIGUEL DR STE 200</td>
<td>NEWPORT BEACH, CA 92660</td>
<td>01-JUL-20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>369 SAN MIGUEL DR STE 200</td>
<td>NEWPORT BEACH, CA 92660</td>
<td>01-JUN-21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>369 SAN MIGUEL DR STE 200</td>
<td>NEWPORT BEACH, CA 92660</td>
<td>01-FEB-23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>369 SAN MIGUEL DR STE 200</td>
<td>NEWPORT BEACH, CA 92660</td>
<td>01-JUN-21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>369 SAN MIGUEL DR STE 200</td>
<td>NEWPORT BEACH, CA 92660</td>
<td>01-JUN-21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>1441 AVOCADO AVE STE 806</td>
<td>NEWPORT BEACH, CA 92660</td>
<td>01-MAY-12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>1441 AVOCADO AVE STE 807</td>
<td>NEWPORT BEACH, CA 92660</td>
<td>01-MAR-23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>1441 AVOCADO AVE STE 807</td>
<td>NEWPORT BEACH, CA 92660</td>
<td>01-MAR-23</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

SACHELARIE, IRINA, MD
Provider ID: N/A
1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA 92660
Effective as of 01-MAR-23

SACHELARIE, IRINA, MD
Provider ID: N/A
1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA 92660
Effective as of 01-MAR-23

SARABI, DENNIS, MD\textsuperscript{\dagger}
Provider ID: N/A
400 NEWPORT CENTER DR STE 610
NEWPORT BEACH, CA 92660
Effective as of 01-JAN-21

AGARWAL, MADHU, MD\textsuperscript{\dagger}
Provider ID: N/A
360 SAN MIGUEL DR STE 307
NEWPORT BEACH, CA 92660
Effective as of 01-JAN-18

AGARWAL, MADHU, MD\textsuperscript{\dagger}
Provider ID: N/A
400 NEWPORT CENTER DR STE 605
NEWPORT BEACH, CA 92660
Effective as of 01-APR-23

AGARWAL, MADHU, MD\textsuperscript{\dagger}
Provider ID: N/A
400 NEWPORT CENTER DR STE 605
NEWPORT BEACH, CA 92660
Effective as of 01-APR-23

AGARWAL, MADHU, MD\textsuperscript{\dagger}
Provider ID: N/A
400 NEWPORT CENTER DR STE 605
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-22

AGARWAL, MADHU, MD\textsuperscript{\dagger}
Provider ID: N/A
400 NEWPORT CENTER DR STE 605
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-22

NEWPORT BEACH, CA 92660
Effective as of 01-OCT-22

CIES, WILLIAM, MD
Provider ID: N/A
400 NEWPORT CENTER DR STE 404
NEWPORT BEACH, CA 92660
Effective as of 01-JUL-12

EIFRING, CHARLES WILLIAM, MD\textsuperscript{\dagger}
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-SEP-18

EIFRING, CHARLES WILLIAM, MD\textsuperscript{\dagger}
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-23

EIFRING, CHARLES WILLIAM, MD\textsuperscript{\dagger}
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-NOV-17

EIFRING, CHARLES WILLIAM, MD\textsuperscript{\dagger}
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
NEWPORT BEACH, CA 92660
Effective as of 01-NOV-17

EIFRIG, CHARLES WILLIAM, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-JAN-20

EIFRIG, CHARLES WILLIAM, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-DEC-20

GUPTA, MRINALI, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-NOV-20

GUPTA, MRINALI, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-NOV-20

GUPTA, MRINALI, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-NOV-20

HWANG, JOHN, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-NOV-20

HWANG, JOHN, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-NOV-20

HWANG, JOHN, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-JUL-18

HWANG, JOHN, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-JAN-18

LIU, WENJING, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 410
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-22

LIU, WENJING, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 410
NEWPORT BEACH, CA 92660
Effective as of 01-JAN-18

MCGUIRE, DESMOND, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-22

MCGUIRE, DESMOND, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-22

MCGUIRE, DESMOND, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-NOV-17

MCGUIRE, DESMOND, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE 407
NEWPORT BEACH, CA 92660
Effective as of 01-NOV-17
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660
Effective as of 01-MAY-14

MCGUIRE, DESMOND, MD†
Provider ID: N/A
360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660
Effective as of 01-DEC-20

OTOLARYNGOLOGY

BERTESEN, CAITLIN, MD†
Provider ID: N/A
400 NEWPORT CENTER
DR STE 302
NEWPORT BEACH, CA
92660
Effective as of 01-AUG-21

SCHWARTZ, MARISSA, MD†
Provider ID: N/A
400 NEWPORT CENTER
DR STE 302
NEWPORT BEACH, CA
92660
Effective as of 01-AUG-21

SCHWARTZ, MARISSA, MD†
Provider ID: N/A
400 NEWPORT CENTER
DR STE 302
NEWPORT BEACH, CA
92660
Effective as of 01-AUG-21

SCHWARTZ, MARISSA, MD†
Provider ID: N/A
400 NEWPORT CENTER
DR STE 302
NEWPORT BEACH, CA
92660
Effective as of 01-AUG-21

WILLNER, AYAL, MD†
Provider ID: N/A
400 NEWPORT CENTER
DR STE 302
NEWPORT BEACH, CA
92660
Effective as of 01-JUL-12

PULMONOLOGY

HARRISON, AMY, MD
Provider ID: N/A
369 SAN MIGUEL DR STE
375
NEWPORT BEACH, CA
92660
Effective as of 01-FEB-24

HARRISON, AMY, MD
Provider ID: N/A
369 SAN MIGUEL DR STE
375
NEWPORT BEACH, CA
92660
Effective as of 01-FEB-24

HARRISON, AMY, MD
Provider ID: N/A
369 SAN MIGUEL DR STE
375
NEWPORT BEACH, CA
92660
Effective as of 01-FEB-24

HARRISON, AMY, MD
Provider ID: N/A
369 SAN MIGUEL DR STE
375
NEWPORT BEACH, CA
92660
Effective as of 01-FEB-24

PEDIATRICS

HOLM, WILLIAM, MD†
Provider ID: N/A
1401 AVOCADO AVE STE
802
NEWPORT BEACH, CA
92660
Effective as of 01-FEB-21

SAFER, TERRA, MD
Provider ID: N/A
360 SAN MIGUEL DR STE 105
NEWPORT BEACH, CA 92660
Effective as of 01-MAY-23

CORTES, ELIZABETH, PA
Provider ID: N/A
360 SAN MIGUEL DR STE 501
NEWPORT BEACH, CA 92660
Effective as of 01-AUG-23

KANE, KARA, PA
Provider ID: N/A
1401 AVOCADO AVE STE 703
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-22

KANE, KARA, PA
Provider ID: N/A
400 NEWPORT CENTER DR STE 702
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-22

KAUFMAN, BRITNEY, PA
Provider ID: N/A
240 NEWPORT CENTER DR STE 105
NEWPORT BEACH, CA 92660
Effective as of 01-NOV-15

KLEINSMITH, DARIN, PA
Provider ID: N/A
1441 AVOCADO AVE STE 806
NEWPORT BEACH, CA 92660
Effective as of 01-APR-23

LUCATERO, JENNIFER, PA
Provider ID: N/A
240 NEWPORT CENTER DR STE 105
NEWPORT BEACH, CA 92660
Effective as of 01-APR-23

MOUNTAIN, KELLY, PA
Provider ID: N/A
1441 AVOCADO AVE STE 503
NEWPORT BEACH, CA 92660
Effective as of 01-APR-23

MOUNTAIN, KELLY, PA
Provider ID: N/A
1441 AVOCADO AVE STE 503
NEWPORT BEACH, CA 92660
Effective as of 01-APR-23

NORMAN, STACY, PA
Provider ID: N/A
1441 AVOCADO AVE STE 806
NEWPORT BEACH, CA 92660
Effective as of 01-APR-23

NORMAN, STACY, PA
Provider ID: N/A
1441 AVOCADO AVE STE 806
NEWPORT BEACH, CA 92660
Effective as of 01-APR-23

STANDEL, SARAH, PA
Provider ID: N/A
1401 AVOCADO AVE STE 703
NEWPORT BEACH, CA 92660
Effective as of 01-JUL-19

HAUPT, DAVID, DPM
Provider ID: N/A
400 NEWPORT CENTER DR STE 706
NEWPORT BEACH, CA 92660
Effective as of 01-OCT-19

LEAMING, ROBERT, DPM
Provider ID: N/A
366 SAN MIGUEL DR STE 210
NEWPORT BEACH, CA 92660
Teleservice
Effective as of 01-FEB-24

LEAMING, ROBERT, DPM
Provider ID: N/A
366 SAN MIGUEL DR STE
C1. 网络提供者名单
专科护理医生

210
NEWPORT BEACH, CA
92660
Teleservice
Effective as of 01-FEB-24

MERCADO, BRYANT, DPM
Provider ID: N/A
400 NEWPORT CENTER DR STE 706
NEWPORT BEACH, CA 92660
Effective as of 01-AUG-23

PSYCHOLOGIST

KEALEY, TAMMY, PSYD
Provider ID: N/A
250 NEWPORT CENTER DR STE M106
NEWPORT BEACH, CA 92660
Effective as of 01-JUN-23

KEALEY, TAMMY, PSYD
Provider ID: N/A
250 NEWPORT CENTER DR STE M106
NEWPORT BEACH, CA 92660
Effective as of 01-JUN-23

KEALEY, TAMMY, PSYD
Provider ID: N/A
250 NEWPORT CENTER DR STE M106
NEWPORT BEACH, CA 92660
Effective as of 01-JUN-23

KEALEY, TAMMY, PSYD
Provider ID: N/A
250 NEWPORT CENTER DR STE M106
NEWPORT BEACH, CA 92660
Effective as of 01-JUN-23

LIM, DEAN, PSYD
Provider ID: N/A
250 NEWPORT CENTER DR STE M106
NEWPORT BEACH, CA 92660
Effective as of 01-JUN-23

LIM, DEAN, PSYD
Provider ID: N/A
250 NEWPORT CENTER DR STE M106
NEWPORT BEACH, CA 92660
Effective as of 01-JUN-23

LIM, DEAN, PSYD
Provider ID: N/A
250 NEWPORT CENTER DR STE M106
NEWPORT BEACH, CA 92660
Effective as of 01-JUN-23

LIM, DEAN, PSYD
Provider ID: N/A
250 NEWPORT CENTER DR STE M106
NEWPORT BEACH, CA 92660
Effective as of 01-JUN-23

BONEV, VALENTINA, MD
Provider ID: N/A
1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA 92660
Effective as of 01-FEB-21

BONEV, VALENTINA, MD
Provider ID: N/A
1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA 92660
Effective as of 01-FEB-21

BONEV, VALENTINA, MD
Provider ID: N/A
1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA 92660
Effective as of 01-FEB-21

BONEV, VALENTINA, MD
Provider ID: N/A
1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA 92660
Effective as of 01-FEB-21

BONEV, VALENTINA, MD
Provider ID: N/A
1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA 92660
Effective as of 01-FEB-21

BONEV, VALENTINA, MD
Provider ID: N/A
1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA 92660
Effective as of 01-FEB-21

BURNS, ROBERT, MD
Provider ID: N/A
400 NEWPORT CENTER DR STE 500
NEWPORT BEACH, CA 92660
Effective as of 01-JUL-12

SURGERY GENERAL

BONEV, VALENTINA, MD
Provider ID: N/A
1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA 92660
Effective as of 01-FEB-21

BONEV, VALENTINA, MD
Provider ID: N/A
1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA 92660
Effective as of 01-FEB-21

SURGERY PLASTIC

MUDGE, BRADLEY, MD
Provider ID: N/A
240 NEWPORT CENTER DR STE 105
NEWPORT BEACH, CA 92660
Teleservice
Effective as of 01-SEP-21
C1. 网络提供者名单
专科护理医生

MUDGE, BRADLEY, MD†
Provider ID: N/A
240 NEWPORT CENTER DR
STE 105
NEWPORT BEACH, CA
92660
Teleservice
Effective as of 01-SEP-21

MUDGE, BRADLEY, MD†
Provider ID: N/A
240 NEWPORT CENTER DR
STE 105
NEWPORT BEACH, CA
92660
Teleservice
Effective as of 01-JUL-12

RICHLAND, BRANDON, MD
Provider ID: N/A
1441 AVOCADO AVE STE 710
NEWPORT BEACH, CA
92660
Effective as of 01-JAN-24

RICHLAND, BRANDON, MD
Provider ID: N/A
1441 AVOCADO AVE STE 710
NEWPORT BEACH, CA
92660
Effective as of 01-SEP-20

RICHLAND, BRANDON, MD
Provider ID: N/A
1441 AVOCADO AVE STE 710
NEWPORT BEACH, CA
92660
Effective as of 01-JAN-19

ILBEIGI, PEDRAM, DO†
Provider ID: N/A
1401 AVOCADO AVE STE 608
NEWPORT BEACH, CA
92660
Effective as of 01-JAN-19

PHAN, CU, MD
Provider ID: N/A
400 NEWPORT CENTER DR STE 409
NEWPORT BEACH, CA
92660
Effective as of 01-MAY-12

PHAN, CU, MD
Provider ID: N/A
400 NEWPORT CENTER DR STE 409
NEWPORT BEACH, CA
92660
Effective as of 01-APR-11

PHAN, CU, MD
Provider ID: N/A
400 NEWPORT CENTER DR STE 409
NEWPORT BEACH, CA
92660
Effective as of 01-JUL-12

FAMILY PRACTICE
SPORTS MEDICINE

YIM, EUGENE, MD†
Provider ID: N/A
21115 NEWPORT COAST DR
NEWPORT COAST, CA
92657
Effective as of 01-JAN-21

ANESTHESIOLOGY

TOWNE, BROOKE, MD
Provider ID: N/A
3998 VISTA WAY STE C
C1. 网络提供者名单
专科护理医生

- OCEANSIDE, CA 92056
  Effective as of 01-JAN-24

**ANESTHESIOLOGY PAIN MANAGEMENT**

- BODDU, NAVNEET, MD
  Provider ID: N/A
  2125 S EL CAMINO REAL
  STE 200
  OCEANSIDE, CA 92054
  Effective as of 01-JAN-23

- COHEN, ZACHARY, MD
  Provider ID: N/A
  3142 VISTA WAY STE 207
  OCEANSIDE, CA 92056
  Effective as of 01-OCT-21

- COHEN, ZACHARY, MD
  Provider ID: N/A
  3142 VISTA WAY STE 207
  OCEANSIDE, CA 92056
  Effective as of 01-OCT-21

- COHEN, ZACHARY, MD
  Provider ID: N/A
  3142 VISTA WAY STE 207
  OCEANSIDE, CA 92056
  Effective as of 01-OCT-21

- COHEN, ZACHARY, MD
  Provider ID: N/A
  3142 VISTA WAY STE 207
  OCEANSIDE, CA 92056
  Effective as of 01-DEC-23

- COHEN, ZACHARY, MD
  Provider ID: N/A
  3142 VISTA WAY STE 207
  OCEANSIDE, CA 92056
  Effective as of 01-JAN-23

- COHEN, ZACHARY, MD
  Provider ID: N/A
  3142 VISTA WAY STE 207
  OCEANSIDE, CA 92056
  Effective as of 01-JAN-23

- DAIRO, BRANDON, MD
  Provider ID: N/A

- FISHER, CASEY, MD
  Provider ID: N/A
  3142 VISTA WAY STE 207
  OCEANSIDE, CA 92056
  Effective as of 01-JUN-19

- FISHER, CASEY, MD
  Provider ID: N/A
  3142 VISTA WAY STE 207
  OCEANSIDE, CA 92056
  Effective as of 01-JUL-21

- LAWSON, ERIN, MD
  Provider ID: N/A
  3142 VISTA WAY STE 207
  OCEANSIDE, CA 92056
  Effective as of 01-OCT-21

- LAWSON, ERIN, MD
  Provider ID: N/A
  3142 VISTA WAY STE 207
  OCEANSIDE, CA 92056
  Effective as of 01-DEC-23

- TOWNE, BROOKE, MD
  Provider ID: N/A
  3998 VISTA WAY STE C
  OCEANSIDE, CA 92056
  Effective as of 01-OCT-21

- TOWNE, BROOKE, MD
  Provider ID: N/A
  3998 VISTA WAY STE C
  OCEANSIDE, CA 92056
  Effective as of 01-DEC-23

**CARDIOVASCULAR DISEASE**

- EL SHERIEF, KARIM, MD
  Provider ID: N/A
  3230 WARING CT STE O
  OCEANSIDE, CA 92056
  Effective as of 01-SEP-21

- KABRA, ASHISH, MD
  Provider ID: N/A
  3907 WARING RD STE 3
  OCEANSIDE, CA 92056
  Effective as of 01-AUG-22

- RAJAMANICKAM, ANITHA, MD
  Provider ID: N/A
  3907 WARING RD STE 3
  OCEANSIDE, CA 92056
  Effective as of 01-AUG-22

- RAJAMANICKAM, ANITHA, MD
  Provider ID: N/A
  3907 WARING RD STE 3
  OCEANSIDE, CA 92056
  Effective as of 01-SEP-21

- SAMANI, PARGOL, MD
  Provider ID: N/A
  3927 WARING RD STE C
  OCEANSIDE, CA 92056
  Teleservice
  Effective as of 01-DEC-23

- SHEREV, DIMITRI, MD
  Provider ID: N/A
  3300 VISTA WAY STE B
  OCEANSIDE, CA 92056
  Effective as of 01-SEP-23

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
### C1. 网络提供者名单

<table>
<thead>
<tr>
<th>专科护理医生</th>
<th>有效日期</th>
</tr>
</thead>
</table>
| **YUNG, AARON, MD**<sup>†</sup>  
Provider ID: N/A  
2424 VISTA WAY STE 300 OCEANSIDE, CA 92054  
Teleservice  
Effective as of 01-JUN-21 | 818 PIER VIEW WAY OCEANSIDE, CA 92054  
Effective as of 01-JAN-24 |
| **BALDWIN, ANDREA, NP**<sup>†</sup>  
Provider ID: N/A  
818 PIER VIEW WAY OCEANSIDE, CA 92054  
Effective as of 01-JAN-24 | **CORY, ALLISON, NP**  
Provider ID: N/A  
818 PIER VIEW WAY OCEANSIDE, CA 92054  
Effective as of 01-FEB-24 |
| **CERTIFIED ACUPUNCTURIST** |  | **CORY, ALLISON, NP**  
Provider ID: N/A  
4700 N RIVER RD OCEANSIDE, CA 92057  
Effective as of 01-JAN-24 |
| **LIPTON, GREGORY, LAC**  
Provider ID: N/A  
701 SEAGAZE DR STE B OCEANSIDE, CA 92054  
Effective as of 01-SEP-21 | **EKLUND, BONNIE, NP**  
Provider ID: N/A  
818 PIER VIEW WAY OCEANSIDE, CA 92054  
Effective as of 01-FEB-24 |
| **CERTIFIED NURSE PRACTITIONER** |  | **EKLUND, BONNIE, NP**  
Provider ID: N/A  
4700 N RIVER RD OCEANSIDE, CA 92057  
Effective as of 01-FEB-24 |
| **ANDOLINA, SARA, NP**<sup>†</sup>  
Provider ID: N/A  
3923 WARING RD STE A OCEANSIDE, CA 92056  
Effective as of 01-JAN-21 | **CHIRIBOGA, MEGAN ELISE, NP**  
Provider ID: N/A  
4700 N RIVER RD OCEANSIDE, CA 92057  
Effective as of 01-DEC-22 |
| **BAEK, KILHYO, NP**  
Provider ID: N/A  
818 PIER VIEW WAY OCEANSIDE, CA 92054  
Effective as of 01-JAN-24 | **CHRISTY, TYLER, NPF**  
Provider ID: N/A  
818 PIER VIEW WAY OCEANSIDE, CA 92054  
Effective as of 01-JAN-24 |
| **BAEK, KILHYO, NP**  
Provider ID: N/A  
517 N HORNE ST OCEANSIDE, CA 92054  
Effective as of 01-JAN-24 | **CHRISTY, TYLER, NPF**  
Provider ID: N/A  
4700 N RIVER RD OCEANSIDE, CA 92057  
Effective as of 01-JAN-24 |
| **BAEK, KILHYO, NP**  
Provider ID: N/A  
4700 N RIVER RD OCEANSIDE, CA 92057  
Effective as of 01-JAN-24 | **HALGEDAHL, YI, NP**  
Provider ID: N/A  
818 PIER VIEW WAY OCEANSIDE, CA 92054  
Effective as of 01-JAN-24 |
| **BALDWIN, ANDREA, NP**<sup>†</sup>  
Provider ID: N/A  
517 N HORNE ST OCEANSIDE, CA 92054  
Effective as of 01-FEB-24 | **HALGEDAHL, YI, NP**  
Provider ID: N/A  
517 N HORNE ST OCEANSIDE, CA 92054  
Effective as of 01-FEB-24 |

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
HALGEDAHL, YI, NP  
Provider ID: N/A  
4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

HOWELL, AMANDA, NP  
Provider ID: N/A  
4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

HOWELL, AMANDA, NP  
Provider ID: N/A  
517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

HOWELL, AMANDA, NP  
Provider ID: N/A  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

KELLEHER, BRIDGET, NP  
Provider ID: N/A  
4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-APR-24

KELLEHER, BRIDGET, NP  
Provider ID: N/A  
517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-APR-24

KELLEHER, BRIDGET, NP  
Provider ID: N/A  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-APR-24

NAVA, PETER, NP  
Provider ID: N/A  
4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-MAR-24

PATEMAN, CAROLYN, NP  
Provider ID: N/A  
4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

PRITZKER, JOELY, NP  
Provider ID: N/A  
4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-21

PRITZKER, JOELY, NP  
Provider ID: N/A  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

QUINN, ERIN, NP  
Provider ID: N/A  
3998 VISTA WAY STE C  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-MAY-21

SANTIAGO, AMANDA, NP  
Provider ID: N/A  
4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-21

SHAHBAZ, LINNAE, NPF  
Provider ID: N/A  
517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-MAR-24

SHAHBAZ, LINNAE, NPF  
Provider ID: N/A  
517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

WAGNER, TASIA, NP  
Provider ID: N/A  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-APR-24

WAGNER, TASIA, NP  
Provider ID: N/A  
517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-APR-24

WINDHAM, SUZONNE, NP  
Provider ID: N/A  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

CERTIFIED REGISTERED NURSE MIDWIFE

KELLY, KATHERINE, CRNM†  
Provider ID: N/A  
2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

LASKY, LANA, CRNM  
Provider ID: N/A  
2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22
### C1. 网络提供者名单

<table>
<thead>
<tr>
<th>Provider</th>
<th>Name</th>
<th>Address</th>
<th>City, State, Zip Code</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERLMAN, TAMARA, CRNM†</td>
<td>Provider ID: N/A</td>
<td>2210 MESA DR STE 5 OCEANSIDE, CA 92054</td>
<td>OCEANSIDE, CA 92054</td>
<td>Effective as of 01-JUL-22</td>
</tr>
<tr>
<td>SCHROEDER, MARY, NP</td>
<td>Provider ID: N/A</td>
<td>2210 MESA DR STE 5 OCEANSIDE, CA 92054</td>
<td>OCEANSIDE, CA 92054</td>
<td>Effective as of 01-JUL-22</td>
</tr>
<tr>
<td>ZAMORA-FLYR, MARIA, CRNM</td>
<td>Provider ID: N/A</td>
<td>517 N HORNE ST OCEANSIDE, CA 92054</td>
<td>OCEANSIDE, CA 92054</td>
<td>Effective as of 01-JUL-22</td>
</tr>
<tr>
<td>CHIROPRACTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANDREWS, BRAD, DC</td>
<td>Provider ID: N/A</td>
<td>619 CROUCH ST OCEANSIDE, CA 92054</td>
<td>OCEANSIDE, CA 92054</td>
<td>Effective as of 01-JUL-22</td>
</tr>
<tr>
<td>JU, NATHANIEL, DC†</td>
<td>Provider ID: N/A</td>
<td>517 N HORNE ST OCEANSIDE, CA 92054</td>
<td>OCEANSIDE, CA 92054</td>
<td>Effective as of 01-JUL-22</td>
</tr>
<tr>
<td>JU, NATHANIEL, DC†</td>
<td>Provider ID: N/A</td>
<td>517 N HORNE ST OCEANSIDE, CA 92054</td>
<td>OCEANSIDE, CA 92054</td>
<td>Effective as of 01-JUL-22</td>
</tr>
<tr>
<td>SCHROEDER, MARY, NP</td>
<td>Provider ID: N/A</td>
<td>2210 MESA DR STE 5 OCEANSIDE, CA 92054</td>
<td>OCEANSIDE, CA 92054</td>
<td>Effective as of 01-JUL-22</td>
</tr>
<tr>
<td>ZAMORA-FLYR, MARIA, CRNM</td>
<td>Provider ID: N/A</td>
<td>517 N HORNE ST OCEANSIDE, CA 92054</td>
<td>OCEANSIDE, CA 92054</td>
<td>Effective as of 01-JUL-22</td>
</tr>
</tbody>
</table>

Effectiveness dates may vary. Please consult the provider directory for the most current information.
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-AUG-20

ROSS, ANDREW, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

SAMADY, JOSEPH, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

SAMADY, JOSEPH, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-APR-07

SAMADY, JOSEPH, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-MAR-12

SAMADY, JOSEPH, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-SEP-22

SAMADY, JOSEPH, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

SIRICHOTIRATANA, MELISSA, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JAN-23

THIELE, JENS, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-MAR-12

THIELE, JENS, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

THIELE, JENS, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

THIELE, JENS, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

TSE, YARDY, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-MAR-12

TSE, YARDY, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

VENKAT, ARUN, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-SEP-22

VENKAT, ARUN, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

VENKAT, ARUN, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-AUG-20

VENKAT, ARUN, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-AUG-13

WONG, DARBYL, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-MAR-12

WONG, DARBYL, MD
Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

ENDOCRINOLOGY
REPRODUCTIVE

COFFLER, MICKEY, MD
Provider ID: N/A
3231 WARING CT STE M
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

FAMILY PRACTICE
DONNELL, MARTI, MD
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054*  
Effective as of 01-NOV-23

DONNELL, MARTI, MD
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057*  
Effective as of 01-NOV-23

DONNELL, MARTI, MD
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054*  
Effective as of 01-NOV-23

MARTINEZ, LESLY, MD
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054*  
Effective as of 01-APR-23

MARTINEZ, LESLY, MD
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054*  
Effective as of 01-APR-23

MARTINEZ, LESLY, MD
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054*  
Effective as of 01-APR-23

PANICKER, CIBU, MD
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057  
Effective as of 01-SEP-18

PUDOL, CHRISTOPHER, DO
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057*  
Teleservice
Effective as of 01-MAR-24

PUDOL, CHRISTOPHER, DO
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054*  
Teleservice
Effective as of 01-MAR-24

PUDOL, CHRISTOPHER, DO
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054*  
Teleservice
Effective as of 01-MAR-24

VIDAL, MONICA, DO†
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

VIDAL, MONICA, DO†
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

VIDAL, MONICA, DO†
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

FAMILY PRACTICE
SPORTS MEDICINE

STARK, ERIK, MD†
Provider ID: N/A
3905 WARING RD
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-SEP-21

GASTROENTEROLOGY

CHIAO, HELLEN, MD†
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

CHIAO, HELLEN, MD†
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

CHIAO, HELLEN, MD†
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

DEVEREAUX, CHRISTOPHER, MD†
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

DEVEREAUX, CHRISTOPHER, MD†
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

DEVEREAUX, CHRISTOPHER, MD†
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JUL-22
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

DEVEREAUX, CHRISTOPHER, MD
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

NOVO, MEGAN, MD
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-SEP-23

SHIM, MICHAEL, MD
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-OCT-23

SHIM, MICHAEL, MD
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

SHIM, MICHAEL, MD
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

SHIM, MICHAEL, MD
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

VIERNES, MATTHEW, MD
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-SEP-01
C1. 网络提供者名单
专科护理医生

VIERNES, MATTHEW, MD†
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

VIERNES, MATTHEW, MD†
Provider ID: N/A
3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

GYNECOLOGIC
ONCOLOGY

ESKANDER, RAMEZ, MD†
Provider ID: N/A
4002 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JUL-21

HEMATOLOGY /
ONCOLOGY

SINGH, HIMANI, MD†
Provider ID: N/A
3617 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

SINGH, HIMANI, MD†
Provider ID: N/A
3617 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

INTERNAL MEDICINE

KHRADJIAN, TALAR, MD†
Provider ID: N/A
3300 VISTA WAY STE B
OCEANSIDE, CA 92056
Effective as of 01-SEP-22

KHRADJIAN, TALAR, MD†
Provider ID: N/A
3300 VISTA WAY STE B
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-SEP-21

LIU, ANDREW, MD
Provider ID: N/A
3300 VISTA WAY STE B
OCEANSIDE, CA 92056
Effective as of 01-SEP-23

MACMURRAY, MICHAEL, MD
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-NOV-23

MOOLANI, UJJALA, MD
Provider ID: N/A
3300 VISTA WAY STE B
OCEANSIDE, CA 92056
Effective as of 01-SEP-23

PAROLY, WARREN, MD†
Provider ID: N/A
3617 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

INTERVENTIONAL
CARDIOLOGY

MOUSSAVIAN, MEHRAN, DO†
Provider ID: N/A
605 CROUCH ST
OCEANSIDE, CA 92054
Effective as of 01-JUL-22

LICENSED CLINICAL
SOCIAL WORKER

ACOSTA, AZUCENA, LCSW
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Teleservice
Effective as of 01-JAN-24

ACOSTA, AZUCENA, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Teleservice
Effective as of 01-JAN-24

ACOSTA, AZUCENA, LCSW
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Teleservice
Effective as of 01-JAN-24

CRUZ, VANESSA, LCSW
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Teleservice
Effective as of 01-JAN-24

CRUZ, VANESSA, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Teleservice
Effective as of 01-JAN-24

CRUZ, VANESSA, LCSW
Provider ID: N/A
818 PIER VIEW WAY
DOUGHERTY, CHRISTINE, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

MENDEZ, ADRIANA, LCSW
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

DOUGHERTY, CHRISTINE, LCSW
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

MENDEZ, ADRIANA, LCSW
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

NEVILLE, MARGARET, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Teleservice
Effective as of 01-JAN-24

NEVILLE, MARGARET, LCSW
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Teleservice
Effective as of 01-JAN-24

SANCHEZ, ADRIANA, LCSW
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

SANCHEZ, ADRIANA, LCSW
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

SMITH, SONYA, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

SMITH, SONYA, LCSW
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

WILSON, CARLENE, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Teleservice
Effective as of 01-JAN-24

ZAPPONE, ALIDA, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Teleservice
Effective as of 01-JAN-24

NETWORK PROVIDER LIST

DOUGHERTY, CHRISTINE, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

DOUGHERTY, CHRISTINE, LCSW
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

DOUGHERTY, CHRISTINE, LCSW
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

GODINEZ, BRENDA, LCSW
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

GODINEZ, BRENDA, LCSW
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

GODINEZ, BRENDA, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

MENDEZ, ADRIANA, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

MENDEZ, ADRIANA, LCSW
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

MENDEZ, ADRIANA, LCSW
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

GODINEZ, BRENDA, LCSW
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

GODINEZ, BRENDA, LCSW
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

GODINEZ, BRENDA, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

MENDEZ, ADRIANA, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

MENDEZ, ADRIANA, LCSW
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

MENDEZ, ADRIANA, LCSW
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

SMITH, SONYA, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

SMITH, SONYA, LCSW
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

SMITH, SONYA, LCSW
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

WILSON, CARLENE, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Teleservice
Effective as of 01-JAN-24

ZAPPONE, ALIDA, LCSW
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Teleservice
Effective as of 01-JAN-24

ZAPPONE, ALIDA, LCSW
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Teleservice
Effective as of 01-JAN-24

ZAPPONE, ALIDA, LCSW
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Teleservice
Effective as of 01-JAN-24

564
<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TELESERVICE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MARRIAGE FAMILY THERAPIST</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEYERHOF, GRETA, MFT†</td>
<td>517 N HORNE ST, OCEANSIDE, CA 92054</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>MEYERHOF, GRETA, MFT†</td>
<td>818 PIER VIEW WAY, OCEANSIDE, CA 92054</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>MEYERHOF, GRETA, MFT†</td>
<td>4700 N RIVER RD, OCEANSIDE, CA 92057</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td><strong>MEDICAL ONCOLOGY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAROLY, WARREN, MD†</td>
<td>3617 VISTA WAY, OCEANSIDE, CA 92056</td>
<td>Effective as of 01-SEP-21</td>
</tr>
<tr>
<td><strong>NEPHROLOGY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KHARADJIAN, TALAR, MD†</td>
<td>3300 VISTA WAY STE B, OCEANSIDE, CA 92056</td>
<td>Effective as of 01-JUN-21</td>
</tr>
<tr>
<td><strong>OBSTETRICS / GYNECOLOGY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BINDER, PRATIBHA, MD†</td>
<td>4002 VISTA WAY, OCEANSIDE, CA 92056</td>
<td>Effective as of 01-JUL-21</td>
</tr>
<tr>
<td><strong>OPHTHALMOLOGY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JACOBSEN, BRADLEY, MD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Network Provider List

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JSCHMIDT, BRADLEY, MD</strong></td>
<td>3231 WARING CT STE S</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td><strong>HOO, VINCENT, MD</strong></td>
<td>3231 WARING CT STE S</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td><strong>NGUYEN, VINCENT, MD</strong></td>
<td>3231 WARING CT STE S</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td><strong>SONG, DELU, MD</strong></td>
<td>3231 WARING CT STE S</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td><strong>SONG, DELU, MD</strong></td>
<td>3231 WARING CT STE S</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td><strong>OPTOMETRIST</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GEE, JENNIFER, OD</strong></td>
<td>4700 N RIVER RD</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td><strong>GEE, JENNIFER, OD</strong></td>
<td>517 N HORNE ST</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td><strong>GEE, JENNIFER, OD</strong></td>
<td>517 N HORNE ST</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td><strong>MORA, WENDY, OD</strong></td>
<td>566</td>
<td></td>
</tr>
<tr>
<td><strong>MORA, WENDY, OD</strong></td>
<td>517 N HORNE ST</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td><strong>MORA, WENDY, OD</strong></td>
<td>517 N HORNE ST</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td><strong>MORA, WENDY, OD</strong></td>
<td>517 N HORNE ST</td>
<td>01-JUL-22</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

RICH, RYAN, OD
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

TAM, EMILY, OD
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JUL-22

OTOLARYNGOLOGY

BERRY, JULIE, MD
Provider ID: N/A
3909 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-APR-23

CARROLL, SARAH, MD†
Provider ID: N/A
3907 WARING RD STE 1
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

CARROLL, SARAH, MD†
Provider ID: N/A
3907 WARING RD STE 1
OCEANSIDE, CA 92056
Effective as of 01-OCT-21

PHYSICAL MEDICINE / REHABILITATION

CURRY, JASON, MD†
Provider ID: N/A
3905 WARING RD STE 1A
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

FISHER, CASEY, MD
Provider ID: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Provider ID</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teleservice</td>
<td>3142 VISTA WAY STE 207</td>
<td>OCEANSIDE, CA 92056</td>
<td></td>
<td>N/A</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td></td>
<td>PERRIZO, NATHAN, DO</td>
<td>3998 VISTA WAY STE 108</td>
<td></td>
<td>N/A</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td></td>
<td>RICHARDSON, HENRY, MD†</td>
<td>3231 WARING CT STE K</td>
<td></td>
<td>N/A</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td></td>
<td>PHYSICIANS ASSISTANT</td>
<td>3629 VISTA WAY</td>
<td></td>
<td>N/A</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td></td>
<td>BECKER, JANTIMA, PA</td>
<td>3629 VISTA WAY</td>
<td></td>
<td>N/A</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td></td>
<td>BEITTER, KEERSTIN, PA†</td>
<td>3231 WARING CT STE K</td>
<td></td>
<td>N/A</td>
<td>01-APR-24</td>
</tr>
<tr>
<td></td>
<td>REUSCH, KEVIN, PA</td>
<td>3905 WARING RD</td>
<td></td>
<td>N/A</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td>SKULSKY, EVA, PA†</td>
<td>3923 WARING RD</td>
<td></td>
<td>N/A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td></td>
<td>PAUL, ROBERT, PA†</td>
<td>3142 VISTA WAY</td>
<td></td>
<td>N/A</td>
<td>01-FEB-22</td>
</tr>
<tr>
<td></td>
<td>POLLINGTON, CHRISTOPHER, PA</td>
<td>3142 VISTA WAY</td>
<td></td>
<td>N/A</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td></td>
<td>RAMOS, ELENA, PA</td>
<td>605 CROUCH ST</td>
<td></td>
<td>N/A</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td></td>
<td>3905 WARING RD</td>
<td>4700 N RIVER RD</td>
<td></td>
<td>N/A</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td></td>
<td>3231 WARING CT STE K</td>
<td>3231 WARING CT STE K</td>
<td></td>
<td>N/A</td>
<td>01-APR-24</td>
</tr>
<tr>
<td></td>
<td>PODIATRIST</td>
<td>BOBICK, BRIAN, DPM†</td>
<td></td>
<td>N/A</td>
<td>01-APR-24</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

Teleservice
Effective as of 01-SEP-21

BOBICK, BRIAN, DPM
Provider ID: N/A
3905 WARING RD
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-SEP-21

BROOKS, JEFFREY, DPM
Provider ID: N/A
3230 WARING CT STE M
OCEANSIDE, CA 92056
Effective as of 01-APR-21

HAN, JAMES, DPM
Provider ID: N/A
2119 S EL CAMINO REAL
OCEANSIDE, CA 92054
Effective as of 01-DEC-11

SHIN, HEAMIN, DPM
Provider ID: N/A
3230 WARING CT STE M
OCEANSIDE, CA 92056
Effective as of 01-FEB-10

SPRINGER, DEWAIN, DPM
Provider ID: N/A
2191 S EL CAMINO REAL
OCEANSIDE, CA 92054
Effective as of 01-JUL-18

PSYCHIATRY

BELL, JENNIFER, DO
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-FEB-24

BELL, JENNIFER, DO
Provider ID: N/A

CHRISTIANSON, WARREN, DO
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-FEB-24

CHRISTIANSON, WARREN, DO
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-AUG-21

CHRISTIANSON, WARREN, DO
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-FEB-24

CHRISTIANSON, WARREN, DO
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Teleservice
Effective as of 01-JAN-24

CHRISTIANSON, WARREN, DO
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Teleservice
Effective as of 01-JAN-24

CHRISTIANSON, WARREN, DO
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Teleservice
Effective as of 01-JAN-24

CHRISTIANSON, WARREN, DO
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-AUG-21

CHRISTIANSON, WARREN, DO
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-FEB-24

CHRISTIANSON, WARREN, DO
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-AUG-21

PATEL, MITESH, MD
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

PATEL, MITESH, MD
Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

PATEL, MITESH, MD
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Teleservice
Effective as of 01-JAN-24

PATEL, MITESH, MD
Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Teleservice
Effective as of 01-JAN-24

PATEL, MITESH, MD
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Teleservice
Effective as of 01-JAN-24

PATEL, MITESH, MD
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-AUG-21

PATEL, MITESH, MD
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-AUG-21

PATEL, MITESH, MD
Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-AUG-21

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialties</th>
<th>Address</th>
<th>Provider ID</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORONA, FRANK, MD</td>
<td>Pulmonary Diseases</td>
<td>3231 WARING CT STE D OCEANSIDE, CA 92056</td>
<td>N/A</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td></td>
<td>Registered Physical Therapist</td>
<td>467 COLLEGE BLVD STE 6 OCEANSIDE, CA 92057</td>
<td>N/A</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>VISEROI, MARIUS, MD</td>
<td>Radiation Oncology</td>
<td>3231 WARING CT STE D OCEANSIDE, CA 92056</td>
<td>N/A</td>
<td>01-JUN-99</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3907 WARING RD STE 2 OCEANSIDE, CA 92056</td>
<td>N/A</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>YAMANAKA, MARK, MD</td>
<td></td>
<td>3907 WARING RD STE 2 OCEANSIDE, CA 92056</td>
<td>N/A</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>RASH, DOMINIQUE, MD</td>
<td></td>
<td>467 COLLEGE BLVD STE 6 OCEANSIDE, CA 92057</td>
<td>N/A</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>URBANIC, JAMES, MD</td>
<td></td>
<td>467 COLLEGE BLVD STE 6 OCEANSIDE, CA 92057</td>
<td>N/A</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4002 VISTA WAY</td>
<td>N/A</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4002 VISTA WAY</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2424 VISTA WAY STE 120 OCEANSIDE, CA 92054</td>
<td>N/A</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3231 WARING CT STE K OCEANSIDE, CA 92056</td>
<td>N/A</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3905 WARING RD STE 2 OCEANSIDE, CA 92056</td>
<td>N/A</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>467 COLLEGE BLVD STE 6 OCEANSIDE, CA 92057</td>
<td>N/A</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3905 WARING RD STE 2 OCEANSIDE, CA 92056</td>
<td>N/A</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3905 WARING RD STE 2 OCEANSIDE, CA 92056</td>
<td>N/A</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>467 COLLEGE BLVD STE 6 OCEANSIDE, CA 92057</td>
<td>N/A</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2424 VISTA WAY STE 120 OCEANSIDE, CA 92054</td>
<td>N/A</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3231 WARING CT STE K OCEANSIDE, CA 92056</td>
<td>N/A</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3905 WARING RD STE 2 OCEANSIDE, CA 92056</td>
<td>N/A</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3905 WARING RD STE 2 OCEANSIDE, CA 92056</td>
<td>N/A</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3905 WARING RD STE 2 OCEANSIDE, CA 92056</td>
<td>N/A</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3905 WARING RD STE 2 OCEANSIDE, CA 92056</td>
<td>N/A</td>
<td>01-JAN-23</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

Effective as of 01-OCT-23

WILSON, JENNIFER, PT
Provider ID: N/A
３905 WARING RD
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-OCT-21

RHEUMATOLOGY

BEJKO, ETLEVA, MD
Provider ID: N/A
３998 VISTA WAY STE E
OCEANSIDE, CA 92056
Effective as of 01-JAN-24

BRION, PAUL, MD
Provider ID: N/A
３998 VISTA WAY STE E
OCEANSIDE, CA 92056
Effective as of 01-FEB-24

SURGERY COLON

SURGERY

NASSERY, KRISTEN, MD†
Provider ID: N/A
３601 VISTA WAY STE 203
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

NASSERY, KRISTEN, MD†
Provider ID: N/A
３601 VISTA WAY STE 203
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

SURGERY GENERAL

DEEMER, ANDREW, MD†
Provider ID: N/A
３601 VISTA WAY STE 203
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

DEEMER, ANDREW, MD†
Provider ID: N/A
３601 VISTA WAY STE 203
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

JAMSHIDI-NEZHAD, MOHAMMAD, DO
Provider ID: N/A
３601 VISTA WAY STE 203
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

SEIDEN, GRANT, MD†
Provider ID: N/A
３905 WARING RD
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-SEP-21

SEIDEN, GRANT, MD†
Provider ID: N/A
３905 WARING RD
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-SEP-21

WAKILY, HUSSNA, MD†
Provider ID: N/A
３601 VISTA WAY STE 203
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

WAKILY, HUSSNA, MD†
Provider ID: N/A
３601 VISTA WAY STE 203
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

KANE, NORMAN, MD†
Provider ID: N/A
３905 WARING RD
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-SEP-21

KANE, NORMAN, MD†
Provider ID: N/A
３905 WARING RD
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-SEP-21

STARK, ERIK, MD†
Provider ID: N/A
３905 WARING RD
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-SEP-21
<table>
<thead>
<tr>
<th>C1. 网络提供者名单</th>
<th>专科护理医生</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SURGERY THORACIC</strong></td>
<td></td>
</tr>
<tr>
<td>WU, DARRELL, MD†</td>
<td>Provider ID: N/A&lt;br&gt;3609 VISTA WAY&lt;br&gt;OCEANSIDE, CA 92056&lt;br&gt;Effective as of 01-SEP-21</td>
</tr>
<tr>
<td>GUERENA, MICHAEL, MD†</td>
<td>Provider ID: N/A&lt;br&gt;3609 VISTA WAY&lt;br&gt;OCEANSIDE, CA 92056&lt;br&gt;Effective as of 01-JUN-99</td>
</tr>
<tr>
<td>PHILLIPS, JASON, MD†</td>
<td>Provider ID: N/A&lt;br&gt;3609 VISTA WAY&lt;br&gt;OCEANSIDE, CA 92056&lt;br&gt;Effective as of 01-JAN-21</td>
</tr>
<tr>
<td><strong>UROLOGY</strong></td>
<td></td>
</tr>
<tr>
<td>BOONJINDASUP, AARON, MD</td>
<td>Provider ID: N/A&lt;br&gt;3907 WARING RD STE 4&lt;br&gt;OCEANSIDE, CA 92056&lt;br&gt;Effective as of 01-SEP-21</td>
</tr>
<tr>
<td><strong>CERTIFIED NURSE PRACTITIONER</strong></td>
<td></td>
</tr>
<tr>
<td>ADDO, BELINDA, NP†</td>
<td>Provider ID: N/A&lt;br&gt;524 W 4TH ST STE B&lt;br&gt;PERRIS, CA 92570&lt;br&gt;Effective as of 01-OCT-22</td>
</tr>
<tr>
<td><strong>CHIROPRACTOR</strong></td>
<td></td>
</tr>
<tr>
<td>SCHRIEFER, NOAH, DC†</td>
<td>Provider ID: N/A&lt;br&gt;1675 N PERRIS BLVD STE G&lt;br&gt;PERRIS, CA 92571&lt;br&gt;Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>TRAINER, JASON, DC†</td>
<td>Provider ID: N/A&lt;br&gt;1675 N PERRIS BLVD STE G1&lt;br&gt;PERRIS, CA 92571&lt;br&gt;Effective as of 01-JUL-22</td>
</tr>
<tr>
<td><strong>NEUROLOGY CHILD</strong></td>
<td></td>
</tr>
<tr>
<td>ARCA, CHRIS, MD</td>
<td>Provider ID: N/A&lt;br&gt;215 W 4TH ST&lt;br&gt;PERRIS, CA 92570&lt;br&gt;Effective as of 01-NOV-23</td>
</tr>
<tr>
<td><strong>PEDIATRICS</strong></td>
<td></td>
</tr>
<tr>
<td>LEE, ALAN, MD†</td>
<td>Provider ID: N/A&lt;br&gt;215 W 4TH ST&lt;br&gt;PERRIS, CA 92570*&lt;br&gt;Effective as of 01-AUG-20</td>
</tr>
</tbody>
</table>

*Denotes providers with a specific address change or a change in effective date.*
### PREVENTATIVE MEDICINE

#### GENERAL

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAFONTANT, JEAN, MD†</td>
<td>N/A</td>
<td>524 W 4TH ST STE B PERRIS, CA 92570</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>FISHER, CASEY, MD</td>
<td>N/A</td>
<td>15725 POMERADO RD STE 201 POWAY, CA 92064</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>LAFONTANT, JEAN, MD†</td>
<td>N/A</td>
<td>524 W 4TH ST STE B PERRIS, CA 92570</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>PRASAD, RUPA, MD†</td>
<td>N/A</td>
<td>15611 POMERADO RD STE 505 POWAY, CA 92064 Teleservice</td>
<td>Effective as of 01-NOV-21</td>
</tr>
</tbody>
</table>

### ANESTHESIOLOGY

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRASAD, RUPA, MD†</td>
<td>N/A</td>
<td>15611 POMERADO RD STE 505 POWAY, CA 92064</td>
<td>Effective as of 01-FEB-23</td>
</tr>
<tr>
<td>WILLIAMS, SHANTRICE, NP</td>
<td>N/A</td>
<td>13010 POWAY RD POWAY, CA 92064</td>
<td>Effective as of 01-FEB-24</td>
</tr>
<tr>
<td>WRIGHT, KIMBERLY, NP†</td>
<td>N/A</td>
<td>15611 POMERADO RD STE 400 POWAY, CA 92064</td>
<td>Effective as of 01-JAN-21</td>
</tr>
</tbody>
</table>

### CARDIOVASCULAR DISEASE

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NANAVATI, VIMAL, MD</td>
<td>N/A</td>
<td>15706 POMERADO RD STE 104 POWAY, CA 92064</td>
<td>Effective as of 01-FEB-23</td>
</tr>
<tr>
<td>SHEREV, DIMITRI, MD</td>
<td>N/A</td>
<td>15708 POMERADO RD STE N-205 POWAY, CA 92064</td>
<td>Effective as of 01-SEP-23</td>
</tr>
</tbody>
</table>

### ANESTHESIOLOGY PAIN MANAGEMENT

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>COHEN, ZACHARY, MD†</td>
<td>N/A</td>
<td>15725 POMERADO RD STE 210 POWAY, CA 92064</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>ZAKOV, KAMEN, MD†</td>
<td>N/A</td>
<td>15611 POMERADO RD STE 400 POWAY, CA 92064</td>
<td>Effective as of 01-SEP-22</td>
</tr>
</tbody>
</table>

### CLINICAL NEUROPSYCHOLOGIST

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAUP, ALLISON, PhD†</td>
<td>N/A</td>
<td>15611 POMERADO RD STE 505 POWAY, CA 92064 Teleservice</td>
<td>Effective as of 01-MAR-21</td>
</tr>
</tbody>
</table>

### DERMATOLOGY

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARMSTRONG, PATRICK, MD</td>
<td>N/A</td>
<td>15611 POMERADO RD STE 400 POWAY, CA 92064</td>
<td>Effective as of 01-FEB-24</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BROGAN, JACQUELINE, MD</td>
<td>N/A</td>
<td>15725 POMERADO RD STE 102</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>CELANO, NICHOLAS, MD</td>
<td>N/A</td>
<td>15725 POMERADO RD STE 102</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>CELANO, NICHOLAS, MD</td>
<td>N/A</td>
<td>15725 POMERADO RD STE 102</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>CHIANG, JENNIFER, MD</td>
<td>N/A</td>
<td>15725 POMERADO RD STE 102</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>GONZALEZ, JOSE, MD</td>
<td>N/A</td>
<td>15725 POMERADO RD STE 102</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>JOU, PAUL, MD</td>
<td>N/A</td>
<td>15611 POMERADO RD STE 400</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>LIN, SHINKO, MD</td>
<td>N/A</td>
<td>15725 POMERADO RD STE 102</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>CELANO, NICHOLAS, MD</td>
<td>N/A</td>
<td>15725 POMERADO RD STE 102</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>SATEESH, BROOKE, MD</td>
<td>N/A</td>
<td>15725 POMERADO RD STE 102</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>TYAGI, ABHILASHA, MD</td>
<td>N/A</td>
<td>15725 POMERADO RD STE 102</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>UEBELHOER, NATHAN, DO</td>
<td>N/A</td>
<td>15725 POMERADO RD STE 102</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>SCHNEIDER, DARIUS, MD</td>
<td>N/A</td>
<td>15525 POMERADO RD STE A1</td>
<td>01-DEC-22</td>
</tr>
<tr>
<td>SCHNEIDER, DARIUS, MD</td>
<td>N/A</td>
<td>15525 POMERADO RD STE A1</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>FAMILY PRACTICE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLINN, SCOTT, MD</td>
<td>N/A</td>
<td>15611 POMERADO RD STE 400</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>NJAND, SADAF, MD</td>
<td>N/A</td>
<td>15611 POMERADO RD STE 400</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>WHITE, KERI, MD</td>
<td>N/A</td>
<td>15611 POMERADO RD STE 400</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>GASTROENTEROLOGY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZAKKO, MARAM, MD</td>
<td>N/A</td>
<td>15611 POMERADO RD STE 400</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>ENDOCRINOLOGY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCHNEIDER, DARIUS, MD</td>
<td>N/A</td>
<td>15525 POMERADO RD STE A1</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>INTERNAL MEDICINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHEN, ANDREW, MD</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
15611 POMERADO RD STE 400
POWAY, CA 92064
Effective as of 01-SEP-22

MANSOUR, DAVID, DO†
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064*
Effective as of 01-AUG-22

MOOLANI, UJJALA, MD
Provider ID: N/A
15708 POMERADO RD STE N-205
POWAY, CA 92064*
Effective as of 01-MAY-23

REDDY, SMITHA, MD†
Provider ID: N/A
15725 POMERADO RD STE 117
POWAY, CA 92064
Effective as of 01-JAN-21

REDDY, SMITHA, MD†
Provider ID: N/A
15725 POMERADO RD STE 117
POWAY, CA 92064
Effective as of 01-JAN-23

REDDY, SMITHA, MD†
Provider ID: N/A
15725 POMERADO RD STE 117
POWAY, CA 92064
Effective as of 01-JAN-21

REDDY, SMITHA, MD†
Provider ID: N/A
15725 POMERADO RD STE 117
POWAY, CA 92064
Effective as of 01-JAN-21

THAPER, MOHINDERPAL, MD†
Provider ID: N/A
15611 POMERADO RD STE 575
POWAY, CA 92064

Effective as of 01-JAN-21

INTERVENTIONAL CARDIOLOGY

BAYAT, HAMED, MD†
Provider ID: N/A
15611 POMERADO RD STE 400
POWAY, CA 92064
Effective as of 01-SEP-22

MULVIHILL, DANIEL, MD†
Provider ID: N/A
15611 POMERADO RD STE 400
POWAY, CA 92064
Effective as of 01-SEP-22

SERRY, ROD, MD†
Provider ID: N/A
15611 POMERADO RD STE 400
POWAY, CA 92064
Effective as of 01-SEP-22

VANICHSAARN, CHRISTOPHER, MD†
Provider ID: N/A
15611 POMERADO RD STE 400
POWAY, CA 92064
Effective as of 01-MAR-24

LICENSED CLINICAL SOCIAL WORKER

BELINSKY, MARIA, LCSW
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064
Effective as of 01-FEB-24

NEPHROLOGY

AL-DAHHAH, ZAID, MD

Provider ID: N/A
15708 POMERADO RD STE N-205
POWAY, CA 92064
Effective as of 01-MAY-23

BOISKIN, MARK, MD†
Provider ID: N/A
15611 POMERADO RD STE 400
POWAY, CA 92064
Effective as of 01-SEP-22

BOISKIN, MARK, MD†
Provider ID: N/A
15708 POMERADO RD STE N-205
POWAY, CA 92064
Effective as of 01-JUL-22

BOISKIN, MARK, MD†
Provider ID: N/A
15644 POMERADO RD STE 104
POWAY, CA 92064
Effective as of 01-JAN-24

BOISKIN, MARK, MD†
Provider ID: N/A
15708 POMERADO RD STE N-205
POWAY, CA 92064
Effective as of 01-JAN-16

BOISKIN, MARK, MD†
Provider ID: N/A
15708 POMERADO RD STE N-205
POWAY, CA 92064
Effective as of 01-JAN-21

GREENSTEIN, JOSHUA, MD†
Provider ID: N/A
15708 POMERADO RD STE N-205
POWAY, CA 92064
Effective as of 01-JUL-22

NEYAZ, MOHAMMED, DO
Provider ID: N/A
15708 POMERADO RD STE N-205
### C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Effective Dates</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHAPIRO, MARK, MD†</td>
<td>15708 POMERADO RD STE N-205</td>
<td>01-FEB-22</td>
<td>Teleservice</td>
</tr>
<tr>
<td></td>
<td>POWAY, CA 92064</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOFFMAN, GILBERT, MD</td>
<td>15611 POMERADO RD STE 505</td>
<td>01-OCT-23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>POWAY, CA 92064</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROY, ANemie, MD</td>
<td>15611 POMERADO RD STE 505</td>
<td>01-OCT-23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>POWAY, CA 92064</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOH, MAI, MD</td>
<td>15611 POMERADO RD STE 505</td>
<td>01-OCT-23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>POWAY, CA 92064</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAN, LI, MD†</td>
<td>15525 POMERADO RD STE C1</td>
<td>01-OCT-23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>POWAY, CA 92064</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOZIER, JEFFREY, MD†</td>
<td>15611 POMERADO RD STE 505</td>
<td>01-OCT-23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>POWAY, CA 92064</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KIM, MICHELLE, OD</td>
<td>15611 POMERADO RD STE 505</td>
<td>01-OCT-23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>POWAY, CA 92064</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WANG, ANCHI, MD†</td>
<td>15611 POMERADO RD STE 505</td>
<td>01-OCT-23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>POWAY, CA 92064</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WANG, CHUNYANG, MD†</td>
<td>15611 POMERADO RD STE 505</td>
<td>01-OCT-23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>POWAY, CA 92064</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WANG, CHUNYANG, MD†</td>
<td>15611 POMERADO RD STE 505</td>
<td>01-OCT-23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>POWAY, CA 92064</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

BULLOCK, ANDREW, DO
Provider ID: N/A
15644 POMERADO RD STE 204
POWAY, CA 92064
Effective as of 01-JAN-21

BULLOCK, ANDREW, DO
Provider ID: N/A
15644 POMERADO RD STE 204
POWAY, CA 92064
Effective as of 01-JUL-22

FISHER, CASEY, MD
Provider ID: N/A
15725 POMERADO RD STE 210
POWAY, CA 92064
Effective as of 01-JAN-21

TAHAEI, SEYED, MD
Provider ID: N/A
15708 POMERADO RD STE N-207
POWAY, CA 92064
Effective as of 01-OCT-22

PHYSICIANS ASSISTANT
ASTOURIAN, PATRICK, PA
Provider ID: N/A
15725 POMERADO RD STE 117
POWAY, CA 92064
Teleservice
Effective as of 01-SEP-22

CAMERON, KENDALL, PA
Provider ID: N/A
15725 POMERADO RD STE 117
POWAY, CA 92064
Teleservice
Effective as of 01-AUG-22

CHATFIELD, ALEXANDRA, PA
Provider ID: N/A
15611 POMERADO RD STE 505
POWAY, CA 92064
Effective as of 01-FEB-21

GRINDLE, SILVIA, PA
Provider ID: N/A
13525 MIDLAND RD STE F
POWAY, CA 92064
Effective as of 01-JAN-21

HUANG, STEPHANIE, PA
Provider ID: N/A
15611 POMERADO RD STE 505
POWAY, CA 92064
Effective as of 01-OCT-23

RAHIM, ARIANNA, PA
Provider ID: N/A
15611 POMERADO RD STE 505
POWAY, CA 92064
Effective as of 01-OCT-23

WEBB, SHANNON, PA
Provider ID: N/A
15725 POMERADO RD STE 102
POWAY, CA 92064
Teleservice
Effective as of 01-MAY-23

PODIATRIST
BANKS, JAMINELLI, DPM
Provider ID: N/A
15706 POMERADO RD STE S-102
POWAY, CA 92064
Effective as of 01-DEC-21

SMITH, COLLIN, DPM
Provider ID: N/A
15706 POMERADO RD STE S102
POWAY, CA 92064
Effective as of 01-SEP-22
POWAY, CA 92064 Effective as of 01-FEB-21

SMITH, COLLIN, DPM†
Provider ID: N/A
15706 POMERADO RD STE S102
POWAY, CA 92064 Effective as of 01-SEP-22

PSYCHIATRY

ANDERSEN, CLAIRE, MD
Provider ID: N/A
13020 POWAY RD
POWAY, CA 92064 Effective as of 01-JAN-21

ANDERSEN, CLAIRE, MD
Provider ID: N/A
13020 POWAY RD
POWAY, CA 92064 Effective as of 01-JAN-21

MODHWADIA, MAMTA, MD
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064 Effective as of 01-FEB-24

MODHWADIA, MAMTA, MD
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064 Effective as of 01-FEB-24

PEDERSEN, SUESAN, MD
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064 Effective as of 01-AUG-22

PEDERSEN, SUESAN, MD
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064 Effective as of 01-AUG-22

POSTLETHWAITE, ALEJANDRA, MD†
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064 Effective as of 01-JAN-24

POSTLETHWAITE, ALEJANDRA, MD†
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064 Effective as of 01-JAN-24

PSYCHIATRY CHILD

ANDERSEN, CLAIRE, MD
Provider ID: N/A
13020 POWAY RD
POWAY, CA 92064 Effective as of 01-JAN-21

ANDERSEN, CLAIRE, MD
Provider ID: N/A
13020 POWAY RD
POWAY, CA 92064 Effective as of 01-JAN-21

MEJIAS, JUAN, PhD
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064 Effective as of 01-JAN-24

MEJIAS, JUAN, PhD
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064 Effective as of 01-JAN-24

PSYCHOLOGIST

KAUP, ALLISON, PhD†
Provider ID: N/A
15611 POMERADO RD STE 505
POWAY, CA 92064 Teleservice Effective as of 01-NOV-23

KAUP, ALLISON, PhD†
Provider ID: N/A
15611 POMERADO RD STE 505
POWAY, CA 92064 Teleservice Effective as of 01-NOV-23

KAUP, ALLISON, PhD†
Provider ID: N/A
15611 POMERADO RD STE 505
POWAY, CA 92064 Teleservice Effective as of 01-NOV-23

KAUP, ALLISON, PhD†
Provider ID: N/A
15611 POMERADO RD STE 505
POWAY, CA 92064 Teleservice Effective as of 01-NOV-23

KAUP, ALLISON, PhD†
Provider ID: N/A
15611 POMERADO RD STE 505
POWAY, CA 92064 Teleservice Effective as of 01-NOV-23

KAUP, ALLISON, PhD†
Provider ID: N/A
15611 POMERADO RD STE 505
POWAY, CA 92064 Teleservice Effective as of 01-NOV-23

KAUP, ALLISON, PhD†
Provider ID: N/A
15611 POMERADO RD STE 505
POWAY, CA 92064 Teleservice Effective as of 01-NOV-23

MEJIAS, JUAN, PhD
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064 Effective as of 01-JAN-24

MEJIAS, JUAN, PhD
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064 Effective as of 01-JAN-24

VALEZ-BARLAM, ANDREA, PhD
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064 Effective as of 01-DEC-23

VALEZ-BARLAM, ANDREA, PhD
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064 Effective as of 01-DEC-23

VALEZ-BARLAM, ANDREA, PhD
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064 Effective as of 01-DEC-23

VALEZ-BARLAM, ANDREA, PhD
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064 Effective as of 01-DEC-23

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单

专科护理医生

Effective as of 01-JAN-24

VALLEZ-BARLAM, ANDREA, PhD
Provider ID: N/A
13010 POWAY RD
POWAY, CA 92064
Effective as of 01-JAN-24

POWAY, CA 92064
Teleservice
Effective as of 01-JAN-21

BRIED, JAMES, MD†
Provider ID: N/A
15611 POMERADO RD STE 525
POWAY, CA 92064
Effective as of 01-SEP-22

COHEN, BRAD, MD†
Provider ID: N/A
15611 POMERADO RD STE 525
POWAY, CA 92064
Effective as of 01-SEP-22

RHEUMATOLOGY

RAO, SOUMYA, MD†
Provider ID: N/A
15611 POMERADO RD STE 400
POWAY, CA 92064
Effective as of 01-SEP-22

REDDY, SMITHA, MD†
Provider ID: N/A
15725 POMERADO RD STE 117
POWAY, CA 92064
Effective as of 01-SEP-22

REDDY, SMITHA, MD†
Provider ID: N/A
15725 POMERADO RD STE 117
POWAY, CA 92064
Effective as of 01-DEC-18

SURGERY ORTHOPEDIC

BALIKIAN, PHILIP, MD†
Provider ID: N/A
15611 POMERADO RD STE 400
POWAY, CA 92064
Effective as of 01-JUN-23

PEDIATRICS

YUNG, DORIS, MD†
Provider ID: N/A
220 ROTANZI ST
RAMONA, CA 92065
Effective as of 01-DEC-18

REGISTERED PHYSICAL THERAPIST

BOUTELE, DAVID, PT
Provider ID: N/A
850 MAIN ST STE 105
POWAY, CA 92064
Effective as of 01-FEB-24

BOUTELE, BARBARA, PT
Provider ID: N/A
850 MAIN ST STE 105
POWAY, CA 92064
Effective as of 01-FEB-24

CHIROPRACTOR

PIERSON, MICHAEL, DC
Provider ID: N/A
22411 ANTONIO PKWY STE C215
RAMONA, CA 92688
Effective as of 01-JAN-18

DERMATOLOGY

DICESARE, DANIEL, MD
Provider ID: N/A
22032 EL PASEO STE 150
RAMONA, CA 92065
Effective as of 01-JAN-18
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

Provider ID: N/A
نك: 22032 EL PASEO STE 150
رنشو سانتا مارغاريتا، كاليفورنيا، 92688
فعالية من 01-نوف-19

GUIDE, SHIREEN, MD†
Provider ID: N/A
نك: 29829 SANTA MARGARITA PKWY STE 500
رنشو سانتا مارغاريتا، كاليفورنيا، 92688
فعالية من 01-جول-18

GUIDE, SHIREEN, MD†
Provider ID: N/A
نك: 29829 SANTA MARGARITA PKWY STE 500
رنشو سانتا مارغاريتا، كاليفورنيا، 92688
فعالية من 01-يناير-17

GUIDE, SHIREEN, MD†
Provider ID: N/A
نك: 29829 SANTA MARGARITA PKWY STE 500
رنشو سانتا مارغاريتا، كاليفورنيا، 92688
فعالية من 01-يناير-16

GUIDE, SHIREEN, MD†
Provider ID: N/A
نك: 29829 SANTA MARGARITA PKWY STE 500
رنشو سانتا مارغاريتا، كاليفورنيا، 92688
فعالية من 01-يناير-16

GUIDE, SHIREEN, MD†
Provider ID: N/A
نك: 29829 SANTA MARGARITA PKWY STE 500
رنشو سانتا مارغاريتا، كاليفورنيا، 92688
فعالية من 01-يناير-20

GUIDE, SHIREEN, MD†
Provider ID: N/A
نك: 29829 SANTA MARGARITA PKWY STE 500
رنشو سانتا مارغاريتا، كاليفورنيا، 92688
فعالية من 01-يناير-20

SHIELL, RONALD, MD†
Provider ID: N/A
نك: 22032 EL PASEO STE 220
رنشو سانتا مارгарيتا، كاليفورنيا، 92688
فعالية من 01-ديسمبر-21

SHIELL, RONALD, MD†
Provider ID: N/A
نك: 22032 EL PASEO STE 220
رنشو سانتا مارгарيتا، كاليفورنيا، 92688
فعالية من 01-يناير-17

WANG, JAMES, MD†
Provider ID: N/A
C1. 网络提供者名单
专科护理医生

1. **WANG, JAMES, MD**
   - Provider ID: N/A
   - 29833 SANTA MARGARITA PKWY STE 100
   - RANCHO SANTA MARGARITA, CA 92688
   - Effective as of 01-SEP-19

2. **WANG, JAMES, MD**
   - Provider ID: N/A
   - 29833 SANTA MARGARITA PKWY STE 100
   - RANCHO SANTA MARGARITA, CA 92688
   - Effective as of 01-SEP-19

3. **WANG, JAMES, MD**
   - Provider ID: N/A
   - 29833 SANTA MARGARITA PKWY STE 100
   - RANCHO SANTA MARGARITA, CA 92688
   - Effective as of 01-SEP-19

4. **WANG, JAMES, MD**
   - Provider ID: N/A
   - 29833 SANTA MARGARITA PKWY STE 100
   - RANCHO SANTA MARGARITA, CA 92688
   - Effective as of 01-JUL-18

**ENDOCRINOLOGY METABOLISM DIABETES**

5. **HAMIDI, AFSHIN, MD**
   - Provider ID: N/A
   - 30511 AVENIDA DE LAS FLORES
   - # 1064
   - RANCHO SANTA MARGARITA, CA 92688
   - Teleservice
   - Effective as of 01-SEP-23

6. **HAMIDI, AFSHIN, MD**
   - Provider ID: N/A
   - 30511 AVENIDA DE LAS FLORES
   - # 1064
   - RANCHO SANTA MARGARITA, CA 92688
   - Teleservice
   - Effective as of 01-SEP-23

**INTERNAL MEDICINE**

7. **GORE, GWENDOLYN, MD**
   - Provider ID: N/A
   - 29472 AVENIDA DE LAS BANDERA
   - RANCHO SANTA MARGARITA, CA 92688
   - Effective as of 01-SEP-19

8. **GORE, GWENDOLYN, MD**
   - Provider ID: N/A
   - 29472 AVENIDA DE LAS BANDERA
   - RANCHO SANTA MARGARITA, CA 92688
   - Effective as of 01-JAN-22

9. **GORE, GWENDOLYN, MD**
   - Provider ID: N/A
   - 29472 AVENIDA DE LAS BANDERA
   - RANCHO SANTA MARGARITA, CA 92688
   - Effective as of 01-APR-11

10. **ANGAROLA, JEFF, DPM**
    - Provider ID: N/A
    - 29472 AVENIDA DE LAS BANDERA
    - RANCHO SANTA MARGARITA, CA 92688
    - Effective as of 01-SEP-19

11. **ANGAROLA, JEFF, DPM**
    - Provider ID: N/A
    - 29472 AVENIDA DE LAS BANDERA
    - RANCHO SANTA MARGARITA, CA 92688
    - Effective as of 01-MAY-12

12. **ANGAROLA, JEFF, DPM**
    - Provider ID: N/A
    - 29472 AVENIDA DE LAS BANDERA
    - RANCHO SANTA MARGARITA, CA 92688
    - Effective as of 01-MAY-12

13. **ANGAROLA, JEFF, DPM**
    - Provider ID: N/A
    - 29472 AVENIDA DE LAS BANDERA
    - RANCHO SANTA MARGARITA, CA 92688
    - Effective as of 01-MAY-12

**PHYSICIANS ASSISTANT**

14. **KANE, KARA, PA**
    - Provider ID: N/A
    - 22032 EL PASEO STE 220
    - RANCHO SANTA MARGARITA, CA 92688
    - Effective as of 01-OCT-22

**PODIATRIST**

15. **ANGAROLA, JEFF, DPM**
    - Provider ID: N/A
    - 29472 AVENIDA DE LAS BANDERA
    - RANCHO SANTA MARGARITA, CA 92688
    - Effective as of 01-MAY-12

16. **ANGAROLA, JEFF, DPM**
    - Provider ID: N/A
    - 29472 AVENIDA DE LAS BANDERA
    - RANCHO SANTA MARGARITA, CA 92688
    - Effective as of 01-MAY-12

17. **ANGAROLA, JEFF, DPM**
    - Provider ID: N/A
    - 29472 AVENIDA DE LAS BANDERA
    - RANCHO SANTA MARGARITA, CA 92688
    - Effective as of 01-JAN-22
MARGANITÀ, CA 92688
Effective as of 01-JAN-22

ANGAROLA, JEFF, DPM
Provider ID: N/A

29472 AVENIDA DE LAS BANDERA
RANCHO SANTA MARGARITA, CA 92688
Effective as of 01-JAN-22

ANGAROLA, JEFF, DPM
Provider ID: N/A

29472 AVENIDA DE LAS BANDERA
RANCHO SANTA MARGARITA, CA 92688
Effective as of 01-MAY-12

ANESTHESIOLOGY PAIN MANAGEMENT

MAASUMI, KASRA, MD
Provider ID: N/A

30212 TOMAS STE 180
RANCHO STA MARG, CA 92688
Teleservice
Effective as of 01-FEB-24

MAASUMI, KASRA, MD
Provider ID: N/A

30212 TOMAS STE 180
RANCHO STA MARG, CA 92688
Teleservice
Effective as of 01-FEB-24

MAASUMI, KASRA, MD
Provider ID: N/A

30212 TOMAS STE 180
RANCHO STA MARG, CA 92688
Teleservice
Effective as of 01-FEB-24

Provider ID: N/A

665 CAMINO DE LOS MARES STE 202
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-16

GERAYLI, AFSHIN, MD†
Provider ID: N/A

647 CAMINO DE LOS MARES STE 223
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-19

GERAYLI, AFSHIN, MD†
Provider ID: N/A

647 CAMINO DE LOS MARES STE 223
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-23

ANESTHESIOLOGY PAIN MANAGEMENT

BETTS, ANDRES, MD†
Provider ID: N/A

665 CAMINO DE LOS MARES STE 202
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-16

BETTS, ANDRES, MD†
Provider ID: N/A

665 CAMINO DE LOS MARES STE 202
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-16

MOUSAVI, SHAHRAYAR, MD
Provider ID: N/A

647 CAMINO DE LOS MARES STE 223
C1. 网络提供者名单
专科护理医生

POLIZZI, BRITTANY, NP
Provider ID: N/A
☞ 1300 AVENIDA VISTA
   HERMOSA STE 150
   SAN CLEMENTE, CA 92673
   Effective as of 01-DEC-22

WONG, KRISTLE, NP
Provider ID: N/A
☞ 1031 AVENIDA PICO STE
   203
   SAN CLEMENTE, CA 92673
   Effective as of 01-NOV-23

CARLIN, CHRISTOPHER, MD
Provider ID: N/A
☞ 1300 AVENIDA VISTA
   HERMOSA STE 150
   SAN CLEMENTE, CA 92673
   Effective as of 01-JAN-23

CARLIN, CHRISTOPHER, MD
Provider ID: N/A
☞ 1300 AVENIDA VISTA
   HERMOSA STE 150
   SAN CLEMENTE, CA 92673
   Effective as of 01-DEC-21

CARLIN, CHRISTOPHER, MD
Provider ID: N/A
☞ 1300 AVENIDA VISTA
   HERMOSA STE 150
   SAN CLEMENTE, CA 92673
   Effective as of 01-DEC-21

CARLIN, CHRISTOPHER, MD
Provider ID: N/A
☞ 1300 AVENIDA VISTA
   HERMOSA STE 150
   SAN CLEMENTE, CA 92673
   Effective as of 01-DEC-21

CARLIN, CHRISTOPHER, MD
Provider ID: N/A
☞ 1300 AVENIDA VISTA
   HERMOSA STE 150
   SAN CLEMENTE, CA 92673
   Effective as of 01-DEC-21

CARLIN, CHRISTOPHER, MD
Provider ID: N/A
☞ 1300 AVENIDA VISTA
   HERMOSA STE 150
   SAN CLEMENTE, CA 92673
   Effective as of 01-DEC-21

CARLIN, CHRISTOPHER, MD
Provider ID: N/A
☞ 1300 AVENIDA VISTA
   HERMOSA STE 150
   SAN CLEMENTE, CA 92673
   Effective as of 01-DEC-21

FOREMAN, TANYA, MD
Provider ID: N/A
☞ 1300 AVENIDA VISTA
   HERMOSA STE 150
   SAN CLEMENTE, CA 92673
   Effective as of 01-JUL-21

FOREMAN, TANYA, MD
Provider ID: N/A
☞ 1300 AVENIDA VISTA
   HERMOSA STE 150
   SAN CLEMENTE, CA 92673
   Effective as of 01-JAN-22
<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</th>
<th>Effective as of 01-MAR-23</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RILEY, JESSICA, DO</strong></td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-JUL-21</td>
</tr>
<tr>
<td><strong>FOREMAN, TANYA, MD</strong></td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-SEP-18</td>
</tr>
<tr>
<td><strong>FOREMAN, TANYA, MD</strong></td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-OCT-19</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td><strong>GUIDE, SHIREEN, MD</strong></td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-NOV-18</td>
</tr>
<tr>
<td><strong>SHIELL, RONALD, MD</strong></td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-NOV-23</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td><strong>GUIDE, SHIREEN, MD</strong></td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-NOV-17</td>
</tr>
<tr>
<td><strong>RILEY, JESSICA, DO</strong></td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-JAN-17</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-OCT-19</td>
</tr>
<tr>
<td><strong>RILEY, JESSICA, DO</strong></td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-OCT-19</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td><strong>RILEY, JESSICA, DO</strong></td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-OCT-19</td>
</tr>
<tr>
<td><strong>SHIELL, RONALD, MD</strong></td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-JAN-17</td>
</tr>
<tr>
<td><strong>SHIELL, RONALD, MD</strong></td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-OCT-19</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673</td>
<td>Effective as of 01-DEC-21</td>
</tr>
</tbody>
</table>

**GASTROENTEROLOGY**

**GUJRAL, NAVJYOT, MD**
Provider ID: N/A
1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673
Effective as of 01-JUL-21

Teleservice
Effective as of 01-SEP-18

Teleservice
Effective as of 01-AUG-20

SHIELL, RONALD, MD
Provider ID: N/A
1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673
Effective as of 01-DEC-21

GASTROENTEROLOGY

GUJRAL, NAVJYOT, MD
Provider ID: N/A
655 CAMINO LOS MARES 123

584
SAN CLEMENTE, CA 92673
Effective as of 01-MAY-12

GUJRAL, NAVJYOT, MD†
Provider ID: N/A
655 CAMINO LOS MARES
123
SAN CLEMENTE, CA 92673
Effective as of 01-APR-11

HASSANEIN, TAREK, MD†
Provider ID: N/A
675 CAMINO DE LOS MARES STE 301
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-18

HASSANEIN, TAREK, MD†
Provider ID: N/A
675 CAMINO DE LOS MARES STE 210
SAN CLEMENTE, CA 92673
Effective as of 01-JUN-21

ROSSARO, LORENZO, MD†
Provider ID: N/A
675 CAMINO DE LOS MARES STE D4
SAN CLEMENTE, CA 92673
Effective as of 01-DEC-21

INTERVENTIONAL CARDIOLOGY

DRURY, PAUL, MD†
Provider ID: N/A
724 S EL CAMINO REAL
SAN CLEMENTE, CA 92672
Effective as of 01-JAN-23

DRURY, PAUL, MD†
Provider ID: N/A
724 S EL CAMINO REAL
SAN CLEMENTE, CA 92672
Effective as of 01-SEP-20

VAN, HO HAI, MD†
Provider ID: N/A
724 S EL CAMINO REAL
SAN CLEMENTE, CA 92672
Effective as of 01-DEC-21

NEUROLOGY

PATEL, HITESH, MD†
Provider ID: N/A
638 CAMINO DE LOS MARES STE D4
SAN CLEMENTE, CA 92673
Effective as of 01-DEC-21

PATEL, HITESH, MD†
Provider ID: N/A
638 CAMINO DE LOS MARES STE D4
SAN CLEMENTE, CA 92673
Effective as of 01-DEC-21
PATEL, HITESH, MD†
Provider ID: N/A
638 CAMINO DE LOS MARES STE D4
SAN CLEMENTE, CA 92673
Effective as of 01-DEC-21

PATEL, HITESH, MD†
Provider ID: N/A
638 CAMINO DE LOS MARES STE D4
SAN CLEMENTE, CA 92673
Effective as of 01-DEC-21

OBSTETRICS / GYNECOLOGY

BAILEY, THOMAS, MD†
Provider ID: N/A
665 CAMINO LOS MARES 303
SAN CLEMENTE, CA 92672
Effective as of 01-MAR-01

BAILEY, THOMAS, MD†
Provider ID: N/A
665 CAMINO LOS MARES 303
SAN CLEMENTE, CA 92672
Effective as of 01-JAN-18

JOHNSON, SUSAN, MD†
Provider ID: N/A
1031 AVENIDA PICO STE 204
SAN CLEMENTE, CA 92673
Effective as of 01-JUL-22

JOHNSON, SUSAN, MD†
Provider ID: N/A
1031 AVENIDA PICO STE 204
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-20

JOHNSON, SUSAN, MD†
Provider ID: N/A
1031 AVENIDA PICO STE 204
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-22

PRIESTLEY, ANGELIKA, MD
Provider ID: N/A
638 CAMINO DE LOS MARES STE D4
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-22

RAMIREZ, SARA, MD†
Provider ID: N/A
665 CAMINO DE LOS MARES
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-22

RAMIREZ, SARA, MD†
Provider ID: N/A
665 CAMINO DE LOS MARES
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-10

RAMIREZ, SARA, MD†
Provider ID: N/A
665 CAMINO DE LOS MARES
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-18

SALCIDO, CRAIG, MD†
Provider ID: N/A
665 CAMINO DE LOS MARES STE 303A
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-18

SALCIDO, CRAIG, MD†
Provider ID: N/A
665 CAMINO DE LOS MARES STE 303A
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-19

DHOOPT, SONIA, MD†
Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-19

DHOOPT, SONIA, MD†
Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-22

BANUELOS, LYDIA, MD
Provider ID: N/A
653 CAMINO DE LOS MARES STE 103
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-22

BANUELOS, LYDIA, MD†
Provider ID: N/A
653 CAMINO DE LOS MARES STE 107
SAN CLEMENTE, CA 92673
Effective as of 01-DEC-22

DHOOPT, SONIA, MD†
Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-19

AHMAD, ASHRAF, MD†
Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-23

AHMAD, ASHRAF, MD†
Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-22

AHMAD, ASHRAF, MD†
Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-22

ORPHTHALMOLOGY

AHMAD, ASHRAF, MD†
Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Date</th>
<th>Provider ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHOOT, SONIA, MD</td>
<td>665 CAMINO DE LOS MARES STE 102, SAN CLEMENTE, CA 92673</td>
<td>01-OCT-23</td>
<td>N/A</td>
</tr>
<tr>
<td>GUJRAL, SATVINDER, MD</td>
<td>665 CAMINO DE LOS MARES STE 102, SAN CLEMENTE, CA 92673</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
<tr>
<td>GWYNN, DAVID, MD</td>
<td>665 CAMINO DE LOS MARES STE 102, SAN CLEMENTE, CA 92673</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
<tr>
<td>GWYNN, DAVID, MD</td>
<td>653 CAMINO DE LOS MARESSTE 103, SAN CLEMENTE, CA 92673</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>JACOBS, JEFFREY, MD</td>
<td>653 CAMINO LOS MARES 102, SAN CLEMENTE, CA 92673</td>
<td>01-APR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>JACOBS, JEFFREY, MD</td>
<td>653 CAMINO LOS MARES 102, SAN CLEMENTE, CA 92673</td>
<td>01-AUG-22</td>
<td>N/A</td>
</tr>
<tr>
<td>JACOBS, JEFFREY, MD</td>
<td>653 CAMINO LOS MARES 102, SAN CLEMENTE, CA 92673</td>
<td>01-Oct-23</td>
<td>N/A</td>
</tr>
<tr>
<td>JOSON, PETER, MD</td>
<td>653 CAMINO LOS MARES 107, SAN CLEMENTE, CA 92673</td>
<td>01-Oct-17</td>
<td>N/A</td>
</tr>
<tr>
<td>JOSON, PETER, MD</td>
<td>653 CAMINO LOS MARES 107, SAN CLEMENTE, CA 92673</td>
<td>01-MAY-23</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

JOSON, PETER, MD
Provider ID: N/A
- 653 CAMINO DE LOS MARES STE 103
  SAN CLEMENTE, CA 92673
  Effective as of 01-MAY-23

KELLER, CHARLES, MD
Provider ID: N/A
- 665 CAMINO DE LOS MARES STE 102
  SAN CLEMENTE, CA 92673
  Effective as of 01-AUG-22

JOSON, PETER, MD
Provider ID: N/A
- 653 CAMINO DE LOS MARES STE 103
  SAN CLEMENTE, CA 92673
  Effective as of 01-MAY-23

JOSON, PETER, MD
Provider ID: N/A
- 653 CAMINO LOS MARES 107
  SAN CLEMENTE, CA 92673
  Effective as of 01-MAR-10

JOSON, PETER, MD
Provider ID: N/A
- 653 CAMINO DE LOS MARES STE 103
  SAN CLEMENTE, CA 92673
  Effective as of 01-JAN-15

JOSON, PETER, MD
Provider ID: N/A
- 653 CAMINO DE LOS MARES STE 103
  SAN CLEMENTE, CA 92673
  Effective as of 01-JAN-18

JOSON, PETER, MD
Provider ID: N/A
- 653 CAMINO DE LOS MARES STE 103
  SAN CLEMENTE, CA 92673
  Effective as of 01-APR-11

KELLER, CHARLES, MD
Provider ID: N/A
- 665 CAMINO DE LOS MARES STE 102
  SAN CLEMENTE, CA 92673
  Effective as of 01-AUG-22

KIM, EDWARD, MD
Provider ID: N/A
- 653 CAMINO DE LOS MARES STE 103
  SAN CLEMENTE, CA 92673
  Effective as of 01-OCT-23

KIM, EDWARD, MD
Provider ID: N/A
- 653 CAMINO DE LOS MARES STE 102
  SAN CLEMENTE, CA 92673
  Effective as of 01-OCT-23

KIM, EDWARD, MD
Provider ID: N/A
- 653 CAMINO DE LOS MARES STE 103
  SAN CLEMENTE, CA 92673
  Effective as of 01-OCT-23

KIM, EDWARD, MD
Provider ID: N/A
- 653 CAMINO DE LOS MARES STE 102
  SAN CLEMENTE, CA 92673
  Effective as of 01-OCT-23

KERSTEN, DIANA, MD
Provider ID: N/A
- 665 CAMINO DE LOS MARES STE 102
  SAN CLEMENTE, CA 92673
  Effective as of 01-APR-23

KERSTEN, DIANA, MD
Provider ID: N/A
- 665 CAMINO LOS MARES 107
  SAN CLEMENTE, CA 92673
  Effective as of 01-JUL-22

KERSTEN, DIANA, MD
Provider ID: N/A
- 665 CAMINO DE LOS MARES STE 102
  SAN CLEMENTE, CA 92673
  Effective as of 01-OCT-23

KERSTEN, DIANA, MD
Provider ID: N/A
- 665 CAMINO DE LOS MARES STE 102
  SAN CLEMENTE, CA 92673
  Effective as of 01-OCT-23

KERSTEN, DIANA, MD
Provider ID: N/A
- 665 CAMINO LOS MARES 107
  SAN CLEMENTE, CA 92673
  Effective as of 01-SEP-22

KIM, BRIAN, MD
Provider ID: N/A
- 665 CAMINO DE LOS MARES STE 102
  SAN CLEMENTE, CA 92673
  Effective as of 01-SEP-22

SALEHI-HAD, HANI, MD
Provider ID: N/A
- 653 CAMINO DE LOS MARES STE 103
  SAN CLEMENTE, CA 92673
  Effective as of 01-JUN-21

SALEHI-HAD, HANI, MD
Provider ID: N/A
- 653 CAMINO DE LOS MARES STE 102
  SAN CLEMENTE, CA 92673
  Effective as of 01-OCT-23
### C1. 网络提供者名单

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address 1</th>
<th>City, State, Zip</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>653 CAMINO DE LOS MARES STE 103 SAN CLEMENTE, CA 92673</td>
<td></td>
<td>01-JUN-21</td>
</tr>
<tr>
<td>N/A</td>
<td>653 CAMINO DE LOS MARES STE 102 SAN CLEMENTE, CA 92673</td>
<td></td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>N/A</td>
<td>653 CAMINO LOS MARES 103 SAN CLEMENTE, CA 92673</td>
<td></td>
<td>01-JAN-18</td>
</tr>
<tr>
<td>N/A</td>
<td>653 CAMINO DE LOS MARES STE 102 SAN CLEMENTE, CA 92673</td>
<td></td>
<td>01-AUG-11</td>
</tr>
<tr>
<td>N/A</td>
<td>653 CAMINO LOS MARES 107 SAN CLEMENTE, CA 92673</td>
<td></td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>N/A</td>
<td>653 CAMINO DE LOS MARES STE 102 SAN CLEMENTE, CA 92673</td>
<td></td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>653 CAMINO DE LOS MARES STE 102 SAN CLEMENTE, CA 92673</td>
<td></td>
<td>01-FEB-18</td>
</tr>
<tr>
<td>N/A</td>
<td>653 CAMINO DE LOS MARES STE 102 SAN CLEMENTE, CA 92673</td>
<td></td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>N/A</td>
<td>653 CAMINO LOS MARES 103 SAN CLEMENTE, CA 92673</td>
<td></td>
<td>01-FEB-18</td>
</tr>
<tr>
<td>N/A</td>
<td>653 CAMINO DE LOS MARES STE 102 SAN CLEMENTE, CA 92673</td>
<td></td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>N/A</td>
<td>653 CAMINO LOS MARES 107 SAN CLEMENTE, CA 92673</td>
<td></td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>653 CAMINO DE LOS MARES STE 102 SAN CLEMENTE, CA 92673</td>
<td></td>
<td>01-FEB-18</td>
</tr>
<tr>
<td>N/A</td>
<td>653 CAMINO LOS MARES 103 SAN CLEMENTE, CA 92673</td>
<td></td>
<td>01-FEB-18</td>
</tr>
<tr>
<td>N/A</td>
<td>653 CAMINO DE LOS MARES STE 102 SAN CLEMENTE, CA 92673</td>
<td></td>
<td>01-SEP-23</td>
</tr>
</tbody>
</table>

**SALEHI-HAD, HANI, MD**

Provider ID: N/A
653 CAMINO DE LOS MARES STE 103
SAN CLEMENTE, CA 92673
Effective as of 01-JUN-21

**TEYMOORIAN, SAVAK, MD**

Provider ID: N/A
653 CAMINO DE LOS MARES STE 103
SAN CLEMENTE, CA 92673
Effective as of 01-JUN-21

**TEYMOORIAN, SAVAK, MD**

Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-23

**WANG, YE, MD**

Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-22

**WANG, YE, MD**

Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-NOV-19

**OPTOMETRIST**

**CHOI-SIRITARATIWAT, ISABELL, OD**

Provider ID: N/A
653 CAMINO DE LOS MARES STE 103
SAN CLEMENTE, CA 92673
Effective as of 01-JUN-21

**CHOI-SIRITARATIWAT, ISABELL, OD**

Provider ID: N/A
653 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-23

**WANG, YE, MD**

Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-NOV-19

**WANG, YE, MD**

Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-NOV-19

**OPTOMETRIST**

**CHOI-SIRITARATIWAT, ISABELL, OD**

Provider ID: N/A
653 CAMINO DE LOS MARES STE 103
SAN CLEMENTE, CA 92673
Effective as of 01-JUN-21

**CHOI-SIRITARATIWAT, ISABELL, OD**

Provider ID: N/A
653 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-23

**NG, REBECCA, OD**

Provider ID: N/A
665 CAMINO DE LOS MARES 103
SAN CLEMENTE, CA 92673
Effective as of 01-AUG-11

**NG, REBECCA, OD**

Provider ID: N/A
665 CAMINO DE LOS MARES 107
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-23

**STEFANIDIS, NICOLETTA, OD**

Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-22

**STEFANIDIS, NICOLETTA, OD**

Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-FEB-18

**STEFANIDIS, NICOLETTA, OD**

Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-FEB-18

**STEFANIDIS, NICOLETTA, OD**

Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-23

**STEFANIDIS, NICOLETTA, OD**

Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-22

**STEFANIDIS, NICOLETTA, OD**

Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-FEB-18

**STEFANIDIS, NICOL...
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-23

TERADA, SEIJU, OD
Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-23

TERADA, SEIJU, OD
Provider ID: N/A
665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-22

OTOLARYNGOLOGY

CROCKETT, DENNIS, MD†
Provider ID: N/A
675 CAMINO DE LOS MARES STE 420
SAN CLEMENTE, CA 92673
Effective as of 01-JUL-19

CROCKETT, DENNIS, MD†
Provider ID: N/A
675 CAMINO DE LOS MARES STE 420
SAN CLEMENTE, CA 92673
Effective as of 01-JUL-19

WELLS, PHILLIP, MD†
Provider ID: N/A
675 CAMINO DE LOS MARES STE 420
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-08

PEDIATRICS

DWINELL, LAUREN, MD†
Provider ID: N/A
1300 AVENIDA VISTA HERMOSA STE 200
SAN CLEMENTE, CA 92673
Effective as of 01-JUL-23

PHYSICIANS ASSISTANT

ESHOIEE, MIRIAM, PA†
Provider ID: N/A
224 AVENIDA DEL MAR STE B
SAN CLEMENTE, CA 92672
Effective as of 01-AUG-20

MOHALE, SHARON, PA†
Provider ID: N/A
1300 AVENIDA VISTA HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-AUG-18

NELMS, MICHAEL, PA†
Provider ID: N/A
1300 AVENIDA VISTA HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-AUG-18

PODIATRIST

HEHE, KYLE, DPM
Provider ID: N/A
665 CAMINO DE LOS MARES
SAN CLEMENTE, CA 92673
Effective as of 01-AUG-23

HEHE, KYLE, DPM
Provider ID: N/A
665 CAMINO DE LOS MARES
SAN CLEMENTE, CA 92673
Effective as of 01-AUG-23

WANG, ALICE, PA
Provider ID: N/A
3553 CAMINO MIRA COSTA STE A
SAN CLEMENTE, CA 92672
Effective as of 01-NOV-22

SOBHANIAN, SHAHAB, PA
Provider ID: N/A
3553 CAMINO MIRA COSTA STE A
SAN CLEMENTE, CA 92672
Effective as of 01-NOV-22

SOBHANIAN, SHAHAB, PA
Provider ID: N/A
1300 AVENIDA VISTA HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-NOV-22

NORMAN, STACY, PA
Provider ID: N/A
831 VIA SUERTE STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-NOV-14

SVELGAS, SHELBY, PA²
Provider ID: N/A
411 AVENIDA VISTA HERMOSA STE 110
SAN CLEMENTE, CA 92673
LEAMING, ROBERT, DPM
Provider ID: N/A
655 CAMINO DE LOS MARES STE 120
SAN CLEMENTE, CA 92673
Teleservice
Effective as of 01-FEB-24

LEAMING, ROBERT, DPM
Provider ID: N/A
655 CAMINO DE LOS MARES STE 120
SAN CLEMENTE, CA 92673
Teleservice
Effective as of 01-FEB-24

Surgery Hand
FRANKLIN, ADAM, MD
Provider ID: N/A
653 CAMINO DE LOS MARES STE 109
SAN CLEMENTE, CA 92673
Effective as of 01-APR-18

FRANKLIN, ADAM, MD
Provider ID: N/A
653 CAMINO DE LOS MARES STE 109
SAN CLEMENTE, CA 92673
Effective as of 01-APR-18

Surgery Neurological
PATEL, HITESH, MD
Provider ID: N/A
638 CAMINO DE LOS MARES STE D4
SAN CLEMENTE, CA 92673
Effective as of 01-NOV-21

Surgery Orthopedic
GIALAMAS, GUS, MD

3553 CAMINO MIRA COSTA STE A
SAN CLEMENTE, CA 92672
Effective as of 01-JAN-23

ELKHOURY, FUAD, MD
Provider ID: N/A
3553 CAMINO MIRA COSTA STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

HO, TAMMY, MD
Provider ID: N/A
3553 CAMINO MIRA COSTA STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

KIM, MOSES, MD
Provider ID: N/A
3553 CAMINO MIRA COSTA STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

KIM, MOSES, MD
Provider ID: N/A
3553 CAMINO MIRA COSTA STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

MEAGLIA, JAMES, MD
Provider ID: N/A
3553 CAMINO MIRA COSTA STE A
SAN CLEMENTE, CA 92672
Effective as of 01-JAN-23

591
C1. 网络提供者名单
专科护理医生

Effective as of 01-OCT-23

NAKAMURA, LEAH, MD
Provider ID: N/A
3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

RANDALL, JOSH, MD
Provider ID: N/A
3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

SINGH, KARAN, MD
Provider ID: N/A
3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

SPITZ, AARON, MD
Provider ID: N/A
3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

SU, DANIEL, MD
Provider ID: N/A
3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

TEBYANI, NEYSSAN, MD
Provider ID: N/A
3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

HEINRICI, ALEKA, MD
Provider ID: N/A
286 EUCLID AVE STE 302
SAN DIEGO, CA 92114
Teleservice
Effective as of 01-APR-23

SALGUERO GALLAND, MARIO, MD†
Provider ID: N/A
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-SEP-21

SALGUERO GALLAND, MARIO, MD
Provider ID: N/A
4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-JUN-23

SALGUERO GALLAND, MARIO, MD
Provider ID: N/A
4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-JUN-23

SALGUERO GALLAND, MARIO, MD
Provider ID: N/A
4187 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-JUN-23

SALGUERO GALLAND, MARIO, MD
Provider ID: N/A
4185 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-JUN-23

SALGUERO GALLAND, MARIO, MD†
Provider ID: N/A
3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY

HOAGLAND, PETER, MD†
Provider ID: N/A
3131 BERGER AVE STE 200
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

JASKI, BRIAN, MD†
Provider ID: N/A
3131 BERGER AVE STE 200
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-JAN-21

ALLERGY IMMUNOLOGY

ALKATIB, RHONDA, MD†
Provider ID: N/A
2655 CAMINO DEL RIO N
STE 425
SAN DIEGO, CA 92108
Effective as of 01-APR-22

ALKATIB, RHONDA, MD†
Provider ID: N/A
2655 CAMINO DEL RIO N
STE 425
SAN DIEGO, CA 92108
Effective as of 01-OCT-21

ALKATIB, RHONDA, MD†
Provider ID: N/A
2655 CAMINO DEL RIO N
STE 120
SAN DIEGO, CA 92108
Effective as of 01-SEP-22
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COHEN, GARY, MD</strong></td>
<td>N/A</td>
<td>9833 PACIFIC HEIGHTS BLVD STE J</td>
<td>01-Oct-95</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92121</td>
<td></td>
</tr>
<tr>
<td><strong>COHEN, GARY, MD</strong></td>
<td>N/A</td>
<td>9833 PACIFIC HEIGHTS BLVD STE J</td>
<td>01-Feb-07</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92121</td>
<td></td>
</tr>
<tr>
<td><strong>KIM, ALEXANDER, MD</strong></td>
<td>N/A</td>
<td>16950 VIA TAZON</td>
<td>01-Jun-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92127</td>
<td></td>
</tr>
<tr>
<td><strong>MERCANDETTI, ALEX, MD</strong></td>
<td>N/A</td>
<td>3965 5TH AVE STE 430</td>
<td>01-Nov-20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
</tr>
<tr>
<td><strong>OSTROM, NANCY, MD</strong></td>
<td>N/A</td>
<td>5776 RUFFIN RD</td>
<td>01-Jun-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92123</td>
<td></td>
</tr>
<tr>
<td><strong>SHARMA, KUSUM, MD</strong></td>
<td>N/A</td>
<td>10672 WEXFORD ST STE 280</td>
<td>01-Jan-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92131</td>
<td></td>
</tr>
<tr>
<td><strong>SHARMA, KUSUM, MD</strong></td>
<td>N/A</td>
<td>10672 WEXFORD ST STE 280</td>
<td>01-Jan-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92131</td>
<td></td>
</tr>
<tr>
<td><strong>SHARMA, KUSUM, MD</strong></td>
<td>N/A</td>
<td>10672 WEXFORD ST STE 280</td>
<td>01-Apr-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92131</td>
<td></td>
</tr>
<tr>
<td><strong>SHARMA, KUSUM, MD</strong></td>
<td>N/A</td>
<td>10672 WEXFORD ST STE 280</td>
<td>01-Jul-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92131</td>
<td></td>
</tr>
<tr>
<td><strong>SHARMA, KUSUM, MD</strong></td>
<td>N/A</td>
<td>10672 WEXFORD ST STE 280</td>
<td>01-Oct-21</td>
</tr>
<tr>
<td><strong>GROVEY, BRITTANY, MD</strong></td>
<td>N/A</td>
<td>200 W ARBOR DR</td>
<td>01-Jan-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
</tr>
<tr>
<td><strong>GROVEY, BRITTANY, MD</strong></td>
<td>N/A</td>
<td>200 W ARBOR DR</td>
<td>01-Apr-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
</tr>
<tr>
<td><strong>LEE, GEMAYEL, MD</strong></td>
<td>N/A</td>
<td>8901 ACTIVITY RD STE 104</td>
<td>01-Jan-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92126</td>
<td></td>
</tr>
<tr>
<td><strong>NARLA, VINOD, MD</strong></td>
<td>N/A</td>
<td>200 W ARBOR DR</td>
<td>01-Dec-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
</tr>
<tr>
<td><strong>NGO, DONALD, MD</strong></td>
<td>N/A</td>
<td>200 W ARBOR DR</td>
<td>01-Sept-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
</tr>
<tr>
<td><strong>ROY, KEVIN, MD</strong></td>
<td>N/A</td>
<td>200 W ARBOR DR</td>
<td>01-Sept-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
</tr>
<tr>
<td><strong>SAID, ENGY, MD</strong></td>
<td>N/A</td>
<td>200 W ARBOR DR</td>
<td>01-Oct-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>ID</td>
<td>Address</td>
<td>Effective Date</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------</td>
<td>---------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>SAID, ENGY, MD†</td>
<td>Provider ID: N/A</td>
<td>16918 DOVE CANYON RD STE 100, SAN DIEGO, CA 92127</td>
<td>Effective as of 01-OCT-21</td>
</tr>
<tr>
<td>SUYDAM, STEVEN, MD†</td>
<td>Provider ID: N/A</td>
<td>200 W ARBOR DR, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td>THOMPSON, SANDRA, MD†</td>
<td>Provider ID: N/A</td>
<td>4033 3RD AVE STE 200, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-DEC-22</td>
</tr>
<tr>
<td>TOLIVER, KEVIN, MD</td>
<td>Provider ID: N/A</td>
<td>4060 4TH AVE STE 408, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td>TULLY, JEFFREY, MD†</td>
<td>Provider ID: N/A</td>
<td>200 W ARBOR DR, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-AUG-21</td>
</tr>
<tr>
<td>TZENG, ERIC, MD†</td>
<td>Provider ID: N/A</td>
<td>200 W ARBOR DR, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-SEP-21</td>
</tr>
<tr>
<td>VAN NOORD, BRANDON, MD†</td>
<td>Provider ID: N/A</td>
<td>3969 4TH AVE STE 208, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-FEB-19</td>
</tr>
<tr>
<td>VAUGHN, DOUGLAS, MD†</td>
<td>Provider ID: N/A</td>
<td>200 W ARBOR DR, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-AUG-22</td>
</tr>
<tr>
<td>ANESTHESIOLOGY</td>
<td>Provider ID: N/A</td>
<td>200 W ARBOR DR, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-AUG-22</td>
</tr>
<tr>
<td>CRITICAL CARE MEDICINE</td>
<td>Provider ID: N/A</td>
<td>200 W ARBOR DR, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-AUG-22</td>
</tr>
<tr>
<td>KRAUSE, MARTIN, MD†</td>
<td>Provider ID: N/A</td>
<td>4033 3RD AVE STE 408, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUL-21</td>
</tr>
<tr>
<td>ANESTHESIOLOGY PAIN MANAGEMENT</td>
<td>Provider ID: N/A</td>
<td>4033 3RD AVE STE 408, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUL-21</td>
</tr>
<tr>
<td>BROWNLOW, ROY, MD</td>
<td>Provider ID: N/A</td>
<td>5395 RUFFIN RD STE 204, SAN DIEGO, CA 92123</td>
<td>Effective as of 01-APR-24</td>
</tr>
<tr>
<td>CHISHOLM, CHRISTOPHER, MD</td>
<td>Provider ID: N/A</td>
<td>16466 BERNARDO CENTER DR STE 150, SAN DIEGO, CA 92128</td>
<td>Effective as of 01-JUN-20</td>
</tr>
<tr>
<td>CHONG, TIMOTHY, MD†</td>
<td>Provider ID: N/A</td>
<td>16466 BERNARDO CENTER DR STE 150, SAN DIEGO, CA 92128</td>
<td>Effective as of 01-SEP-17</td>
</tr>
<tr>
<td>COHEN, ZACHARY, MD</td>
<td>Provider ID: N/A</td>
<td>5395 RUFFIN RD STE 204, SAN DIEGO, CA 92123</td>
<td>Effective as of 01-FEB-24</td>
</tr>
<tr>
<td>DAIRO, BRANDON, MD†</td>
<td>Provider ID: N/A</td>
<td>3434 MIDWAY DR STE 2001, SAN DIEGO, CA 92110</td>
<td>Effective as of 01-NOV-22</td>
</tr>
<tr>
<td>GROVEY, BRITTANY, MD†</td>
<td>Provider ID: N/A</td>
<td>8901 ACTIVITY RD STE 104, SAN DIEGO, CA 92126</td>
<td>Effective as of 01-FEB-21</td>
</tr>
<tr>
<td>LEE, GEMAYEL, MD†</td>
<td>Provider ID: N/A</td>
<td>8901 ACTIVITY RD STE 104, SAN DIEGO, CA 92126</td>
<td>Effective as of 01-FEB-21</td>
</tr>
<tr>
<td>LEE, GEMAYEL, MD†</td>
<td>Provider ID: N/A</td>
<td>8901 ACTIVITY RD STE 104, SAN DIEGO, CA 92126</td>
<td>Effective as of 01-APR-21</td>
</tr>
<tr>
<td>LEE, INSUN, MD</td>
<td>Provider ID: N/A</td>
<td>5395 RUFFIN RD STE 204, SAN DIEGO, CA 92123</td>
<td>Effective as of 01-APR-24</td>
</tr>
<tr>
<td>RICHARDSON, HENRY, MD†</td>
<td>Provider ID: N/A</td>
<td>3434 MIDWAY DR STE 2001, SAN DIEGO, CA 92110</td>
<td>Effective as of 01-MAY-21</td>
</tr>
<tr>
<td>THOMPSON, SANDRA, MD†</td>
<td>Provider ID: N/A</td>
<td>4033 3RD AVE STE 430, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-DEC-22</td>
</tr>
<tr>
<td>VAN NOORD, BRANDON, MD†</td>
<td>Provider ID: N/A</td>
<td>3969 4TH AVE STE 208, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-FEB-19</td>
</tr>
</tbody>
</table>
3969 4TH AVE STE 208
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

VAN NOORD, BRANDON, MD
Provider ID: N/A
3969 4TH AVE STE 208
SAN DIEGO, CA 92103
Effective as of 01-MAR-23

VAN NOORD, BRANDON, MD
Provider ID: N/A
3969 4TH AVE STE 208
SAN DIEGO, CA 92103
Effective as of 01-FEB-19

AUDIOLOGIST
BAXTER, STEPHANIE, AuD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

BAXTER, STEPHANIE, AuD
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

BAXTER, STEPHANIE, AuD
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

HARRIS, GENEVIEVE, AuD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

HERRERA, CHARITY, AuD
Provider ID: N/A

9340 CLAIREMONT MESA BLVD STE D
SAN DIEGO, CA 92123
Effective as of 01-SEP-22

HORNER, HEATHER, AuD
Provider ID: N/A
6367 ALVARADO CT STE 101
SAN DIEGO, CA 92120
Teleservice
Effective as of 01-JUN-22

HORNER, HEATHER, AuD
Provider ID: N/A
9340 CLAIREMONT MESA BLVD STE D
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-JUN-22

SHASKY, GARY, AuD
Provider ID: N/A
9340 CLAIREMONT MESA BLVD STE D
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

SILVERSTEIN, KAYLI, AuD
Provider ID: N/A
5405 OBERLIN DR FL 2
SAN DIEGO, CA 92121
Teleservice
Effective as of 01-APR-24

TSANG, JOYCE, AuD
Provider ID: N/A
4060 4TH AVE STE 650
SAN DIEGO, CA 92103
Effective as of 01-JUL-21

CARDIAC ELECTROPHYSIOLOGY
ATHILL, CHARLES, MD
Provider ID: N/A
3131 BERGER AVE STE 200
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

CHOI, ANTHONY, MD
Provider ID: N/A
3131 BERGER AVE
SAN DIEGO, CA 92123
Effective as of 01-OCT-23

LERNER, JONATHAN, MD
Provider ID: N/A
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Effective as of 01-JUL-23

LERNER, JONATHAN, MD
Provider ID: N/A
412 WASHINGTON ST
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

MAI, TUAN, MD
Provider ID: N/A
501 WASHINGTON ST STE 512
SAN DIEGO, CA 92103
Effective as of 01-MAR-20

MAI, TUAN, MD
Provider ID: N/A
501 WASHINGTON ST STE 512
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

PATEL, JIGAR, DO
Provider ID: N/A
4060 4TH AVE STE 650
SAN DIEGO, CA 92103
Effective as of 01-APR-24

Blue Shield of California. All rights reserved. Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

SAN DIEGO, CA 92103
Effective as of 01-FEB-23

PATEL, JIGAR, DO†
Provider ID: N/A
4060 4TH AVE STE 650
SAN DIEGO, CA 92103
Effective as of 01-DEC-22

SHAH, ABHISHEK, MD†
Provider ID: N/A
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Effective as of 01-JAN-23

WADHWA, MANISH, MD†
Provider ID: N/A
501 WASHINGTON ST STE 512
SAN DIEGO, CA 92103
Effective as of 01-SEP-15

CARDIOVASCULAR DISEASE

ABELHAD, NADIA, MD
Provider ID: N/A
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Effective as of 01-JAN-24

CHUNG, KIYON, MD†
Provider ID: N/A
4060 4TH AVE STE 650
SAN DIEGO, CA 92103
Effective as of 01-AUG-16

COX, JUSTIN, MD†
Provider ID: N/A
4060 4TH AVE STE 650
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

FRIEDMAN, RICHARD, MD†
Provider ID: N/A
4060 4TH AVE STE 650
SAN DIEGO, CA 92103
Effective as of 01-JAN-14

DIGGS, THOMAS, MD†
Provider ID: N/A
501 WASHINGTON ST STE 512
SAN DIEGO, CA 92103
Effective as of 01-JAN-14
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>City, State ZIP Code</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GARIBYAN, VARTAN, DO†</td>
<td>4060 4TH AVE STE 500</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td>GLASSMAN, JERROLD, MD†</td>
<td>4060 4TH AVE STE 650</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>GLASSMAN, JERROLD, MD†</td>
<td>4060 4TH AVE STE 650</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>HOURANI, RAYAN, MD</td>
<td>3131 BERGER AVE STE 200</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>KERAMATI, SHAHIN, MD†</td>
<td>501 WASHINGTON ST STE 512</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MEHTA, HIRSCH, MD†</td>
<td>501 WASHINGTON ST STE 512</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MOHAMEDALI, BURHAN, MD†</td>
<td>292 EUCLID AVE STE 210</td>
<td>SAN DIEGO, CA 92114</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>MULLVAIN, JEFFRY, MD†</td>
<td>4060 4TH AVE STE 500</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>NANAVATI, VIMAL, MD†</td>
<td>16776 BERNARDO CENTER DR STE 209</td>
<td>SAN DIEGO, CA 92128</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>NARAYANAN, MEENA, MD†</td>
<td>292 EUCLID AVE STE 210</td>
<td>SAN DIEGO, CA 92114</td>
<td>01-SEP-22</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
NARULA, ARVIN, MD†
Provider ID: N/A
3131 BERGER AVE STE 200
SAN DIEGO, CA 92123
Effective as of 01-SEP-22

PARIZO, JUSTIN, MD†
Provider ID: N/A
3131 BERGER AVE STE 200
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-SEP-21

NAYAK, KESHAV, MD†
Provider ID: N/A
501 WASHINGTON ST STE 512
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

PATEL, JIGAR, DO
Provider ID: N/A
4060 FOURTH AVENUE,
STE 650
SAN DIEGO, CA 92103
Effective as of 01-MAY-19

NGUYEN, TRI, MD†
Provider ID: N/A
4551 EL CAJON BLVD
SAN DIEGO, CA 92115
Teleservice
Effective as of 01-MAY-19

NISHIMURA, MARIN, MD
Provider ID: N/A
3131 BERGER AVE STE 200
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-SEP-22

SARSAM, LUAY, MD
Provider ID: N/A
412 WASHINGTON ST
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

SARSAM, LUAY, MD
Provider ID: N/A
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Effective as of 01-JUL-23

SHAH, KULIN, MD†
Provider ID: N/A
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Effective as of 01-JUL-23

SHAH, ABHISHEK, MD†
Provider ID: N/A
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Effective as of 01-SEP-22

SHAH, KULIN, MD†
Provider ID: N/A
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Effective as of 01-SEP-22

SUDHAKAR, DEEPTHI, MD†
Provider ID: N/A
412 WASHINGTON ST
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

WILLIAMS, JEFFREY, MD
Provider ID: N/A
4033 3RD AVE STE 204
SAN DIEGO, CA 92103
Effective as of 01-SEP-23
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address 1</th>
<th>Address 2</th>
<th>City, State Zip Code</th>
<th>Effective As Of</th>
<th>Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZAVARO, SUHAIL, MD</td>
<td>N/A</td>
<td>3131 BERGER AVE STE 200</td>
<td></td>
<td>SAN DIEGO, CA 92123</td>
<td>01-FEB-23</td>
<td>Teleservice</td>
</tr>
<tr>
<td>ARELLANO, JACQUELINE, LAC</td>
<td>N/A</td>
<td>4910 DIRECTORS PL</td>
<td></td>
<td>SAN DIEGO, CA 92121</td>
<td>01-FEB-24</td>
<td>Teleservice</td>
</tr>
<tr>
<td>CALLISON, YANHUI, LAC</td>
<td>N/A</td>
<td>4060 FAIRMOUNT AVE</td>
<td></td>
<td>SAN DIEGO, CA 92105</td>
<td>01-OCT-23</td>
<td>Teleservice</td>
</tr>
<tr>
<td>ARELLANO, JACQUELINE, LAC</td>
<td>N/A</td>
<td>9333 GENEESEE AVE STE 200</td>
<td></td>
<td>SAN DIEGO, CA 92121</td>
<td>01-MAR-21</td>
<td></td>
</tr>
<tr>
<td>CALLISON, YANHUI, LAC²</td>
<td>N/A</td>
<td>4167 FAIRMOUNT AVE</td>
<td></td>
<td>SAN DIEGO, CA 92105</td>
<td>01-OCT-23</td>
<td>Teleservice</td>
</tr>
<tr>
<td>JULIAN, FIDES, LAC</td>
<td>N/A</td>
<td>330 LEWIS ST</td>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td>01-MAR-21</td>
<td></td>
</tr>
<tr>
<td>JULIAN, FIDES, LAC²</td>
<td>N/A</td>
<td>200 W ARBOR DR</td>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td>01-FEB-24</td>
<td></td>
</tr>
<tr>
<td>JULIAN, FIDES, LAC²</td>
<td>N/A</td>
<td>9909 MIRA MESA BLVD STE 200</td>
<td></td>
<td>SAN DIEGO, CA 92131</td>
<td>01-MAR-21</td>
<td></td>
</tr>
<tr>
<td>JULIAN, FIDES, LAC²</td>
<td>N/A</td>
<td>9333 GENEESEE AVE STE 200</td>
<td></td>
<td>SAN DIEGO, CA 92121</td>
<td>01-MAR-21</td>
<td></td>
</tr>
<tr>
<td>MURRAY, STEVEN, LAC</td>
<td>N/A</td>
<td>200 W ARBOR DR</td>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td>01-FEB-24</td>
<td></td>
</tr>
<tr>
<td>MURRAY, STEVEN, LAC²</td>
<td>N/A</td>
<td>9333 GENEESEE AVE STE 200</td>
<td></td>
<td>SAN DIEGO, CA 92121</td>
<td>01-AUG-21</td>
<td></td>
</tr>
<tr>
<td>MURRAY, STEVEN, LAC</td>
<td>N/A</td>
<td>9909 MIRA MESA BLVD STE 200</td>
<td></td>
<td>SAN DIEGO, CA 92131</td>
<td>01-AUG-21</td>
<td></td>
</tr>
<tr>
<td>MURRAY, STEVEN, LAC</td>
<td>N/A</td>
<td>4910 DIRECTORS PL</td>
<td></td>
<td>SAN DIEGO, CA 92121</td>
<td>01-FEB-24</td>
<td></td>
</tr>
</tbody>
</table>
| C1. 网络提供者名单  
| 专科护理医生  |
|---|---|
| NOVAK, ERIKA, LAC  
Provider ID: N/A  
330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21  |
| TANG-RITCHIE, LENG, LAC  
Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21  |
| SEITZ, GRETCHEN, LAC  
Provider ID: N/A  
3282 GOVERNOR DR  
SAN DIEGO, CA 92122  
Effective as of 01-NOV-22  |
| SEITZ, GRETCHEN, LAC  
Provider ID: N/A  
10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
Effective as of 01-JAN-21  |
| TANG-RITCHIE, LENG, LAC  
Provider ID: N/A  
4910 DIRECTORS PL  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-24  |
| TANG-RITCHIE, LENG, LAC  
Provider ID: N/A  
9995 CARMEL MOUNTAIN RD STE B10-B11  
SAN DIEGO, CA 92129  
Effective as of 01-JAN-21  |
| TANG-RITCHIE, LENG, LAC  
Provider ID: N/A  
292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-FEB-24  |
| TANG-RITCHIE, LENG, LAC  
Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22  |
| TANG-RITCHIE, LENG, LAC  
Provider ID: N/A  
4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22  |
| CERTIFIED NURSE PRACTITIONER  |
| AGUILA, YESenia, NP  
Provider ID: N/A  
292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-FEB-24  |
| ALSTEEEn, STEPHANIE, NP  
Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22  |
| AMOS, MARIA, NP  
Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22  |
| CARTER, MARIA, NP  
Provider ID: N/A  
4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22  |
| BINAVI, HOWNAZ, NP  
Provider ID: N/A  
9100 4TH AVE STE 250  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21  |
| BUI, ANH, NPF  
Provider ID: N/A  
7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111  
Teleservice  
Effective as of 01-NOV-23  |
| BURNEY, BREAENNE, NP  
Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22  |
| CAMAQUIN, MIA, NP  
Provider ID: N/A  
9339 GENESEE AVE STE 350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21  |
C1. 网络提供者名单
专科护理医生

- **CAMARGO-LOWTHERS, ANGELICA, NP**
  Provider ID: N/A
  - 200 W ARBOR DR
    SAN DIEGO, CA 92103
  Effective as of 01-AUG-22

- **CAMARGO-LOWTHERS, ANGELICA, NP²**
  Provider ID: N/A
  - 8010 FROST ST STE 220
    SAN DIEGO, CA 92123
  Effective as of 01-JUL-23

- **CAMARGO-LOWTHERS, ANGELICA, NP²**
  Provider ID: N/A
  - 8010 FROST ST STE 510
    SAN DIEGO, CA 92123
  Effective as of 01-SEP-22

- **CARDENAS, MIRIAM, NPF**
  Provider ID: N/A
  - 4060 FAIRMOUNT AVE
    SAN DIEGO, CA 92105
  Teleservice
  Effective as of 01-OCT-23

- **CARDENAS, MIRIAM, NPF**
  Provider ID: N/A
  - 4171 FAIRMOUNT AVE
    SAN DIEGO, CA 92105
  Teleservice
  Effective as of 01-OCT-23

- **CASE, ERINN, NP**
  Provider ID: N/A
  - 3737 MORAGA AVE STE B103
    SAN DIEGO, CA 92117
  Effective as of 01-JAN-21

- **CELESTIN-RAMSEY, AKANKE, NPF**
  Provider ID: N/A
  - 950 S EUCLID AVE
    SAN DIEGO, CA 92114
  Teleservice
  Effective as of 01-DEC-21

- **CHANTALA, ELIZABETH, NP†**
  Provider ID: N/A
  - 200 W ARBOR DR
    SAN DIEGO, CA 92103
  Effective as of 01-OCT-23

- **CHAVEZ, ALEXANDRIA, NP†**
  Provider ID: N/A
  - 4510 EXECUTIVE DR STE 7
    SAN DIEGO, CA 92121
  Effective as of 01-OCT-23

- **CHEATHAM, BRITTANY, NP†**
  Provider ID: N/A
  - 200 W ARBOR DR
    SAN DIEGO, CA 92103
  Effective as of 01-OCT-23

- **CHEN, KATIE, NP**
  Provider ID: N/A
  - 4440 EUCLID AVE STE A
    SAN DIEGO, CA 92115
  Effective as of 01-MAR-24

- **CHOATE, BERNADETTE, NP†**
  Provider ID: N/A
  - 200 W ARBOR DR
    SAN DIEGO, CA 92103
  Effective as of 01-JUN-24

- **CHOATE, BERNADETTE, NP†**
  Provider ID: N/A
  - 4305 UNIVERSITY AVE STE 150
    SAN DIEGO, CA 92105
  Effective as of 01-FEB-24

- **CONNOR, CAROLINE, NP†**
  Provider ID: N/A
  - 6030 VILLAGE WAY
    SAN DIEGO, CA 92130
  Effective as of 01-JUN-21

- **CONNOR, CAROLINE, NP†**
  Provider ID: N/A
  - 16950 VIA TAZON
    SAN DIEGO, CA 92127
  Effective as of 01-JUN-21

- **CHOATE, BERNADETTE, NP†**
  Provider ID: N/A
  - 4060 FAIRMOUNT AVE
    SAN DIEGO, CA 92105
  Teleservice
  Effective as of 01-OCT-23

- **CONNER, CAROLINE, NP²**
  Provider ID: N/A
  - 16950 VIA TAZON
    SAN DIEGO, CA 92127
  Effective as of 01-JUN-21

- **CONNER, CAROLINE, NP²**
  Provider ID: N/A
  - 6030 VILLAGE WAY
    SAN DIEGO, CA 92130
  Effective as of 01-JUN-21

- **CUTLER, APRYL, NP**
  Provider ID: N/A
  - 4510 EXECUTIVE DR
    SAN DIEGO, CA 92121
  Effective as of 01-JAN-24

- **DE DIOS, SARAH, NP**
  Provider ID: N/A
  - 4305 UNIVERSITY AVE STE 150
    SAN DIEGO, CA 92105
  Effective as of 01-OCT-23

- **CHISMAN, JESSICA, NP**
  Provider ID: N/A
  - 3900 5TH AVE STE 110
    SAN DIEGO, CA 92103
  Effective as of 01-MAR-24

- **COLEMAN, PAGE, NP**
  Provider ID: N/A
  - 16950 VIA TAZON
    SAN DIEGO, CA 92127
  Effective as of 01-JUN-21

- **CHOATE, BERNADETTE, NP†**
  Provider ID: N/A
  - 4060 FAIRMOUNT AVE
    SAN DIEGO, CA 92105
  Teleservice
  Effective as of 01-OCT-23

- **CHAVEZ, ALEXANDRIA, NP†**
  Provider ID: N/A
  - 4510 EXECUTIVE DR STE 7
    SAN DIEGO, CA 92121
  Effective as of 01-OCT-23

- **CHEATHAM, BRITTANY, NP†**
  Provider ID: N/A
  - 200 W ARBOR DR
    SAN DIEGO, CA 92103
  Effective as of 01-OCT-23
DE LARA, KAROL JOHN, NP  
Provider ID: N/A  
4440 EUCLID AVE STE A  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-24

DELMARCO, ROBERT, NP  
Provider ID: N/A  
1160 BERNARDO PLAZA CT  
SAN DIEGO, CA 92128  
Effective as of 01-OCT-24

DEL VECCHIO, MEGAN, NP  
Provider ID: N/A  
4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-23

DEL VECCHIO, MEGAN, NP  
Provider ID: N/A  
4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-23

DHARKAR SURBER, SAPNA, NP²  
Provider ID: N/A  
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

DHARKAR SURBER, SAPNA, NP²  
Provider ID: N/A  
4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

DILLEN, REBECCA, NP  
Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

DOAN, ANGELA, NP†  
Provider ID: N/A  
4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

DOAN, ANGELA, NP†  
Provider ID: N/A  
4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

DRISCOLL, KARRIE, NP†  
Provider ID: N/A  
4303 LA JOLLA VILLAGE DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-AUG-22

DRISCOLL, SUSAN, NP  
Provider ID: N/A  
1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
Effective as of 01-OCT-23

DWYER, ERIN, NP  
Provider ID: N/A  
11770 BERNARDO PLAZA CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-OCT-23

DWYER, ERIN, NP†  
Provider ID: N/A  
4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

DWYER, ERIN, NP†  
Provider ID: N/A  
4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

DWYER, ERIN, NP  
Provider ID: N/A  
3444 KEARNY VILLA RD STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-23

ERICKSON, LISA, NP†  
Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

ERICKSON, LISA, NP†  
Provider ID: N/A  
4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

FEIZI, SEDI, NP†  
Provider ID: N/A  
995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-FEB-22

FEROLIE, PAM, NP  
Provider ID: N/A  
375 CAMINO DE LA REINA STE C  
SAN DIEGO, CA 92108  
Effective as of 01-DEC-23

FILIPPELLO, LAUREN, NPF  
Provider ID: N/A  
3863 CLAIREMONT DR  
SAN DIEGO, CA 92117  
Teleservice  
Effective as of 01-OCT-23

GIOVANNI, ASHLEY, NP  
Provider ID: N/A  
350 DICKINSON ST  
SAN DIEGO, CA 92110  
Effective as of 01-DEC-23

GIORGI, ASHLEY, NP  
Provider ID: N/A  
3444 KEARNY VILLA RD STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

GIORG, ASHLEY, NP
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

GOMEZ, LESLIE, NP
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

GOMEZ, LESLIE, NP
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

GOMEZ, LESLIE, NP
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

GONZALEZ, LISA, NP
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

GORDON, DANIELLE, NP
Provider ID: N/A
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Effective as of 01-JAN-21

GROSS, KIMBERLY, NP
Provider ID: N/A
4510 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-AUG-22

HA, THU, NP
Provider ID: N/A
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-SEP-22

HALE, EMILY, NPF
Provider ID: N/A
5395 RUFFIN RD STE 204
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-MAY-23

HARVEY, DELFINA, NP
Provider ID: N/A
3490 PALM AVE
SAN DIEGO, CA 92154
Effective as of 01-JUL-23

HILL, GENIELYN, NP
Provider ID: N/A
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Effective as of 01-MAY-23

HILLIARD, THESALONICA, NP
Provider ID: N/A
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Effective as of 01-SEP-22

HOOPER, BONNIE, NP
Provider ID: N/A
9339 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-JAN-21

HOOPER, BONNIE, NP
Provider ID: N/A
4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

HORNFELD, COURTNEY, NP
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

INSTONE, SUSAN, NP
Provider ID: N/A
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Effective as of 01-SEP-22

INSTONE, SUSAN, NP
Provider ID: N/A
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-SEP-22

JENKINS, ERIN, NP
Provider ID: N/A
4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-AUG-22

JENKINS, ERIN, NP
Provider ID: N/A
4510 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-AUG-22

603
JENSEN, ADRIENNE, NP
Provider ID: N/A
4510 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-APR-23

JENSEN, ADRIENNE, NP
Provider ID: N/A
350 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

JONES, CHRISTA, NP
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

JONES, CHRISTA, NP²
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

KAHL, NICHOLAS, NP
Provider ID: N/A
12843 EL CAMINO REAL
STE 203
SAN DIEGO, CA 92130
Effective as of 01-JAN-21

KELLEY, JESSICA, NP
Provider ID: N/A
3900 5TH AVE STE 110
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-APR-24

KI, TRISH, NP
Provider ID: N/A
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-SEP-22

KI, TRISH, NP²
Provider ID: N/A
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-SEP-22

KYI, MYA, NP
Provider ID: N/A
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-MAR-24

LEE, MINDY, NP
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

LEE, MINDY, NP
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

MADGEDI, SHEILA, NP
Provider ID: N/A
4282 GENESEE AVE STE 204
SAN DIEGO, CA 92117
Teleservice
Effective as of 01-JUL-21

MANZANO, EUNICE, NP
Provider ID: N/A
4510 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-AUG-22

MANZANO, EUNICE, NP²
Provider ID: N/A
4510 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-AUG-22

MAROSOK, MICHELLE, NP
Provider ID: N/A
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-MAR-24

MAROSOK, MICHELLE, NP
Provider ID: N/A
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-MAR-24

MARTINEZ, CAROLYN, NP
Provider ID: N/A
1016 OUTER RD
SAN DIEGO, CA 92154
Effective as of 01-AUG-22

MAYOYO, MARILYNN, NP
Provider ID: N/A
3131 BERGER AVE STE 200
SAN DIEGO, CA 92123
Effective as of 01-MAR-23

MCCLAIN, MEGAN, NP
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

MCCLAIN, MEGAN, NP²
Provider ID: N/A
3444 KEARNY VILLA RD
STE 202
C1. 网络提供者名单
专科护理医生

SAN DIEGO, CA 92123
Effective as of 01-JAN-21
MCGOWAN, GLAIZA ANN, NP
Provider ID: N/A
4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-DEC-23

MCGOWAN, GLAIZA ANN, NP
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

MEDILO, LOVELLA, NP
Provider ID: N/A
4033 3RD AVE STE 200
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-DEC-22

MEDINA, RUBELETA, NP
Provider ID: N/A
9995 CARMEL MOUNTAIN RD STE B1011
SAN DIEGO, CA 92129
Effective as of 01-FEB-23

MELTZER, VIRGINIA, NP†
Provider ID: N/A
350 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

MEYER, ISAAC, NP
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

MEYER, ISAAC, NP
Provider ID: N/A
4520 EXECUTIVE DR
SAN DIEGO, CA 92121

Effective as of 01-JUN-23
MICK, SHARON, NP
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

MICK, SHARON, NP
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

MICK, SHARON, NP
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

MOONEY, PATRICIA, NP†
Provider ID: N/A
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-MAY-21

MOONEY, PATRICIA, NP†
Provider ID: N/A
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-JUN-23

MOONEY, PATRICIA, NP†
Provider ID: N/A
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-JAN-24

MOONEY, PATRICIA, NP†
Provider ID: N/A
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-JUN-21

NETZEL, JENNIFER, NP†
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-AUG-22

NETZEL, JENNIFER, NP†
Provider ID: N/A
9909 MIRA MESA BLVD STE 200
SAN DIEGO, CA 92131
Effective as of 01-AUG-22

NETZEL, JENNIFER, NP†
Provider ID: N/A
9333 GENESEE AVE
SAN DIEGO, CA 92121
Effective as of 01-AUG-22

NGO-BIGGE, ANGELA, NP
Provider ID: N/A
7345 LINDA VISTA RD STE A
SAN DIEGO, CA 92111
Teleservice
Effective as of 01-JUN-23

16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-JUN-21

NAGATA, CERAH, NP
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-23

NAGATA, CERAH, NP
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

NETZEL, JENNIFER, NP†
Provider ID: N/A
9333 GENESEE AVE
SAN DIEGO, CA 92121
Effective as of 01-AUG-22

NETZEL, JENNIFER, NP†
Provider ID: N/A
9333 GENESEE AVE
SAN DIEGO, CA 92121
Effective as of 01-AUG-22

NETZEL, JENNIFER, NP†
Provider ID: N/A
7345 LINDA VISTA RD STE A
SAN DIEGO, CA 92111
Teleservice
Effective as of 01-JUN-23
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Phone</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOCEDA, ANA, NP†</td>
<td>7011 LINDA VISTA RD</td>
<td>SAN DIEGO, CA</td>
<td>92111</td>
<td></td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>PACE, RACHELLE, NP</td>
<td>200 W ARBOR DR</td>
<td>SAN DIEGO, CA</td>
<td>92103</td>
<td></td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>POLIZZI, BRITTANY, NP†</td>
<td>3900 5TH AVE STE 110</td>
<td>SAN DIEGO, CA</td>
<td>92103</td>
<td></td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>PATIAG, DANIEL, NP</td>
<td>350 DICKINSON ST</td>
<td>SAN DIEGO, CA</td>
<td>92103</td>
<td></td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>RAJAEI, NILOUFAR, NP†</td>
<td>8899 UNIVERSITY CENTER LN</td>
<td>SAN DIEGO, CA</td>
<td>92122</td>
<td></td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>PEREZ, ALLYSSA, NP</td>
<td>6655 ALVARADO RD</td>
<td>SAN DIEGO, CA</td>
<td>92120</td>
<td></td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>RAJAEI, NILOUFAR, NP†</td>
<td>8899 UNIVERSITY CENTER LN</td>
<td>SAN DIEGO, CA</td>
<td>92122</td>
<td></td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>REAL, MARIA, NP</td>
<td>4171 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA</td>
<td>92105</td>
<td></td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>REAL, MARIA, NP</td>
<td>4060 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA</td>
<td>92105</td>
<td></td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>PETTIS, BETH, NP†</td>
<td>200 W ARBOR DR</td>
<td>SAN DIEGO, CA</td>
<td>92103</td>
<td></td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>REDDY, PRIYA, NP</td>
<td>200 W ARBOR DR</td>
<td>SAN DIEGO, CA</td>
<td>92103</td>
<td></td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>Provider ID</td>
<td>Address 1</td>
<td>Address 2</td>
<td>City, State, Zip</td>
<td>Effective Date</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>4060 FAIRMOUNT AVE SAN DIEGO, CA 92105</td>
<td>4060 FAIRMOUNT AVE SAN DIEGO, CA 92105</td>
<td>Effective as of 01-NOV-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>4171 FAIRMOUNT AVE SAN DIEGO, CA 92105</td>
<td>4171 FAIRMOUNT AVE SAN DIEGO, CA 92105</td>
<td>Effective as of 01-NOV-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>4171 FAIRMOUNT AVE SAN DIEGO, CA 92105</td>
<td>4171 FAIRMOUNT AVE SAN DIEGO, CA 92105</td>
<td>Effective as of 01-NOV-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>4510 EXECUTIVE DR SAN DIEGO, CA 92103</td>
<td>4510 EXECUTIVE DR SAN DIEGO, CA 92103</td>
<td>Effective as of 01-APR-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>4510 EXECUTIVE DR STE 325 SAN DIEGO, CA 92121</td>
<td>4510 EXECUTIVE DR SAN DIEGO, CA 92103</td>
<td>Effective as of 01-OCT-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>6655 ALVARADO RD SAN DIEGO, CA 92120</td>
<td>6655 ALVARADO RD SAN DIEGO, CA 92120</td>
<td>Effective as of 01-FEB-24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>4060 FAIRMOUNT AVE SAN DIEGO, CA 92105</td>
<td>4060 FAIRMOUNT AVE SAN DIEGO, CA 92105</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>350 DICKINSON ST SAN DIEGO, CA 92103</td>
<td>350 DICKINSON ST SAN DIEGO, CA 92103</td>
<td>Effective as of 01-APR-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>350 DICKINSON ST SAN DIEGO, CA 92103</td>
<td>350 DICKINSON ST SAN DIEGO, CA 92103</td>
<td>Effective as of 01-APR-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>350 DICKINSON ST SAN DIEGO, CA 92103</td>
<td>350 DICKINSON ST SAN DIEGO, CA 92103</td>
<td>Effective as of 01-APR-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>10672 WEXFORD ST STE 280 SAN DIEGO, CA 92131</td>
<td>10672 WEXFORD ST SAN DIEGO, CA 92131</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>7011 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>7011 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>7011 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>7011 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>7011 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>7011 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>7011 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>7011 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>7011 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>7011 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>6973 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>6973 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>6973 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>6973 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>6973 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>6973 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>6973 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>6973 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>Effective as of 01-JUL-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUN-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUN-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUN-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUN-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUN-22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUN-22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Network Providers List

**SALOTTI, JOANIE, NP**
Provider ID: N/A
- 4520 EXECUTIVE DR
  SAN DIEGO, CA 92121
  Effective as of 01-AUG-22

**SANADA, VIVIANE, NP**
Provider ID: N/A
- 995 GATEWAY CENTER WAY STE 202
  SAN DIEGO, CA 92102
  Teleservice
  Effective as of 01-APR-24

**SANTANGELO, JOANNE, NP**
Provider ID: N/A
- 6973 LINDA VISTA RD
  SAN DIEGO, CA 92111
  Effective as of 01-SEP-22

**SANTANGELO, JOANNE, NP**
Provider ID: N/A
- 7011 LINDA VISTA RD
  SAN DIEGO, CA 92111
  Effective as of 01-SEP-22

**SATTERWHITE, MAURINE, NP**
Provider ID: N/A
- 7011 LINDA VISTA RD
  SAN DIEGO, CA 92111
  Effective as of 01-SEP-22

**SATTERWHITE, MAURINE, NP**
Provider ID: N/A
- 6973 LINDA VISTA RD
  SAN DIEGO, CA 92111
  Effective as of 01-SEP-22

**SCOTT, KELLY, NP**
Provider ID: N/A
- 2630 1ST AVE
  SAN DIEGO, CA 92103
  Teleservice
  Effective as of 01-JUL-22

**SEARS–WILEY, ELIZABETH, NP**
Provider ID: N/A
- 350 DICKINSON ST
  SAN DIEGO, CA 92103
  Effective as of 01-SEP-22

**SHARMA, RAKHI, NP**
Provider ID: N/A
- 200 W ARBOR DR
  SAN DIEGO, CA 92103
  Effective as of 01-DEC-23

**SIETSMA, ALEXANDRA, NP**
Provider ID: N/A
- 4305 UNIVERSITY AVE STE 150
  SAN DIEGO, CA 92105
  Effective as of 01-JUL-22

**SMITH, JENNIFER, NP**
Provider ID: N/A
- 4520 EXECUTIVE DR
  SAN DIEGO, CA 92121
  Effective as of 01-AUG-22

**SMITH, JENNIFER, NP**
Provider ID: N/A
- 4510 EXECUTIVE DR
  SAN DIEGO, CA 92121
  Effective as of 01-AUG-22

**SNYDER, KIRSTIN, NP**
Provider ID: N/A
- 350 DICKINSON ST
  SAN DIEGO, CA 92103
  Effective as of 01-APR-23

**SUHIR, ERIN, NP**
Provider ID: N/A
- 350 DICKINSON ST
  SAN DIEGO, CA 92103
  Effective as of 01-JUN-23

**SOLOMON, AMANDA, NP**
Provider ID: N/A
- 16918 DOVE CANYON RD STE 100
  SAN DIEGO, CA 92127
  Effective as of 01-JUN-23

**SOLOMON, AMANDA, NP**
Provider ID: N/A
- 8010 FROST ST STE 510
  SAN DIEGO, CA 92123
  Teleservice
  Effective as of 01-AUG-23

**SPAULDING, ENJOLI, NP**
Provider ID: N/A
- 6402 EL CAJON BLVD STE 100
  SAN DIEGO, CA 92115
  Effective as of 01-MAY-23

**STEEFENSMEIER, CHRISTA, NP**
Provider ID: N/A
- 3900 5TH AVE STE 110
  SAN DIEGO, CA 92103
  Teleservice
  Effective as of 01-APR-23

**SUHIR, ERIN, NP**
Provider ID: N/A
- 4157 FAIRMOUNT AVE
  SAN DIEGO, CA 92105
  Teleservice
### C1. 网络提供者名单
#### 专科护理医生

<table>
<thead>
<tr>
<th>名字</th>
<th>提供者ID</th>
<th>地址</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweeney, ZSA ZSA, NP</td>
<td>N/A</td>
<td>4060 Fairmount Ave, San Diego, CA 92105</td>
<td>01-Mar-24</td>
</tr>
<tr>
<td>Tejada Bras, Sandy, NP</td>
<td>N/A</td>
<td>2929 Health Center Dr, San Diego, CA 92123*</td>
<td>01-Jul-21</td>
</tr>
<tr>
<td>Tilley, Monica, NPF</td>
<td>N/A</td>
<td>12843 El Camino Real Ste 203, San Diego, CA 92130</td>
<td>01-Dec-21</td>
</tr>
<tr>
<td>Tomich, Stephanie, NP</td>
<td>N/A</td>
<td>3444 Kearny Villa Rd Ste 202, San Diego, CA 92123</td>
<td>01-Jan-24</td>
</tr>
<tr>
<td>Tomich, Stephanie, NP</td>
<td>N/A</td>
<td>3444 Kearny Villa Rd Ste 201, San Diego, CA 92123</td>
<td>01-Jan-24</td>
</tr>
<tr>
<td>Tomich, Stephanie, NP</td>
<td>N/A</td>
<td>4060 4th Ave Ste 310, San Diego, CA 92103</td>
<td>01-Jan-24</td>
</tr>
<tr>
<td>Tomich, Stephanie, NP</td>
<td>N/A</td>
<td>11770 Bernardo Plaza</td>
<td></td>
</tr>
<tr>
<td>Topik, Amanda, NP†</td>
<td>N/A</td>
<td>4060 Fairmount Ave, San Diego, CA 92105</td>
<td>01-Feb-24</td>
</tr>
<tr>
<td>Topik, Amanda, NP†</td>
<td>N/A</td>
<td>4520 Executive Dr, San Diego, CA 92121</td>
<td>01-Aug-22</td>
</tr>
<tr>
<td>Tows, Arta, NP</td>
<td>N/A</td>
<td>4510 Executive Dr, San Diego, CA 92121</td>
<td>01-Aug-22</td>
</tr>
<tr>
<td>Tows, Arta, NP</td>
<td>N/A</td>
<td>4510 Executive Dr, San Diego, CA 92121</td>
<td>01-Jun-23</td>
</tr>
<tr>
<td>Tran, Daphne, NP</td>
<td>N/A</td>
<td>16950 Via Tazon, San Diego, CA 92127</td>
<td>01-Jun-23</td>
</tr>
<tr>
<td>Villalobos, Rebeca, NP†</td>
<td>N/A</td>
<td>1809 National Ave, San Diego, CA 92113</td>
<td>01-Dec-22</td>
</tr>
<tr>
<td>Villalobos, Rebeca, NP†</td>
<td>N/A</td>
<td>823 Gateway Center Way, San Diego, CA 92102</td>
<td></td>
</tr>
<tr>
<td>Villanueva De Gutie, Berenice, NP</td>
<td>N/A</td>
<td>4060 Fairmount Ave, San Diego, CA 92105</td>
<td>01-Dec-22</td>
</tr>
<tr>
<td>Wietzke, Matthew, NP</td>
<td>N/A</td>
<td>350 Dickinson St, San Diego, CA 92103</td>
<td>01-Jan-24</td>
</tr>
<tr>
<td>Wietzke, Matthew, NP</td>
<td>N/A</td>
<td>200 W Arbor Dr, San Diego, CA 92103</td>
<td>01-Jan-24</td>
</tr>
<tr>
<td>Willey, Marti, NP†</td>
<td>N/A</td>
<td>16918 Doce Canyon Rd Ste 103, San Diego, CA 92127</td>
<td>01-Jan-24</td>
</tr>
<tr>
<td>Willey, Marti, NP†</td>
<td>N/A</td>
<td>16918 Doce Canyon Rd Ste 103, San Diego, CA 92127</td>
<td>01-Jun-23</td>
</tr>
<tr>
<td>Williams, Breahna, NP</td>
<td>N/A</td>
<td>4060 Fairmount Ave, San Diego, CA 92105</td>
<td>01-Dec-22</td>
</tr>
<tr>
<td>Williams, Breahna, NP</td>
<td>N/A</td>
<td>4060 Fairmount Ave, San Diego, CA 92105</td>
<td></td>
</tr>
</tbody>
</table>

* Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Provider ID: N/A
4171 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Effective as of 01-DEC-21

WONG, MAYBELLE, NP
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

WONG, MAYBELLE, NP
Provider ID: N/A
350 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

WOO, ANDY, NP
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

YARTSEVA, YULIYA, NP
Provider ID: N/A
3737 MORAGA AVE STE B103
SAN DIEGO, CA 92117
Effective as of 01-JAN-21

YEO, ALEXANDRIA, NP
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

CERTIFIED REGISTERED NURSE ANESTHETIST

AMADOR, LINDSAY, CRNA†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

CALABRIA, MEGAN, CRNA
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

CANTRELL, SARAH, CRNA
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

COLE, JASON, CRNA†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-21

DOLLAND, STEVEN, CRNA†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

DULAY, JOTI, CRNA
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-21

DULAY, JOTI, CRNA
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-21

EVANS, CATHERINE, CRNA
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

FIEDLER, DEREK, CRNA
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

GONZALEZ, LISA, CRNA
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-21

GRiffin, Seth, CRNA
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

JOHNSTON, RACHEL, CRNA
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

POLIKOWSKI, SAMANTHA, CRNA†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

POLLOM, JESSICA, CRNA†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-21

RAMIREZ, NICOLE, CRNA†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

ROADMAN, KEENE, CRNA
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

SACKS, BRENT, CRNA†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-21
C1. 网络提供者名单
专科护理医生

SNODGRASS, JULIE, CRNA†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-21

VINCENT, BERLIN, CRNA†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

CERTIFIED REGISTERED NURSE MIDWIFE

CHOI, NATHALIE, CRNM
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

CORRY, ANDREA, CRNM
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

CORRY, ANDREA, CRNM
Provider ID: N/A
7910 FROST ST
SAN DIEGO, CA 92123
Effective as of 01-SEP-23

CORRY, ANDREA, CRNM
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-SEP-23

M AST, ASHLEY, CRNM
Provider ID: N/A
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-OCT-23

NATHAN, CARLY, CRNM
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-23

NATHAN, CARLY, CRNM
Provider ID: N/A
3750 CONVOY ST STE 312
SAN DIEGO, CA 92111
Effective as of 01-AUG-23

PERDION, KAREN, CRNM†
Provider ID: N/A
4290 POLK AVE
SAN DIEGO, CA 92105
Effective as of 01-JUL-22

RAY, BROOKE, CRNM†
Provider ID: N/A
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-SEP-21

STRAUSS, JOANNA E, CRNM
Provider ID: N/A
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-MAY-21

TAYLOR, INGE, CRNM†
Provider ID: N/A
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-JUL-22
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective as of</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>VU HILL, ERICA, NP*</td>
<td>N/A</td>
<td>4290 POLK AVE</td>
<td>01-JUL-22</td>
<td></td>
</tr>
<tr>
<td>GILIBERTO, JOSEPH, DC*</td>
<td>N/A</td>
<td>10737 CAMINO RUIZ STE 235</td>
<td>01-AUG-22</td>
<td></td>
</tr>
<tr>
<td>ASSADIAN, MEHRAK, DC</td>
<td>N/A</td>
<td>950 S EUCLID AVE</td>
<td>01-JAN-21</td>
<td></td>
</tr>
<tr>
<td>BEATTY, ZACHARY, DC</td>
<td>N/A</td>
<td>1501 IMPERIAL AVE</td>
<td>01-JUL-22</td>
<td></td>
</tr>
<tr>
<td>CABALLERO, JAMES, DC</td>
<td>N/A</td>
<td>9995 CARMEL MOUNTAIN RD STE B10 AND B11</td>
<td>01-NOV-23</td>
<td></td>
</tr>
<tr>
<td>CABALLERO, JAMES, DC</td>
<td>N/A</td>
<td>10737 CAMINO RUIZ STE 235</td>
<td>01-JUL-22</td>
<td></td>
</tr>
<tr>
<td>CASTRO, DAVID, DC*</td>
<td>N/A</td>
<td>1016 OUTER RD</td>
<td>01-AUG-22</td>
<td></td>
</tr>
<tr>
<td>DORADO, SUE, DC</td>
<td>N/A</td>
<td>4060 FAIRMOUNT AVE</td>
<td>01-OCT-23</td>
<td></td>
</tr>
<tr>
<td>LE, BRANDON, DC</td>
<td>N/A</td>
<td>6973 LINDA VISTA RD</td>
<td>01-JUL-22</td>
<td></td>
</tr>
<tr>
<td>LOVERN, JENNIFER, DC</td>
<td>N/A</td>
<td>2630 1ST AVE</td>
<td>01-APR-24</td>
<td></td>
</tr>
<tr>
<td>LUU, DANIEL, DC*</td>
<td>N/A</td>
<td>9339 GENESEE AVE STE 350</td>
<td>01-JUL-21</td>
<td></td>
</tr>
</tbody>
</table>

**CHIROPRACTOR**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective as of</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SU, VENNES, DC</td>
<td>N/A</td>
<td>10737 CAMINO RUIZ STE 235</td>
<td>01-OCT-23</td>
<td></td>
</tr>
</tbody>
</table>

**DERMATOLOGY**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective as of</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SU, VENNES, DC</td>
<td>N/A</td>
<td>10737 CAMINO RUIZ STE 235</td>
<td>01-OCT-23</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
C1. 网络提供者名单
专科护理医生

ANGRA, KUNAL, MD†
Provider ID: N/A
4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-DEC-22

ANGRA, KUNAL, MD†
Provider ID: N/A
4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-JUL-21

ANGRA, KUNAL, MD†
Provider ID: N/A
4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-JUL-21

BOEN, MONICA, MD†
Provider ID: N/A
9339 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Teleservice
Effective as of 01-MAR-24

BOEN, MONICA, MD†
Provider ID: N/A
9339 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Teleservice
Effective as of 01-JUL-21

BOEN, MONICA, MD†
Provider ID: N/A
9339 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Teleservice
Effective as of 01-JUL-16

BROUHA, BROOK, MD
Provider ID: N/A
9339 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Teleservice
Effective as of 01-JUN-18

BROUHA, BROOK, MD
Provider ID: N/A
4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-NOV-23

CALAME, ANTOANELLA, MD†
Provider ID: N/A
6605 NANCY RIDGE DR
SAN DIEGO, CA 92121
Effective as of 01-JUL-22

CHEN, BRYAN, MD
Provider ID: N/A
9878 HIBERT ST STE 100
SAN DIEGO, CA 92131
Effective as of 01-JUL-16

CHEN, BRYAN, MD
Provider ID: N/A
9878 HIBERT ST STE 100
SAN DIEGO, CA 92131
Effective as of 01-JUL-16

DELA ROSA, KRISTINA, MD
Provider ID: N/A
9878 HIBERT ST STE 100
SAN DIEGO, CA 92131
Effective as of 01-AUG-17

DELA ROSA, KRISTINA, MD
Provider ID: N/A
9878 HIBERT ST STE 100
SAN DIEGO, CA 92131
Effective as of 01-JAN-18

ERICKSON, CHRISTOPHER, MD†
| Provider ID: N/A | 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121 | Effective as of 01-JUL-22 |
|-----------------|----------------------|------------------------|
| **HAMMAN, MICHAEL, MD**† | 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103 | Teleservice  
Effective as of 01-JAN-21 |

| Provider ID: N/A | 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103 | Effective as of 01-JAN-21 |
|-----------------|----------------------|------------------------|
| **HAMMAN, MICHAEL, MD**† | 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103 | Teleservice  
Effective as of 01-PR-22 |

| Provider ID: N/A | 9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121 | Effective as of 01-JAN-21 |

| Provider ID: N/A | 9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121 | Effective as of 01-SEP-22 |

| Provider ID: N/A | 6386 ALVARADO CT STE 209  
SAN DIEGO, CA 92120 | Effective as of 01-FEB-22 |

| Provider ID: N/A | 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103 | Effective as of 01-OCT-21 |
|-----------------|----------------------|------------------------|
| **HEMPERLY, STEPHEN, DO**† | 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103 | Teleservice  
Effective as of 01-SEP-22 |

| Provider ID: N/A | 8899 UNIVERSITY CENTER LN STE 350  
SAN DIEGO, CA 92122 | Effective as of 01-JAN-21 |

| Provider ID: N/A | 3737 MORAGA AVE STE A206  
SAN DIEGO, CA 92117 | Effective as of 01-MAR-23 |

| Provider ID: N/A | 9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121 | Effective as of 01-SEP-22 |

| Provider ID: N/A | 3737 MORAGA AVE STE A206  
SAN DIEGO, CA 92117 | Effective as of 01-JUL-23 |

| Provider ID: N/A | 3737 MORAGA AVE STE A206  
SAN DIEGO, CA 92117 | Effective as of 01-JAN-21 |

| Provider ID: N/A | 8899 UNIVERSITY CENTER LN STE 350  
SAN DIEGO, CA 92122 | Effective as of 01-OCT-21 |

| Provider ID: N/A | 4168 FRONT ST  
SAN DIEGO, CA 92103 | Effective as of 01-SEP-22 |

| Provider ID: N/A | 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103 | Effective as of 01-JAN-21 |

| Provider ID: N/A | 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103 | Effective as of 01-JAN-21 |

| Provider ID: N/A | 3737 MORAGA AVE STE A206  
SAN DIEGO, CA 92117 | Effective as of 01-MAR-23 |

| Provider ID: N/A | 3737 MORAGA AVE STE A206  
SAN DIEGO, CA 92117 | Effective as of 01-JUL-23 |

| Provider ID: N/A | 3737 MORAGA AVE STE A206  
SAN DIEGO, CA 92117 | Effective as of 01-JAN-21 |

| Provider ID: N/A | 8899 UNIVERSITY CENTER LN STE 350  
SAN DIEGO, CA 92122 | Effective as of 01-OCT-21 |

| Provider ID: N/A | 4168 FRONT ST  
SAN DIEGO, CA 92103 | Effective as of 01-SEP-22 |

| Provider ID: N/A | 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103 | Effective as of 01-JAN-21 |

| Provider ID: N/A | 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103 | Effective as of 01-JAN-21 |

| Provider ID: N/A | 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103 | Effective as of 01-JAN-21 |

---

**C1. 网络提供者名单**

**专科护理医生**

Provider ID: N/A  
6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-22

**GERSTENFELD, ERIC, MD**

Provider ID: N/A  
4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**GLADSJO, JULIE, MD**

Provider ID: N/A  
6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-FEB-23

**GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A  
8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-23

**HAMMAN, MICHAEL, MD†**

Provider ID: N/A  
9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

**HAMMAN, MICHAEL, MD†**

Provider ID: N/A  
9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-21

**HAMMAN, MICHAEL, MD†**

Provider ID: N/A  
9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-23

**HAMMAN, MICHAEL, MD†**

Provider ID: N/A  
9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

**HAMMAN, MICHAEL, MD†**

Provider ID: N/A  
9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

**HAMMAN, MICHAEL, MD†**

Provider ID: N/A  
9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**HAMMAN, MICHAEL, MD†**

Provider ID: N/A  
9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**HEMPERLY, STEPHEN, DO†**

Provider ID: N/A  
4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**HEMPERLY, STEPHEN, DO†**

Provider ID: N/A  
4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**HIGHTOWER, GEORGE, MD†**

Provider ID: N/A  
4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JAN-21

**KASSAB, GHADA, MD**

Provider ID: N/A  
3737 MORAGA AVE STE A206  
SAN DIEGO, CA 92117  
Effective as of 01-MAR-23

**KASSAB, GHADA, MD**

Provider ID: N/A  
3737 MORAGA AVE STE A206  
SAN DIEGO, CA 92117  
Effective as of 01-JUL-23

**KASSAB, GHADA, MD**

Provider ID: N/A  
3737 MORAGA AVE STE A206  
SAN DIEGO, CA 92117  
Effective as of 01-JAN-21

**KAUNITZ, GENEVIEVE, MD†**

Provider ID: N/A  
8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-OCT-21

**KEEL, DOUGLAS, DO**

Provider ID: N/A  
614
C1. 网络提供者名单
专科护理医生

- **LEE, MICHAEL, MD**
  Provider ID: N/A
  8899 UNIVERSITY CENTER LN STE 150
  SAN DIEGO, CA 92122
  Effective as of 01-JAN-21

- **LUPTON, JASON, MD**
  Provider ID: N/A
  3965 5TH AVE STE 200
  SAN DIEGO, CA 92103
  Effective as of 01-SEP-22

- **LYFORD, WILLIS, MD**
  Provider ID: N/A
  12395 EL CAMINO REAL STE 207
  SAN DIEGO, CA 92130
  Effective as of 01-MAR-16

- **MAFONG, ERICK, MD**
  Provider ID: N/A
  4060 4TH AVE STE 209
  SAN DIEGO, CA 92103
  Effective as of 01-FEB-22

- **SHAHAN, FRED, MD**
  Provider ID: N/A
  6367 ALVARADO CT STE 107
  SAN DIEGO, CA 92120
  Effective as of 01-JAN-14

- **NAHM, WALTER, MD**
  Provider ID: N/A
  7695 CARDINAL CT STE 200
  SAN DIEGO, CA 92123
  Effective as of 01-JAN-23

- **NAHM, WALTER, MD**
  Provider ID: N/A
  7695 CARDINAL CT STE 200
  SAN DIEGO, CA 92123
  Effective as of 01-JAN-21

- **PELLE, MICHELLE, MD**
  Provider ID: N/A
  3965 5TH AVE STE 200
  SAN DIEGO, CA 92103
  Effective as of 01-SEP-22

- **REED, KELLY, DO**
  Provider ID: N/A
  4060 4TH AVE STE 415
  SAN DIEGO, CA 92103
  Teleservice
  Effective as of 01-JAN-21

- **SHAHAN, FRED, MD**
  Provider ID: N/A
  6367 ALVARADO CT STE 107
  SAN DIEGO, CA 92120
  Effective as of 01-JAN-21

- **SHIELL, RONALD, MD**
  Provider ID: N/A
  4060 4TH AVE STE 415
  SAN DIEGO, CA 92103
  Effective as of 01-JAN-21

- **RILEY, JESSICA, DO**
  Provider ID: N/A
  4060 4TH AVE STE 415
  SAN DIEGO, CA 92103
  Effective as of 01-MAR-20

- **RILEY, JESSICA, DO**
  Provider ID: N/A
  4060 4TH AVE STE 415
  SAN DIEGO, CA 92103
  Effective as of 01-JAN-21

- **SCHMIEDECKE, RUDY, MD**
  Provider ID: N/A
  6605 NANCY RIDGE DR
  SAN DIEGO, CA 92121
  Teleservice
  Effective as of 01-JUL-23

- **SHIELL, RONALD, MD**
  Provider ID: N/A
  4060 4TH AVE STE 415
  SAN DIEGO, CA 92103
  Effective as of 01-JAN-21

- **SHIELL, RONALD, MD**
  Provider ID: N/A
  4060 4TH AVE STE 415
  SAN DIEGO, CA 92103
  Effective as of 01-JAN-21

- **SHIELL, RONALD, MD**
  Provider ID: N/A
  4060 4TH AVE STE 415
  SAN DIEGO, CA 92103
  Effective as of 01-JAN-21

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Effective as of 01-JAN-21

SIRICHOTIRATANA, MELISSA, MD
Provider ID: N/A

4765 CARMEL MOUNTAIN RD STE 201
SAN DIEGO, CA 92130
Effective as of 01-JAN-23

SOON, SEAVER, MD
Provider ID: N/A

3737 4TH AVE
SAN DIEGO, CA 92103
Effective as of 01-MAR-23

STEIN, ALEXANDER, MD
Provider ID: N/A

6280 JACKSON DR STE 8
SAN DIEGO, CA 92119
Effective as of 01-SEP-22

ZUBAIR, RAheel, MD
Provider ID: N/A

9339 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-JUL-22

TSE, YARDY, MD
Provider ID: N/A

4765 CARMEL MOUNTAIN RD STE 201
SAN DIEGO, CA 92130
Effective as of 01-SEP-22

TSE, YARDY, MD
Provider ID: N/A

4765 CARMEL MOUNTAIN RD STE 201
SAN DIEGO, CA 92130
Effective as of 01-JAN-21

VENKAT, ARUN, MD
Provider ID: N/A

4765 CARMEL MOUNTAIN RD STE 201
SAN DIEGO, CA 92130
Effective as of 01-SEP-21

ZALESKI LARSEN, LISA, DO
Provider ID: N/A

4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-SEP-22

ZALESKI LARSEN, LISA, DO
Provider ID: N/A

4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-SEP-22

ZALESKI LARSEN, LISA, DO
Provider ID: N/A

4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-DEC-23

616
## C1. 网络提供者名单

### 专科护理医生

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Specialty</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Effective From</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Shen, Honggang, MD</td>
<td>Emergency Medicine</td>
<td>4060 4th Ave STE 415</td>
<td>San Diego, CA 92103</td>
<td>01-JUL-19</td>
</tr>
<tr>
<td>N/A</td>
<td>Alkatib, Rhonda, MD†</td>
<td>Emergency Medicine</td>
<td>2655 Camino Del Rio N STE 120</td>
<td>San Diego, CA 92108</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>N/A</td>
<td>Castellano, Tiffany, MD</td>
<td>Endocrinology, Metabolism, Diabetes</td>
<td>200 W Arbor Dr</td>
<td>San Diego, CA 92103</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>N/A</td>
<td>Chen, Alice, MD†</td>
<td>Endocrinology, Metabolism, Diabetes</td>
<td>200 W Arbor Dr</td>
<td>San Diego, CA 92103</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>N/A</td>
<td>Coyne, Christopher, MD†</td>
<td>Endocrinology, Metabolism, Diabetes</td>
<td>200 W Arbor Dr</td>
<td>San Diego, CA 92103</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>N/A</td>
<td>Dickson, Matthew, DO†</td>
<td>Endocrinology, Metabolism, Diabetes</td>
<td>1628 Palm Ave</td>
<td>San Diego, CA 92154</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>N/A</td>
<td>Guefen, Uri, MD</td>
<td>Endocrinology, Metabolism, Diabetes</td>
<td>555 W C ST STE 102</td>
<td>San Diego, CA 92101</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>N/A</td>
<td>Park, Jay, MD†</td>
<td>Endocrinology, Metabolism, Diabetes</td>
<td>200 W Arbor Dr</td>
<td>San Diego, CA 92103</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>N/A</td>
<td>Yu, Elaine, DO</td>
<td>Endocrinology, Metabolism, Diabetes</td>
<td>200 W Arbor Dr</td>
<td>San Diego, CA 92103</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>N/A</td>
<td>Jarkowski, Leonard, MD†</td>
<td>Endocrinology, Metabolism, Diabetes</td>
<td>3830 Valley Centre Dr STE 702</td>
<td>San Diego, CA 92130</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>N/A</td>
<td>Kutz, Craig, MD†</td>
<td>Endocrinology, Metabolism, Diabetes</td>
<td>200 W Arbor Dr</td>
<td>San Diego, CA 92103</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>N/A</td>
<td>Liotta, Benjamin, MD†</td>
<td>Endocrinology, Metabolism, Diabetes</td>
<td>16950 Via Tazon</td>
<td>San Diego, CA 92127</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>N/A</td>
<td>Mueller, Matthew, DO†</td>
<td>Endocrinology, Metabolism, Diabetes</td>
<td>200 W Arbor Dr</td>
<td>San Diego, CA 92103</td>
<td>01-JUL-21</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
网络提供者名单

专科护理医生

Effective as of 01-FEB-23

IYENGAR, RAVI, MD
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

IYENGAR, RAVI, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-23

NAGELBERG, JODI, MD
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-NOV-21

NAGELBERG, JODI, MD
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-NOV-21

NAGELBERG, JODI, MD
Provider ID: N/A
9909 MIRA MESA BLVD
STE 200
SAN DIEGO, CA 92131
Effective as of 01-NOV-21

NAGELBERG, JODI, MD
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-NOV-21

SANDLER, JEFFREY, MD
Provider ID: N/A
4060 4TH AVE STE 340
SAN DIEGO, CA 92103
Effective as of 01-AUG-23

SAN DIEGO, CA 92130
Effective as of 01-SEP-17

FOYOUZI-YOUSEFI, NASTARAN, MD
Provider ID: N/A
11425 EL CAMINO REAL
SAN DIEGO, CA 92130
Effective as of 01-JUN-23

FRIEDMAN, BROOKE, MD†
Provider ID: N/A
11425 EL CAMINO REAL
SAN DIEGO, CA 92130
Effective as of 01-SEP-17

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL, MD†
Provider ID: N/A
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Effective as of 01-SEP-23

BERNADETT, ALEX, MD†
Provider ID: N/A
10505 SORRENTO VALLEY RD STE 200
SAN DIEGO, CA 92121
Effective as of 01-FEB-23

BERNADETT, ALEX, MD†
Provider ID: N/A
6699 ALVARADO RD STE 2100
SAN DIEGO, CA 92120
Effective as of 01-FEB-23

CAMPBELL, BRIANNA, MD
Provider ID: N/A
950 S EUCLID AVE
SAN DIEGO, CA 92114
Effective as of 01-MAY-23
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Specialty</th>
<th>Provider ID</th>
<th>Address 1</th>
<th>Address 2</th>
<th>City</th>
<th>Zip Code</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENYSIAK, JACQUELINE, MD†</td>
<td></td>
<td>N/A</td>
<td>3969 4TH AVE STE 203</td>
<td>SAN DIEGO</td>
<td>92103</td>
<td></td>
<td>01-DEC-20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HILL, LINDA, MD†</td>
<td></td>
<td>N/A</td>
<td>6973 LINDA VISTA RD</td>
<td>SAN DIEGO</td>
<td>92111</td>
<td></td>
<td>01-SEP-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6973 LINDA VISTA RD</td>
<td>SAN DIEGO</td>
<td>92111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOLICOEUR, MEGAN, DO</td>
<td></td>
<td>N/A</td>
<td>330 LEWIS ST</td>
<td>SAN DIEGO</td>
<td>92103</td>
<td></td>
<td>01-JUN-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>330 LEWIS ST</td>
<td>SAN DIEGO</td>
<td>92103</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOLICOEUR, MEGAN, DO</td>
<td></td>
<td>N/A</td>
<td>8899 UNIVERSITY CENTER LN</td>
<td>SAN DIEGO</td>
<td>92122</td>
<td></td>
<td>01-JUN-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8899 UNIVERSITY CENTER LN</td>
<td>SAN DIEGO</td>
<td>92122</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOLICOEUR, MEGAN, DO</td>
<td></td>
<td>N/A</td>
<td>9333 GENESEE AVE</td>
<td>SAN DIEGO</td>
<td>92121</td>
<td></td>
<td>01-JUN-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9333 GENESEE AVE</td>
<td>SAN DIEGO</td>
<td>92121</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOLICOEUR, MEGAN, DO</td>
<td></td>
<td>N/A</td>
<td>9909 MIRA MESA BLVD STE 200</td>
<td>SAN DIEGO</td>
<td>92131</td>
<td></td>
<td>01-JUN-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9909 MIRA MESA BLVD STE 200</td>
<td>SAN DIEGO</td>
<td>92131</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KUROSASKA, MOMO, MD†</td>
<td></td>
<td>N/A</td>
<td>200 W ARBOR DR</td>
<td>SAN DIEGO</td>
<td>92103</td>
<td></td>
<td>01-AUG-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>200 W ARBOR DR</td>
<td>SAN DIEGO</td>
<td>92103</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KUROSASKA, MOMO, MD†</td>
<td></td>
<td>N/A</td>
<td>8899 UNIVERSITY CENTER LN</td>
<td>SAN DIEGO</td>
<td>92122</td>
<td></td>
<td>01-AUG-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8899 UNIVERSITY CENTER LN</td>
<td>SAN DIEGO</td>
<td>92122</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LYNCH, SHAUNA, DO</td>
<td></td>
<td>N/A</td>
<td>1075 CAMINO DEL RIO S</td>
<td>SAN DIEGO</td>
<td>92108</td>
<td></td>
<td>01-SEP-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1075 CAMINO DEL RIO S</td>
<td>SAN DIEGO</td>
<td>92108</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARSTON, JACQUELINE, DO</td>
<td></td>
<td>N/A</td>
<td>7011 LINDA VISTA RD</td>
<td>SAN DIEGO</td>
<td>92111</td>
<td></td>
<td>01-SEP-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7011 LINDA VISTA RD</td>
<td>SAN DIEGO</td>
<td>92111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERESS, LILIA, MD</td>
<td></td>
<td>N/A</td>
<td>6973 LINDA VISTA RD</td>
<td>SAN DIEGO</td>
<td>92111</td>
<td></td>
<td>01-FEB-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6973 LINDA VISTA RD</td>
<td>SAN DIEGO</td>
<td>92111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERESS, LILIA, MD</td>
<td></td>
<td>N/A</td>
<td>9878 CARMEL MOUNTAIN RD STE B</td>
<td>SAN DIEGO</td>
<td>92129</td>
<td></td>
<td>01-JAN-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9878 CARMEL MOUNTAIN RD STE B</td>
<td>SAN DIEGO</td>
<td>92129</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RODRIGUEZ, NATALIE, MD</td>
<td></td>
<td>N/A</td>
<td>375 CAMINO DE LA REINA STE C</td>
<td>SAN DIEGO</td>
<td>92108</td>
<td></td>
<td>01-JUN-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>375 CAMINO DE LA REINA STE C</td>
<td>SAN DIEGO</td>
<td>92108</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHEKER-DICKSON, KIMBERLY, DO†</td>
<td></td>
<td>N/A</td>
<td>1685 HOLLISTER ST</td>
<td>SAN DIEGO</td>
<td>92154</td>
<td></td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>SUMMERS-DAY, COURTNEY, MD†</td>
<td></td>
<td>N/A</td>
<td>1016 OUTER RD</td>
<td>SAN DIEGO</td>
<td>92154</td>
<td></td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>PERESS, LILIA, MD</td>
<td></td>
<td>N/A</td>
<td>1628 PALM AVE</td>
<td>SAN DIEGO</td>
<td>92154</td>
<td></td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>SOPHY, ELIZABETH, MD†</td>
<td></td>
<td>N/A</td>
<td>1501 IMPERIAL AVE</td>
<td>SAN DIEGO</td>
<td>92101</td>
<td></td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>MILLER, SCOTT, MD†</td>
<td></td>
<td>N/A</td>
<td>9878 CARMEL MOUNTAIN RD STE B</td>
<td>SAN DIEGO</td>
<td>92129</td>
<td></td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MILLER, SCOTT, MD†</td>
<td></td>
<td>N/A</td>
<td>9878 CARMEL MOUNTAIN RD STE B</td>
<td>SAN DIEGO</td>
<td>92129</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUMMERS-DAY, COURTNEY, MD†</td>
<td></td>
<td>N/A</td>
<td>1016 OUTER RD</td>
<td>SAN DIEGO</td>
<td>92154</td>
<td></td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>FAMILY PRACTICE</td>
<td>GERIATRIC MEDICINE</td>
<td>N/A</td>
<td>1628 PALM AVE</td>
<td>SAN DIEGO</td>
<td>92154</td>
<td></td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>FAMILY PRACTICE</td>
<td>SPORTS MEDICINE</td>
<td>N/A</td>
<td>1016 OUTER RD</td>
<td>SAN DIEGO</td>
<td>92154</td>
<td></td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>MILLER, SCOTT, MD†</td>
<td></td>
<td></td>
<td>9878 CARMEL MOUNTAIN RD STE B</td>
<td>SAN DIEGO</td>
<td>92129</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MILLER, SCOTT, MD†</td>
<td></td>
<td></td>
<td>9878 CARMEL MOUNTAIN RD STE B</td>
<td>SAN DIEGO</td>
<td>92129</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUMMERS-DAY, COURTNEY, MD†</td>
<td></td>
<td></td>
<td>1016 OUTER RD</td>
<td>SAN DIEGO</td>
<td>92154</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHANDRADAS, SAJIV, MD†</td>
<td></td>
<td></td>
<td>1016 OUTER RD</td>
<td>SAN DIEGO</td>
<td>92154</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHANDRADAS, SAJIV, MD†</td>
<td></td>
<td></td>
<td>1016 OUTER RD</td>
<td>SAN DIEGO</td>
<td>92154</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Effective Dates</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>01-JUL-17</td>
<td>995 GATEWAY CENTER WAY STE 105, SAN DIEGO, CA 92102</td>
</tr>
<tr>
<td>N/A</td>
<td>01-JAN-21</td>
<td>HUA, MENG, MD†</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>6699 ALVARADO RD STE 2306, SAN DIEGO, CA 92120</td>
</tr>
<tr>
<td>N/A</td>
<td>01-JAN-14</td>
<td>CUBAS, IVAN, MD†</td>
</tr>
<tr>
<td>N/A</td>
<td>01-OCT-14</td>
<td>292 EUCLID AVE STE 115, SAN DIEGO, CA 92114</td>
</tr>
<tr>
<td>N/A</td>
<td>01-DEC-14</td>
<td>CUMMINS, ANDREW, MD†</td>
</tr>
<tr>
<td>N/A</td>
<td>01-MAR-15</td>
<td>4060 4TH AVE STE 240, SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>N/A</td>
<td>01-SEP-15</td>
<td>GADDIPATI, KISHORE, MD†</td>
</tr>
<tr>
<td>N/A</td>
<td>01-SEP-15</td>
<td>4060 4TH AVE STE 240, SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>N/A</td>
<td>01-SEP-22</td>
<td>FICK, DARYL, MD</td>
</tr>
<tr>
<td>N/A</td>
<td>01-SEP-22</td>
<td>6699 ALVARADO RD STE 2306, SAN DIEGO, CA 92120</td>
</tr>
<tr>
<td>N/A</td>
<td>01-AUG-23</td>
<td>DUBOIS, SUJA, MD†</td>
</tr>
<tr>
<td>N/A</td>
<td>01-JUN-23</td>
<td>4060 4TH AVE STE 240, SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>N/A</td>
<td>01-JUN-21</td>
<td>GISH, ROBERT, MD†</td>
</tr>
<tr>
<td>N/A</td>
<td>01-MAY-23</td>
<td>292 EUCLID AVE STE 115, SAN DIEGO, CA 92114</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>NOVO, MEGAN, MD</td>
</tr>
<tr>
<td>N/A</td>
<td>01-JUL-22</td>
<td>6699 ALVARADO RD STE 2301, SAN DIEGO, CA 92120</td>
</tr>
<tr>
<td>N/A</td>
<td>01-APR-24</td>
<td>HASAN, AWS, MD</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>200 W ARBOR DR, SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>NOVO, MEGAN, MD</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>292 EUCLID AVE STE 115, SAN DIEGO, CA 92114</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>REDDY, JOSEPH, MD†</td>
</tr>
<tr>
<td>N/A</td>
<td>01-JUL-22</td>
<td>6699 ALVARADO RD STE 2301, SAN DIEGO, CA 92120</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>REDDY, JOSEPH, MD†</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

- **REDdy, JOSEPH, MD†**
  Provider ID: N/A
  6699 ALVARADO RD STE 2301
  SAN DIEGO, CA 92120
  Effective as of 01-AUG-21

- **SCHAEFFER, CYNTHIA, MD†**
  Provider ID: N/A
  6699 ALVARADO RD STE 2301
  SAN DIEGO, CA 92120
  Effective as of 01-AUG-20

- **SCHAEFFER, CYNTHIA, MD†**
  Provider ID: N/A
  292 EUCLID AVE STE 115
  SAN DIEGO, CA 92114
  Effective as of 01-SEP-15

- **SCHAEFFER, CYNTHIA, MD†**
  Provider ID: N/A
  292 EUCLID AVE STE 115
  SAN DIEGO, CA 92114
  Effective as of 01-SEP-20

- **SCHAFFER, KATHERINE, MD†**
  Provider ID: N/A
  292 EUCLID AVE STE 115
  SAN DIEGO, CA 92114
  Effective as of 01-JUN-23

- **SCHAFFER, KATHERINE, MD†**
  Provider ID: N/A
  292 EUCLID AVE STE 115
  SAN DIEGO, CA 92114
  Effective as of 01-MAR-19

- **SCHAFFER, KATHERINE, MD†**
  Provider ID: N/A
  292 EUCLID AVE STE 115
  SAN DIEGO, CA 92114
  Effective as of 01-OCT-18

- **SHAH, SHAILJA, MD**
  Provider ID: N/A
  6655 ALVARADO RD
  SAN DIEGO, CA 92120
  Effective as of 01-FEB-24

- **THOMAS, CARLTON, MD†**
  Provider ID: N/A
  200 W ARBOR DR
  SAN DIEGO, CA 92103
  Effective as of 01-JAN-21

- **THOMAS, CARLTON, MD†**
  Provider ID: N/A
  292 EUCLID AVE STE 115
  SAN DIEGO, CA 92114
  Effective as of 01-JAN-15

- **THOMAS, CARLTON, MD†**
  Provider ID: N/A
  229 EUCLID AVE STE 115
  SAN DIEGO, CA 92114
  Effective as of 01-FEB-24

- **YOUSSEF, FADY, MD**
  Provider ID: N/A
  200 W ARBOR DR
  SAN DIEGO, CA 92103
  Effective as of 01-JUN-23

- **YOUSSEF, FADY, MD**
  Provider ID: N/A
  6655 ALVARADO RD
  SAN DIEGO, CA 92120
  Effective as of 01-JAN-21

**GENERAL PRACTICE**

- **NGUYEN, HUONG, MD†**
  Provider ID: N/A
  4444 EL CAJON BLVD STE 6
  SAN DIEGO, CA 92115
  Effective as of 01-APR-21

- **RECALDE, FRANCISCO, MD†**
  Provider ID: N/A
  3811 EL CAJON BLVD
  SAN DIEGO, CA 92105
  Effective as of 01-JAN-21

**GENETIC COUNSELOR**

- **FOYOUZI-YOUSEFI, NASTARAN, MD**
  Provider ID: N/A
  6655 ALVARADO RD
  SAN DIEGO, CA 92120
  Effective as of 01-SEP-15
## C1. 网络提供者名单
### 专科护理医生

<table>
<thead>
<tr>
<th>Name of Provider</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JONES, MARILYN, MD</td>
<td>11425 EL CAMINO REAL, SAN DIEGO, CA 92130</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>JONES, MARILYN, MD</td>
<td>4910 DIRECTORS PL STE 200, SAN DIEGO, CA 92121</td>
<td>01-JUN-21</td>
</tr>
<tr>
<td>ANDERSON, ELAINE, MA</td>
<td>5030 CAMINO DE LA SIESTA STE 204, SAN DIEGO, CA 92108</td>
<td>01-APR-23, 01-JUL-23</td>
</tr>
<tr>
<td>ANDERSON, ELAINE, MA</td>
<td>6367 ALVARADO CT STE 101, SAN DIEGO, CA 92120</td>
<td>01-JAN-21, 01-SEP-22</td>
</tr>
<tr>
<td>ANDERSON, ELAINE, MA</td>
<td>9340 CLAIREMONT MESA BLVD STE D, SAN DIEGO, CA 92123</td>
<td>01-JAN-21, 01-SEP-22</td>
</tr>
<tr>
<td>DAVIS, KELLE, MA</td>
<td>9340 CLAIREMONT MESA BLVD, SAN DIEGO, CA 92123</td>
<td>01-JAN-21, 01-SEP-22</td>
</tr>
<tr>
<td>DAVIS, KELLE, MA</td>
<td>6367 ALVARADO CT STE 101, SAN DIEGO, CA 92120</td>
<td>01-JAN-21, 01-SEP-22</td>
</tr>
<tr>
<td>AHMED, SYED, MD</td>
<td>7432 LA MANTANZA, SAN DIEGO, CA 92127</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>ANDREY, JEFFREY, MD</td>
<td>3965 5TH AVE STE 230, SAN DIEGO, CA 92103</td>
<td>01-APR-23, 01-SEP-22</td>
</tr>
<tr>
<td>ANDREY, JEFFREY, MD</td>
<td>3965 5TH AVE STE 230, SAN DIEGO, CA 92103</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>BASERI, BABAK, MD</td>
<td>3965 5TH AVE STE 230, SAN DIEGO, CA 92103</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>WILLIAMS, ALISA, MD</td>
<td>5555 RESERVOIR DR STE 307, SAN DIEGO, CA 92120</td>
<td>01-JAN-20</td>
</tr>
</tbody>
</table>

### HEARING AID DEALER / SUPPLIER

<table>
<thead>
<tr>
<th>Name of Provider</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANAYA, MANUEL, MA</td>
<td>9340 CLAIREMONT MESA BLVD STE D, SAN DIEGO, CA 92123</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>ANDERSON, ELAINE, MA</td>
<td>6367 ALVARADO CT STE 101, SAN DIEGO, CA 92120</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>ANDERSON, ELAINE, MA</td>
<td>6367 ALVARADO CT STE 101, SAN DIEGO, CA 92120</td>
<td>01-SEP-22</td>
</tr>
</tbody>
</table>

### GYNECOLOGIC ONCOLOGY

<table>
<thead>
<tr>
<th>Name of Provider</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAHADOR, AFSHIN, MD</td>
<td>5030 CAMINO DE LA SIESTA STE 204, SAN DIEGO, CA 92108</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>ANDERSON, ELAINE, MA</td>
<td>6367 ALVARADO CT STE 101, SAN DIEGO, CA 92120</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>ANDERSON, ELAINE, MA</td>
<td>9340 CLAIREMONT MESA BLVD STE D, SAN DIEGO, CA 92123</td>
<td>01-SEP-22</td>
</tr>
</tbody>
</table>

### HEMATOLOGY / ONCOLOGY

<table>
<thead>
<tr>
<th>Name of Provider</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASERI, BABAK, MD</td>
<td>3965 5TH AVE STE 230, SAN DIEGO, CA 92103</td>
<td>01-SEP-22</td>
</tr>
</tbody>
</table>

*Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.*
C1. 网络提供者名单
专科护理医生

SAN DIEGO, CA 92103
Effective as of 01-JUL-22

BASERI, BABAK, MD†
Provider ID: N/A
3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-APR-24

BASERI, BABAK, MD†
Provider ID: N/A
3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-JUL-22

BESSERTO, ALBERTO, MD†
Provider ID: N/A
16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Effective as of 01-APR-23

CHEN, YU-WEI, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

COGGAN, JAMES, DO
Provider ID: N/A
3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-DEC-23

EISENBERG, STEVEN, DO†
Provider ID: N/A
16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Effective as of 01-DEC-23

FISHER, JENNIFER, MD†
Provider ID: N/A
3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-JAN-14

FISHER, JENNIFER, MD†
Provider ID: N/A
3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-DEC-08

FISHER, JENNIFER, MD†
Provider ID: N/A
3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-JAN-14

FISHER, JENNIFER, MD†
Provider ID: N/A
3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-JUL-22

FISHER, JENNIFER, MD†
Provider ID: N/A
9333 GENESEE AVE STE 310

FRAKES, LAURIE, MD†
Provider ID: N/A
16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-NOV-21

MARJON, PHILIP, MD
Provider ID: N/A
16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-NOV-21

MARJON, PHILIP, MD†
Provider ID: N/A
16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-APR-24

MARJON, PHILIP, MD†
Provider ID: N/A
16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-APR-23

MARJON, PHILIP, MD†
Provider ID: N/A
3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-APR-23

MARJON, PHILIP, MD†
Provider ID: N/A
3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-JUL-22

MARJON, PHILIP, MD†
Provider ID: N/A
3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-JUL-22

MESHLEH SHAYEB, AKRAM, MD†
Provider ID: N/A
7377 VIA CRESTA RD
SAN DIEGO, CA 92129
Effective as of 01-FEB-24

MESHLEH SHAYEB, AKRAM, MD†
Provider ID: N/A
7377 VIA CRESTA RD
SAN DIEGO, CA 92129
Effective as of 01-JAN-14

MESHLEH SHAYEB, AKRAM, MD†
Provider ID: N/A
3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-NOV-21

NAIDZIONAK, ULADZISLAU, MD†
Provider ID: N/A
3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-NOV-21

NGUYEN, ANTHONY, MD
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-AUG-23

PARSI, HOOMAN, MD
Provider ID: N/A
3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-APR-24

QUINN, CATHERINE, MD
Provider ID: N/A
3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-APR-23

RAZZAQUE, SAQIB, MD
Provider ID: N/A
7377 VIA CRESTA RD
SAN DIEGO, CA 92129
Effective as of 01-FEB-24

REDFERN, CHARLES, MD†
Provider ID: N/A
3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-FEB-24

REDFERN, CHARLES, MD†
Provider ID: N/A
3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-FEB-24

623
C1. 网络提供者名单
专科护理医生

STE 102
SAN DIEGO, CA 92123
Effective as of 01-SEP-15

RICE, KRISTEN, MD†
Provider ID: N/A
3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-SEP-15

RICE, KRISTEN, MD†
Provider ID: N/A
3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-SEP-15

RICE, KRISTEN, MD†
Provider ID: N/A
3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-JUN-11

SARWARI, NAWID, MD
Provider ID: N/A
3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

SAUNDERS, PHILLIP, DO†
Provider ID: N/A
3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-NOV-22

SAUNDERS, PHILLIP, DO†
Provider ID: N/A
3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-APR-23

SCHWERKOSKE, JOHN, MD†
Provider ID: N/A
3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-MAY-22

SCHWERKOSKE, JOHN, MD†
Provider ID: N/A
3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

SCHWERKOSKE, JOHN, MD†
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-FEB-21

RUBENZIK, TAMARA, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-FEB-21

HOSPICE AND PALLIATIVE
MEDICINE

RUBENZIK, TAMARA, MD†
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-DEC-23

HAMMOND, CHARLES, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-21

SHINDO, YURI, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

TONG, ALEXANDER, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

YANG, BENJAMIN, MD
Provider ID: N/A
<table>
<thead>
<tr>
<th>Network Provider Name</th>
<th>Address</th>
<th>Effective As Of Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infectious Disease</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yassin, Hazem, MD</td>
<td>200 W Arbor Dr, San Diego, CA 92103</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>Caperna, Joseph, MD</td>
<td>2333 1st Ave Ste 104, San Diego, CA 92101</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>Kuppalli, Krutika, MD</td>
<td>200 W Arbor Dr, San Diego, CA 92103</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>Martin, Thomas, MD</td>
<td>4168 Front St Fl 3, San Diego, CA 92103</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td>Martin, Thomas, MD†</td>
<td>200 W Arbor Dr, San Diego, CA 92103</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td>Ramirez Sanchez, Claudia, MD</td>
<td>6655 Alvarado Rd, San Diego, CA 92120</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>Chau, John, MD†</td>
<td>7011 Linda Vista Rd, San Diego, CA 92111</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>Chung, Kiyon, MD†</td>
<td>4060 4th Ave Ste 220, San Diego, CA 92103</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>Davis, Jason, MD†</td>
<td>4060 4th Ave Ste 650, San Diego, CA 92103</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>Davis, Jason, MD†</td>
<td>8010 Frost St Ste 510, San Diego, CA 92123</td>
<td>01-MAY-24</td>
</tr>
<tr>
<td>Davis, Jason, MD†</td>
<td>8010 Frost St Ste 510, San Diego, CA 92123</td>
<td>01-MAY-24</td>
</tr>
<tr>
<td><strong>Internal Medicine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Al-Saleh, Yadani, MD†</td>
<td>3737 Moraga Ave Ste B103, San Diego, CA 92117</td>
<td>01-MAR-23</td>
</tr>
<tr>
<td>Ball, Sheldon, MD</td>
<td>6973 Linda Vista Rd, San Diego, CA 92111</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>Ball, Sheldon, MD</td>
<td>7011 Linda Vista Rd, San Diego, CA 92111</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>Brazel, Danielle, MD</td>
<td>6655 Alvarado Rd, San Diego, CA 92120</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>Name</td>
<td>Provider ID</td>
<td>Address</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>FARAVARDEH, ARMAN, MD</td>
<td>N/A</td>
<td>8010 FROST ST STE 510 SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>GADIYARAM, VARUNA, MD</td>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>GELBERG, ANNA, MD</td>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>GRUNVALD, EDUARDO, MD</td>
<td>N/A</td>
<td>4303 LA JOLLA VILLAGE DR STE 2110</td>
</tr>
<tr>
<td>GRUNVALD, EDUARDO, MD</td>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>HAMMES, JOHN, MD</td>
<td>N/A</td>
<td>4060 4TH AVE STE 220 SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>HAMMES, JOHN, MD</td>
<td>N/A</td>
<td>4060 4TH AVE STE 220 SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>HASTIE, ELIZABETH, MD</td>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>JAIN, SUPRABHA, MD</td>
<td>N/A</td>
<td>6496 WEATHERS PL STE 100 SAN DIEGO, CA 92121</td>
</tr>
<tr>
<td>JIANG, JUN, MD</td>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>KATSNELSON, MARCELLA, DO</td>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>KOOKOOTSEDES, GAYLE, MD</td>
<td>N/A</td>
<td>3633 CAMINO DEL RIO S STE 300 SAN DIEGO, CA 92108</td>
</tr>
<tr>
<td>LAMANTIA, MICHELE, MD</td>
<td>N/A</td>
<td>950 S EUCLID AVE SAN DIEGO, CA 92114</td>
</tr>
<tr>
<td>LIU, ANDREW, MD</td>
<td>N/A</td>
<td>6402 EL CAJON BLVD STE 100 SAN DIEGO, CA 92112</td>
</tr>
<tr>
<td>LIU, ANDREW, MD</td>
<td>N/A</td>
<td>8010 FROST ST STE 510 SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>LUND, GUY, MD</td>
<td>N/A</td>
<td>8010 FROST ST STE 510 SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>MARTINEZ, ARMANDO, MD</td>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>MOOLANI, UJJALA, MD</td>
<td>N/A</td>
<td>6402 EL CAJON BLVD STE 102 SAN DIEGO, CA 92115</td>
</tr>
<tr>
<td>MOOLANI, UJJALA, MD</td>
<td>N/A</td>
<td>8010 FROST ST STE 510 SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>NAMAZY, DAVID, MD</td>
<td>N/A</td>
<td>6402 EL CAJON BLVD STE 100 SAN DIEGO, CA 92115</td>
</tr>
</tbody>
</table>
NGUYEN, TRI, MD†
Provider ID: N/A
4206 44TH ST
SAN DIEGO, CA 92115
Teleservice
Effective as of 01-SEP-22

NGUYEN, VIET, MD†
Provider ID: N/A
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-OCT-20

NOKES, BRANDON, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

PITT, WILLIAM, MD†
Provider ID: N/A
6386 ALVARADO CT STE 101
SAN DIEGO, CA 92120
Effective as of 01-JUN-23

SONG, ALEXANDER, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

TANTISIRA, LALITA, MD†
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-JAN-21

TANTISIRA, LALITA, MD†
Provider ID: N/A
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121
Effective as of 01-AUG-21

YANG, JENNY, MD†
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-AUG-21

YANG, JENNY, MD†
Provider ID: N/A
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121
Effective as of 01-AUG-21

INTERNAL MEDICINE
CRITICAL CARE MEDICINE

BOROK, ZEA, MD†
Provider ID: N/A
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121
Effective as of 01-SEP-22

TRIVEDI, MEHUL, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-JAN-24

TRIVEDI, MEHUL, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

YANG, JENNY, MD†
Provider ID: N/A
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121
Effective as of 01-AUG-21

YANG, JENNY, MD†
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

BOROK, ZEA, MD†
Provider ID: N/A
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121
Effective as of 01-SEP-21

JAFFE, GILAD, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

JAFFE, GILAD, MD
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-SEP-23

MERCANDETTI, ALEX, MD†
Provider ID: N/A
3965 5TH AVE STE 430
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-APR-19

SULLIVAN, LAUREN, MD
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

SULLIVAN, LAUREN, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

SULLIVAN, LAUREN, MD
Provider ID: N/A
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121
Effective as of 01-SEP-23

INTERVENTIONAL
## CARDIOLOGY

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARAMBAS, CLARITA, MD</td>
<td>N/A</td>
<td>9190 MIRA MESA BLVD SAN DIEGO, CA 92126</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>CHUNG, KIYON, MD</td>
<td>N/A</td>
<td>4060 4TH AVE STE 650 SAN DIEGO, CA 92103</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>CRUZ RODRIGUEZ, JOSE, MD</td>
<td>N/A</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>FRIEDMAN, RICHARD, MD</td>
<td>N/A</td>
<td>4060 4TH AVE STE 650 SAN DIEGO, CA 92103</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>FRIEDMAN, RICHARD, MD</td>
<td>N/A</td>
<td>4060 4TH AVE STE 650 SAN DIEGO, CA 92103</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>GLASSMAN, JERROLD, MD</td>
<td>N/A</td>
<td>4060 4TH AVE STE 650 SAN DIEGO, CA 92103</td>
<td>01-FEB-07</td>
</tr>
<tr>
<td>GLASSMAN, JERROLD, MD</td>
<td>N/A</td>
<td>4060 4TH AVE STE 650 SAN DIEGO, CA 92103</td>
<td>01-FEB-07</td>
</tr>
<tr>
<td>GOLLAPUDI, RAGHAVA, MD</td>
<td>N/A</td>
<td>3131 BERGER AVE STE 200 SAN DIEGO, CA 92123</td>
<td>01-MAR-13</td>
</tr>
<tr>
<td>GOLLAPUDI, RAGHAVA, MD</td>
<td>N/A</td>
<td>7901 FROST ST SAN DIEGO, CA 92123</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>GOLLAPUDI, RAGHAVA, MD</td>
<td>N/A</td>
<td>6402 EL CAJON BLVD STE 102 SAN DIEGO, CA 92115</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>JOHN, ALAN, MD</td>
<td>N/A</td>
<td>292 EUCLID AVE STE 210 SAN DIEGO, CA 92114</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>MOHAMEDALI, BURHAN, MD</td>
<td>N/A</td>
<td>292 EUCLID AVE STE 210 SAN DIEGO, CA 92114</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MULLVAIN, JEFFRY, MD</td>
<td>N/A</td>
<td>4060 4TH AVE STE 500 SAN DIEGO, CA 92103</td>
<td>01-SEP-15</td>
</tr>
<tr>
<td>NARAYANAN, MEENA, MD</td>
<td>N/A</td>
<td>292 EUCLID AVE STE 210 SAN DIEGO, CA 92114</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>NGUYEN, TRI, MD</td>
<td>N/A</td>
<td>7345 LINDA VISTA RD STE A SAN DIEGO, CA 92111</td>
<td>Teleservice</td>
</tr>
<tr>
<td>NGUYEN, BRYANT, MD</td>
<td>N/A</td>
<td>4440 EUCLID AVE STE A SAN DIEGO, CA 92115</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>PITIT, WILLIAM, MD</td>
<td>N/A</td>
<td>6386 ALVARADO CT STE 101 SAN DIEGO, CA 92120</td>
<td>01-SEP-15</td>
</tr>
<tr>
<td>RUBIO GARCIA, MANOLO, MD</td>
<td>N/A</td>
<td>412 WASHINGTON ST SAN DIEGO, CA 92103</td>
<td>01-DEC-22</td>
</tr>
<tr>
<td>RUBIO GARCIA, MANOLO, MD</td>
<td>N/A</td>
<td>292 EUCLID AVE STE 210 SAN DIEGO, CA 92114</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>RUBIO GARCIA, MANOLO, MD</td>
<td>N/A</td>
<td>292 EUCLID AVE STE 210 SAN DIEGO, CA 92114</td>
<td>01-DEC-22</td>
</tr>
<tr>
<td>SALAMI, ALI, MD</td>
<td>N/A</td>
<td>501 WASHINGTON ST STE 512 SAN DIEGO, CA 92103</td>
<td>01-SEP-15</td>
</tr>
<tr>
<td>SCLAR, CRAIG, MD</td>
<td>N/A</td>
<td>3880 MURPHY CANYON</td>
<td></td>
</tr>
</tbody>
</table>
RD STE 120
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-DEC-23

SCLAR, CRAIG, MD
Provider ID: N/A
3880 MURPHY CANYON RD STE 120
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-DEC-23

SCLAR, CRAIG, MD
Provider ID: N/A
3880 MURPHY CANYON RD STE 120
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-DEC-23

SCOTT, EMILY, MD†
Provider ID: N/A
4060 4TH AVE STE 500
SAN DIEGO, CA 92103
Effective as of 01-MAR-24

SHAH, KULIN, MD†
Provider ID: N/A
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Effective as of 01-APR-23

SHEREV, DIMITRI, MD†
Provider ID: N/A
6402 EL CAJON BLVD STE 102
SAN DIEGO, CA 92115
Effective as of 01-JAN-24

SUDHAKAR, DEEPTHI, MD†
Provider ID: N/A
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Effective as of 01-APR-23

LICENSED CLINICAL SOCIAL WORKER

ALVAREZ, DIANA, LCSW
Provider ID: N/A
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-APR-21

BASHAM, CLAUDIA, LCSW
Provider ID: N/A
3025 BEYER BLVD STE E101
SAN DIEGO, CA 92154
Teleservice
Effective as of 01-NOV-21

BIGGER, ALAINA, LCSW
Provider ID: N/A
4849 RONSON CT STE 207
SAN DIEGO, CA 92111
Effective as of 01-AUG-23

BROWN, EDEN, LCSW†
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-FEB-22

DIAZ, JAENAI, LCSW
Provider ID: N/A
350 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

DSOUZA, NICOLE, LCSW†
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

ESCAMILLA, KARLA, LCSW†
Provider ID: N/A
950 S EUCLID AVE
SAN DIEGO, CA 92114
Effective as of 01-DEC-21

GONZALEZ, ADRIANA, LCSW
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

GONZALEZ, ADRIANA, LCSW
Provider ID: N/A
4510 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-JUN-23

HAMM, DEANNA, LCSW
Provider ID: N/A
350 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

JASSO-RAMIREZ, MARTHA, LCSW
Provider ID: N/A
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-SEP-21

KHAMISA, SORAIYA, LCSW
Provider ID: N/A
4520 EXECUTIVE DR STE A
SAN DIEGO, CA 92121
Effective as of 01-JUN-23

LOWE, LINDSAY, LCSW
Provider ID: N/A
350 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

RABBAN, DIANA, LCSW
Provider ID: N/A
286 EUCLID AVE STE 302
SAN DIEGO, CA 92114
Teleservice
Effective as of 01-NOV-22

SACHS, MELISSA, LCSW
Provider ID: N/A
4690 EL CAJON BLVD
SAN DIEGO, CA 92115
Teleservice
Effective as of 01-MAR-21

SCHWARTZMAN, BENJAMIN, LCSW
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-DEC-22

SCHWARTZMAN, BENJAMIN, LCSW
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

SCHWARTZMAN, BENJAMIN, LCSW
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-FEB-23

TITOVA, ANASTASIA, LPCC
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

TITOVA, ANASTASIA, LPCC
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-FEB-23

MARRIAGE FAMILY THERAPIST

GULOTTA, SAMANTHA, MFT
Provider ID: N/A
9909 MIRA MESA BLVD
STE 200
SAN DIEGO, CA 92131
Effective as of 01-JUN-23

HOLLEMAN, KEVIN, DO
Provider ID: N/A
286 EUCLID AVE STE 302
SAN DIEGO, CA 92114
Teleservice
Effective as of 01-DEC-21

WRIGHT, STEPHANIE, LCSW
Provider ID: N/A
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Effective as of 01-JAN-24

LICENSED PROFESSIONAL CLINICAL COUNSELOR

KUEK, JOHN, MFT
Provider ID: N/A
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-APR-21

LAIDLAW, JOHN, MFT
Provider ID: N/A
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Effective as of 01-JAN-24

SAMORA, ANTHONY, MFT
Provider ID: N/A
438 CAMINO DEL RIO S
STE 106
SAN DIEGO, CA 92108
Effective as of 01-DEC-22

SCHLOSSER, TARA, MFT
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-AUG-23

SUTTLE, CAROLYN, MFT
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-NOV-21

VILLAGOMEZ, JOSHUA, MFT
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

ZAYAS, MARIO, MFT
Provider ID: N/A
3025 BEYER BLVD STE E-101
SAN DIEGO, CA 92154
Effective as of 01-JAN-21
### MATERNAL AND FETAL MEDICINE

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHN, JENNIFER, MD²</td>
<td>12264 EL CAMINO REAL STE 204 SAN DIEGO, CA 92130</td>
<td>Effective as of 01-FEB-21</td>
</tr>
<tr>
<td>BERGGREN, ERICA, MD²</td>
<td>12264 EL CAMINO REAL STE 204 SAN DIEGO, CA 92130</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>DOWLING, DAVID, MD²</td>
<td>12264 EL CAMINO REAL STE 204 SAN DIEGO, CA 92130</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>EMERUWA, UKACHI, MD</td>
<td>16950 VIA TAZON SAN DIEGO, CA 92127</td>
<td>Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>EMERUWA, UKACHI, MD</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>EMERUWA, UKACHI, MD</td>
<td>4168 FRONT ST SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>GOLLIN, YVONNE, MD²</td>
<td>3075 HEALTH CENTER DR STE 102 SAN DIEGO, CA 92123</td>
<td>Effective as of 01-JAN-18</td>
</tr>
</tbody>
</table>

### MEDICAL ONCOLOGY

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>EISENBERG, STEVEN, DO²</td>
<td>16918 DOVE CANYON RD STE 103 SAN DIEGO, CA 92127</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>FLORES, EDNA, MD²</td>
<td>16918 DOVE CANYON RD STE 103 SAN DIEGO, CA 92127</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>FRAKES, LAURIE, MD²</td>
<td>16918 DOVE CANYON RD STE 103 SAN DIEGO, CA 92127</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>KOSSMAN, STEVEN, MD²</td>
<td>3075 HEALTH CENTER DR STE 102 SAN DIEGO, CA 92123</td>
<td>Effective as of 01-SEP-15</td>
</tr>
</tbody>
</table>

### NEPHROLOGY

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL-DAHHAN, ZAID, MD</td>
<td>6402 EL CAJON BLVD STE 100 SAN DIEGO, CA 92115</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>AL-DAHHAN, ZAID, MD</td>
<td>8010 FROST ST STE 510 SAN DIEGO, CA 92123</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>AL-DAHHAN, ZAID, MD</td>
<td>4060 4TH AVE STE 220 SAN DIEGO, CA 92103</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td>BEHREND, TERRY, MD²</td>
<td>8010 FROST ST STE 510 SAN DIEGO, CA 92123</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>BEHREND, TERRY, MD²</td>
<td>6402 EL CAJON BLVD STE 100 SAN DIEGO, CA 92115</td>
<td>Effective as of 01-JAN-21</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

BEHREND, TERRY, MD†
Provider ID: N/A
6402 EL CAJON BLVD STE 100
SAN DIEGO, CA 92115
Effective as of 01-JAN-21

BEHREND, TERRY, MD†
Provider ID: N/A
6402 EL CAJON BLVD STE 100
SAN DIEGO, CA 92115
Effective as of 01-JUL-22

BEHREND, TERRY, MD†
Provider ID: N/A
6402 EL CAJON BLVD STE 100
SAN DIEGO, CA 92115
Effective as of 01-MAR-16

BOISKIN, MARK, MD
Provider ID: N/A
9610 GRANITE RIDGE DR STE B
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

CALDERON MOLINA, JUAN, MD
Provider ID: N/A
9610 GRANITE RIDGE DR STE B
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

CHONGKRAIRATANAKUL, TEPSIRI, MD†
Provider ID: N/A
8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-SEP-21

DAVIS, JASON, MD†
Provider ID: N/A
8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-SEP-20

DAVIS, JASON, MD†
Provider ID: N/A
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-JUL-22

DAVIS, JASON, MD†
Provider ID: N/A
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

DAVIS, JASON, MD†
Provider ID: N/A
7910 FROST ST STE 250
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

DAVIS, JASON, MD†
Provider ID: N/A
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-MAR-15

DAVIS, JASON, MD†
Provider ID: N/A
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-NOV-23

DAVIS, JASON, MD†
Provider ID: N/A
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-SEP-15

FARAVARDEH, ARMAN, MD†
Provider ID: N/A
8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

FARAVARDEH, ARMAN, MD†
Provider ID: N/A
8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

FARAVARDEH, ARMAN, MD†
Provider ID: N/A
8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

FARAVARDEH, ARMAN, MD†
Provider ID: N/A
8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-NOV-16

FARAVARDEH, ARMAN, MD†
Provider ID: N/A
8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-JUL-22

HAMMES, JOHN, MD†
Provider ID: N/A
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-MAR-15

HAMMES, JOHN, MD†
Provider ID: N/A
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-NOV-23

HAMMES, JOHN, MD†
Provider ID: N/A
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-JUL-22

HAMMES, JOHN, MD†
Provider ID: N/A
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

HUSSAIN, SHAHID, MD
Provider ID: N/A
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hussain, Shahid, MD</td>
<td>N/A</td>
<td>6402 EL CAJON BLVD STE 100</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>Khang, Kathy, MD†</td>
<td>N/A</td>
<td>8010 FROST ST STE 510</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>Le, Charles, MD†</td>
<td>N/A</td>
<td>4440 EUCLID AVE STE A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>Le, Charles, MD†</td>
<td>N/A</td>
<td>4440 EUCLID AVE</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>Lund, Guy, MD†</td>
<td>N/A</td>
<td>8010 FROST ST STE 510</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>Lund, Guy, MD†</td>
<td>N/A</td>
<td>8010 FROST ST STE 510</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>Lund, Guy, MD†</td>
<td>N/A</td>
<td>995 GATEWAY CENTER WAY STE 207</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>Quevedo, Juan, MD†</td>
<td>N/A</td>
<td>995 GATEWAY CENTER WAY STE 207</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>Shapiro, Mark, MD</td>
<td>N/A</td>
<td>9610 GRANITE RIDGE DR STE B</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>Steer, Dylan, MD†</td>
<td>N/A</td>
<td>4060 4TH AVE STE 220</td>
<td></td>
</tr>
</tbody>
</table>
C1. 网络提供者名单

专科护理医生

Effective as of 01-SEP-15

THOMAS, THEODORE, MD‡
Provider ID: N/A

4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

ZHONG, YAN, MD‡
Provider ID: N/A

4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-NOV-22

ZHONG, YAN, MD‡
Provider ID: N/A

4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-JUL-22

ZHONG, YAN, MD‡
Provider ID: N/A

4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-MAY-22

NEUROLOGY

BINDAL, ANKUR, MD‡
Provider ID: N/A

6496 WEATHERS PL STE 100
SAN DIEGO, CA 92121
Effective as of 01-SEP-22

BOBO, JERRY, MD‡
Provider ID: N/A

6496 WEATHERS PL STE 100
SAN DIEGO, CA 92121
Effective as of 01-OCT-21

FREDERICK, ALIYA, MD
Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

GRISSOLIA, JAMES, MD‡
Provider ID: N/A

4060 4TH AVE STE 410
SAN DIEGO, CA 92103
Effective as of 01-SEP-20

GUPTA, VISHAL, DO
Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-23

GUTFLAIS, ERIC, MD
Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

HAAS, RICHARD, MD
Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

HAAS, RICHARD, MD‡
Provider ID: N/A

4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121
Effective as of 01-SEP-22

HEADLEY, ALISON, MD
Provider ID: N/A

6402 EL CAJON BLVD STE 100
SAN DIEGO, CA 92115
Teleservice
Effective as of 01-MAR-24

HUSSAIN, SHAHID, MD
Provider ID: N/A

6402 EL CAJON BLVD STE 100
SAN DIEGO, CA 92115
Teleservice
Effective as of 01-FEB-24

KARANJIA, NAVAZ, MD
Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

KARANJIA, NAVAZ, MD‡
Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-FEB-22

KHAMISHON, BORIS, MD‡
Provider ID: N/A

6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120
Effective as of 01-SEP-22

KHAMISHON, BORIS, MD‡
Provider ID: N/A

6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120
Effective as of 01-JAN-14

634
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

ALEXANDER, SINDU, MD
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

CHOI, ESTHER, MD
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

KIPPER, MICHAEL, MD
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

METH, ERNIE, MD
Provider ID: N/A
3444 KEARNY VILLA RD
STE 1
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-NOV-21

SHARIF TABRIZI, AHMAD, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

AL-MSHHDANI, AYSER, MD
Provider ID: N/A
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-OCT-23

ASLIAN, AZITA, MD
Provider ID: N/A
950 S EUCLID AVE
SAN DIEGO, CA 92114
Effective as of 01-SEP-22

BLAKE, GARY, MD
Provider ID: N/A
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-JUL-22

BRAHMBHATT, BHOMI, MD
Provider ID: N/A
2918 5TH AVE STE 100
SAN DIEGO, CA 92103
Effective as of 01-APR-23

CARDENAS, MICHAEL, MD
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-NOV-21

CHAC, RICK, MD
Provider ID: N/A
550 WASHINGTON ST STE 331
SAN DIEGO, CA 92103
Effective as of 01-FEB-21

CHUAN, SANDY, MD
Provider ID: N/A
11425 EL CAMINO REAL
SAN DIEGO, CA 92130
Effective as of 01-FEB-16

CONTRERAS, MICHELLE, MD
Provider ID: N/A
550 WASHINGTON ST STE 331
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-FEB-22

DAVIS, TRACIE, MD
Provider ID: N/A
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Provider ID</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>DELCORE, LAURA, MD†</td>
<td>4168 FRONT ST</td>
<td>N/A</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>DELCORE, LAURA, MD†</td>
<td>200 W ARBOR DR</td>
<td>N/A</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>DELCORE, LAURA, MD†</td>
<td>3750 CONVOY ST STE 312</td>
<td>N/A</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>DRIEBE, AMY, MD†</td>
<td>330 LEWIS ST</td>
<td>N/A</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>FOLCH TORRES-AGUIAR, BEATRIZ, MD†</td>
<td>4060 FAIRMOUNT AVE</td>
<td>N/A</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>FRUGONI, GINA, MD†</td>
<td>4168 FRONT ST</td>
<td>N/A</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>GELLENS, ANDREW, MD†</td>
<td>4060 FAIRMOUNT AVE</td>
<td>N/A</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>HARVEY, SCOTT, MD†</td>
<td>200 W ARBOR DR</td>
<td>N/A</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>HARVEY, SCOTT, MD†</td>
<td>4168 FRONT ST</td>
<td>N/A</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>HUI, KIM, MD†</td>
<td>200 W ARBOR DR</td>
<td>N/A</td>
<td>01-JUN-23</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

SAN DIEGO, CA 92103
Effective as of 01-JUN-23
MENDEZ, DIEGO, MD
Provider ID: N/A
950 S EUCLID AVE
SAN DIEGO, CA 92114
Effective as of 01-APR-23

MEURICE, MARIELLE
ERENDIRA LUCILLE, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

MEURICE, MARIELLE
ERENDIRA LUCILLE, MD†
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

NGUYEN, NICOLE, MD†
Provider ID: N/A
12395 EL CAMINO REAL
STE 117
SAN DIEGO, CA 92130
Effective as of 01-DEC-14

PARK, SUSANNA, MD
Provider ID: N/A
11425 EL CAMINO REAL
SAN DIEGO, CA 92130
Effective as of 01-APR-16

PICKETT, CHARLOTTE, MD
Provider ID: N/A
6030 VILLAGE WAY
SAN DIEGO, CA 92130
Effective as of 01-JUL-23

PICKETT, CHARLOTTE, MD
Provider ID: N/A
16950 VIA TAZON

SAN DIEGO, CA 92127
Effective as of 01-JUL-23
PICKETT, CHARLOTTE, MD
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

PICKETT, CHARLOTTE, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

PICKETT, CHARLOTTE, MD
Provider ID: N/A
3750 CONVOY ST STE 312
SAN DIEGO, CA 92111
Effective as of 01-JUL-23

PINSON, KELSEY, MD†
Provider ID: N/A
4910 DIRECTORS PL STE 200
SAN DIEGO, CA 92121
Effective as of 01-SEP-21

PINSON, KELSEY, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

PINSON, KELSEY, MD†
Provider ID: N/A
950 S EUCLID AVE
SAN DIEGO, CA 92114
Effective as of 01-SEP-21

PINSON, KELSEY, MD†
Provider ID: N/A
2918 5TH AVE STE 100
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

PINSON, KELSEY, MD†
Provider ID: N/A
3969 4TH AVE STE 207
SAN DIEGO, CA 92103
Effective as of 01-SEP-15

SHUCKETT, ARIEL, MD†
Provider ID: N/A
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-JUL-22

TAJRAN, DEENA, MD†
Provider ID: N/A
10737 CAMINO RUIZ STE 114
SAN DIEGO, CA 92126
Effective as of 01-JAN-21

THOMSON, SAMANTHA, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-OCT-21

THOMSON, SAMANTHA, MD†
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-OCT-21

TRUJILLO, JENNIFER, DO†
Provider ID: N/A
950 S EUCLID AVE
SAN DIEGO, CA 92114
Effective as of 01-JUL-22

VAN DEN HEUVEL, KELLY,
MD†
Provider ID: N/A
5555 RESERVOIR DR STE 205
SAN DIEGO, CA 92120
Effective as of 01-JUL-23

VU, LAC, MD
Provider ID: N/A
638
C1. 网络提供者名单
专科护理医生

WILLIAMS, ALISA, MD
Provider ID: N/A
5555 RESERVOIR DR STE 307
SAN DIEGO, CA 92120
Effective as of 01-JAN-20

HUDSON, BONNIE, OT
Provider ID: N/A
88 E BONITA RD STE C
SAN DIEGO, CA 92121
Effective as of 01-MAY-22

LOPEZ, ALYSSA-NICOLE, OT
Provider ID: N/A
3750 CONVOY ST STE 201B
SAN DIEGO, CA 92111
Effective as of 01-DEC-23

ARIESEGADO, MINNETT, OT
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-JUN-23

MANECKE, KRISTEN, OT
Provider ID: N/A
9333 GENESEE AVE STE 350B
SAN DIEGO, CA 92121
Effective as of 01-SEP-23

AVAQLONE, THOMAS, MD
Provider ID: N/A
5330 CARROLL CANYON RD STE 210
SAN DIEGO, CA 92120
Effective as of 01-SEP-23

BOUND, NICHOLAS, MD
Provider ID: N/A
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Effective as of 01-SEP-22
C1. 网络提供者名单
专科护理医生

BINDER, NICHOLAS, MD†
Provider ID: N/A
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-MAR-18

BINDER, NICHOLAS, MD†
Provider ID: N/A
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-JAN-21

BINDER, NICHOLAS, MD†
Provider ID: N/A
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-SEP-22

BOECKMANN, JESSICA, MD†
Provider ID: N/A
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Effective as of 01-JAN-21

BOLO, KYLE, MD
Provider ID: N/A
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

BOLO, KYLE, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

BINDER, NICHOLAS, MD†
Provider ID: N/A
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-SEP-22

CHOPLIN, NEIL, MD†
Provider ID: N/A
3939 3RD AVE
SAN DIEGO, CA 92103
Effective as of 01-FEB-07

CHOPLIN, NEIL, MD†
Provider ID: N/A
3939 3RD AVE
SAN DIEGO, CA 92103
Effective as of 01-JUL-21

CHOPLIN, NEIL, MD†
Provider ID: N/A
3939 3RD AVE
SAN DIEGO, CA 92103
Effective as of 01-APR-22

COURIS, MICHAEL, MD†
Provider ID: N/A
3969 4TH AVE STE 301
SAN DIEGO, CA 92103
Effective as of 01-FEB-07

CU-UNJIENG, ANDREW, MD†
Provider ID: N/A
4060 4TH AVE STE 405
SAN DIEGO, CA 92103
Effective as of 01-SEP-15

ESLANI, MEDI, MD
Provider ID: N/A
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

GUALTIERI, CHRISTOPHER, MD†
Provider ID: N/A
3969 4TH AVE STE 300
SAN DIEGO, CA 92103
Effective as of 01-FEB-07

GUALTIERI, CHRISTOPHER, MD†
Provider ID: N/A
3969 4TH AVE STE 300
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

HAAK, LOGAN, MD†
Provider ID: N/A
1855 1ST AVE STE 200B
SAN DIEGO, CA 92101
Effective as of 01-JAN-24

HANDLER, SUZANNE, MD†
Provider ID: N/A
3969 4TH AVE STE 301
SAN DIEGO, CA 92103
Effective as of 01-SEP-15

HSU, CHRISTOPHER, MD†
Provider ID: N/A
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-MAY-22

HUDSON, HENRY, MD†
Provider ID: N/A
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-JAN-22

HUDSON, HENRY, MD†
Provider ID: N/A
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Effective as of 01-SEP-22

ESLANI, MEDI, MD
Provider ID: N/A
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Effective as of 01-SEP-22

GUALTIERI, CHRISTOPHER, MD†
Provider ID: N/A
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

ESLANI, MEDI, MD
Provider ID: N/A
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Effective as of 01-SEP-22

BINDER, NICHOLAS, MD†
Provider ID: N/A
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-JAN-21

BINDER, NICHOLAS, MD†
Provider ID: N/A
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-SEP-22

ESLANI, MEDI, MD
Provider ID: N/A
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

GUALTIERI, CHRISTOPHER, MD†
Provider ID: N/A
3969 4TH AVE STE 300
SAN DIEGO, CA 92103
Effective as of 01-FEB-07

GUALTIERI, CHRISTOPHER, MD†
Provider ID: N/A
3969 4TH AVE STE 300
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

ESLANI, MEDI, MD
Provider ID: N/A
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

GUALTIERI, CHRISTOPHER, MD†
Provider ID: N/A
3969 4TH AVE STE 300
SAN DIEGO, CA 92103
Effective as of 01-FEB-07

GUALTIERI, CHRISTOPHER, MD†
Provider ID: N/A
3969 4TH AVE STE 300
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

HAAK, LOGAN, MD†
Provider ID: N/A
1855 1ST AVE STE 200B
SAN DIEGO, CA 92101
Effective as of 01-SEP-15
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

**MORRISON-REYES, JOSHUA, MD**
Provider ID: N/A  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-APR-23

**MORTON, ASA, MD**
Provider ID: N/A  
3939 3RD AVE STE B  
SAN DIEGO, CA 92103  
Effective as of 01-APR-24

**MORTON, ASA, MD**
Provider ID: N/A  
3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-24

**MOSS, JASON, MD**
Provider ID: N/A  
5555 RESERVOIR DR STE 201  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-23

**NGUYEN, VINCENT, MD**
Provider ID: N/A  
7695 CARDINAL CT STE S  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

**NGUYEN, VINCENT, MD†**
Provider ID: N/A  
7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123  
Effective as of 01-APR-20

**PATEL, SARJAN, MD**
Provider ID: N/A  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-14

**PATEL, SARJAN, MD**
Provider ID: N/A  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-AUG-20

**PATEL, GITANE, MD**
Provider ID: N/A  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**PATEL, SARJAN, MD**
Provider ID: N/A  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-18

**PATEL, SARJAN, MD**
Provider ID: N/A  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-14

**PATEL, SARJAN, MD**
Provider ID: N/A  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

**PHAN, RYAN, MD**
Provider ID: N/A  
4844 UNIVERSITY AVE STE A  
SAN DIEGO, CA 92105  
Effective as of 01-APR-23

**PHAN, RYAN, MD**
Provider ID: N/A  
10737 CAMINO RUIZ STE 100  
SAN DIEGO, CA 92126  
Effective as of 01-OCT-22

**PHAN, RYAN, MD**
Provider ID: N/A  
10737 CAMINO RUIZ  
SAN DIEGO, CA 92126  
Effective as of 01-SEP-22

**PHAN, RYAN, MD**
Provider ID: N/A  
4844 UNIVERSITY AVE STE A  
SAN DIEGO, CA 92105  
Effective as of 01-JAN-24

**PONS, MAURICIO, MD**
Provider ID: N/A  
1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
Effective as of 01-MAY-23

**PRABHU, SUJATA, MD**
Provider ID: N/A
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Date</th>
<th>Provider ID</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRABHU, SUJATA, MD</strong></td>
<td>6945 EL CAJON BLVD</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>PRABHU, SUJATA, MD</strong></td>
<td>6945 EL CAJON BLVD</td>
<td>01-FEB-18</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>PRABHU, SUJATA, MD</strong></td>
<td>6945 EL CAJON BLVD</td>
<td>01-JAN-21</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>PRABHU, SUJATA, MD</strong></td>
<td>6945 EL CAJON BLVD</td>
<td>01-APR-22</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>PUIG LLANO, MANUEL, MD</strong></td>
<td>4060 4TH AVE STE 610</td>
<td>01-JUL-23</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>RAHMATNEJAD, KAMRAN, MD</strong></td>
<td>200 W ARBOR DR</td>
<td>01-JUN-23</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>ROBINSON, FANE, MD</strong></td>
<td>7695 CARDINAL CT STE S</td>
<td>01-MAY-23</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>ROBINSON, FANE, MD</strong></td>
<td>7695 CARDINAL CT STE 100</td>
<td>01-SEP-15</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>ROESKE, RICHMOND, MD</strong></td>
<td>3939 3RD AVE</td>
<td>01-JUL-23</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>ROESKE, RICHMOND, MD</strong></td>
<td>3939 3RD AVE</td>
<td>01-MAR-23</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>ROESKE, RICHMOND, MD</strong></td>
<td>3939 3RD AVE</td>
<td>01-SEP-23</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>ROESKE, RICHMOND, MD</strong></td>
<td>5330 CARROLL CANYON RD STE 210</td>
<td>01-SEP-23</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>SATTERFIELD, KELLIE, MD</strong></td>
<td>5330 CARROLL CANYON RD STE 210</td>
<td>01-MAR-24</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>SATTERFIELD, KELLIE, MD</strong></td>
<td>3939 3RD AVE</td>
<td>01-DEC-23</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>SATTERFIELD, KELLIE, MD</strong></td>
<td>5330 CARROLL CANYON RD STE 210</td>
<td>01-DEC-23</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>SHEILS, CATHERINE, MD</strong></td>
<td>5330 CARROLL CANYON RD STE 210</td>
<td>01-JAN-24</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>SHEILS, CATHERINE, MD</strong></td>
<td>3939 3RD AVE</td>
<td>01-JAN-24</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>SHEILS, CATHERINE, MD</strong></td>
<td>3939 3RD AVE</td>
<td>01-JAN-24</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>SHEILS, CATHERINE, MD</strong></td>
<td>5330 CARROLL CANYON RD STE 210</td>
<td>01-JAN-24</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>SHEILS, CATHERINE, MD</strong></td>
<td>5330 CARROLL CANYON RD STE 210</td>
<td>01-JAN-24</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
C1. 网络提供者名单
专科护理医生

SHEILS, CATHERINE, MD
Provider ID: N/A
🔍 200 W ARBOR DR
   SAN DIEGO, CA 92103
Effective as of 01-JUN-23

SHEILS, CATHERINE, MD
Provider ID: N/A
🔍 5330 CARROLL CANYON RD STE 210
   SAN DIEGO, CA 92121
Effective as of 01-JAN-24

SHEILS, CATHERINE, MD
Provider ID: N/A
🔍 3939 3RD AVE
   SAN DIEGO, CA 92103
Effective as of 01-JAN-24

SHOJI, MARISSA, MD
Provider ID: N/A
🔍 200 W ARBOR DR
   SAN DIEGO, CA 92103
Effective as of 01-SEP-23

SHOJI, MARISSA, MD
Provider ID: N/A
🔍 3720 3RD AVE
   SAN DIEGO, CA 92103
Effective as of 01-FEB-07

SMITH, MARK, MD
Provider ID: N/A
🔍 7695 CARDINAL CT STE S
   SAN DIEGO, CA 92123
Effective as of 01-JAN-23

SMITH, WILLIAM, MD
Provider ID: N/A
🔍 6945 EL CAJON BLVD
   SAN DIEGO, CA 92115
Effective as of 01-JAN-21

SONG, DELU, MD
Provider ID: N/A
🔍 7695 CARDINAL CT STE 100
   SAN DIEGO, CA 92123
Effective as of 01-DEC-23

SONG, DELU, MD
Provider ID: N/A
🔍 7695 CARDINAL CT STE 100
   SAN DIEGO, CA 92123
Effective as of 01-DEC-23

WARLEN, MARK, MD†
Provider ID: N/A
🔍 1040 UNIVERSITY AVE STE B209A
   SAN DIEGO, CA 92103
Effective as of 01-DEC-22

YAMADA, KENTARO, MD†
Provider ID: N/A
🔍 1040 UNIVERSITY AVE STE B209A
   SAN DIEGO, CA 92103
Effective as of 01-JAN-21

YAMADA, KENTARO, MD†
Provider ID: N/A
🔍 4344 CONVOY ST STE C2
   SAN DIEGO, CA 92111
Effective as of 01-SEP-22

YAMADA, KENTARO, MD†
Provider ID: N/A
🔍 6945 EL CAJON BLVD
   SAN DIEGO, CA 92115
Effective as of 01-SEP-22

ZABANEH, ALEXANDER, MD†
Provider ID: N/A
🔍 6945 EL CAJON BLVD
   SAN DIEGO, CA 92115
Effective as of 01-SEP-22

ZABANEH, ALEXANDER, MD†
Provider ID: N/A
🔍 4344 CONVOY ST STE C2
   SAN DIEGO, CA 92111
Effective as of 01-JAN-21

OPHTHALMOLOGIST

AOTO, KIM, OD⁡
Provider ID: N/A
🔍 4344 CONVOY ST STE C2
   SAN DIEGO, CA 92111
Effective as of 01-SEP-22

AOTO, KIM, OD⁡
Provider ID: N/A
🔍 4344 CONVOY ST STE C2
   SAN DIEGO, CA 92111
Effective as of 01-SEP-22

AOTO, KIM, OD⁡
Provider ID: N/A
🔍 6945 EL CAJON BLVD
   SAN DIEGO, CA 92115
Effective as of 01-SEP-22

AOTO, KIM, OD⁡
Provider ID: N/A
🔍 6945 EL CAJON BLVD
   SAN DIEGO, CA 92115
Effective as of 01-SEP-22

AOTO, KIM, OD⁡
Provider ID: N/A
🔍 4344 CONVOY ST STE C2
   SAN DIEGO, CA 92111
Effective as of 01-JAN-21

AOTO, KIM, OD⁡
Provider ID: N/A
🔍 6945 EL CAJON BLVD
   SAN DIEGO, CA 92115
Effective as of 01-SEP-22
C1. 网络提供者名单
专科护理医生

- **DOAN, DORA, OD**
  Provider ID: N/A
  - 6945 EL CAJON BLVD
    SAN DIEGO, CA 92115
  Effective as of 01-SEP-21

- **DYER, SHARON, OD**
  Provider ID: N/A
  - 6945 EL CAJON BLVD
    SAN DIEGO, CA 92115
  Effective as of 01-FEB-24

- **DYER, SHARON, OD**
  Provider ID: N/A
  - 4344 CONVOY ST STE C2
    SAN DIEGO, CA 92111
  Effective as of 01-SEP-22

- **EL-MOGHRABI, ROULA, OD**
  Provider ID: N/A
  - 9855 ERMA RD STE 105
    SAN DIEGO, CA 92131
  Effective as of 01-SEP-22

- **HAN, SUL KI, OD**
  Provider ID: N/A
  - 4344 CONVOY ST STE C2
    SAN DIEGO, CA 92111
  Effective as of 01-DEC-22

- **HO, HOANG MINH, OD**
  Provider ID: N/A
  - 7345 LINDA VISTA RD STE A
    SAN DIEGO, CA 92111
  Effective as of 01-JAN-21

- **HO, HOANG MINH, OD**
  Provider ID: N/A
  - 4206 44TH ST
    SAN DIEGO, CA 92115
  Effective as of 01-MAR-22

- **MARR, RYAN, OD**
  Provider ID: N/A
  - 6945 EL CAJON BLVD
    SAN DIEGO, CA 92115
  Effective as of 01-DEC-22

- **MARR, RYAN, OD**
  Provider ID: N/A
  - 4344 CONVOY ST STE C2
    SAN DIEGO, CA 92111
  Effective as of 01-SEP-22

- **RING, ROBERT, OD**
  Provider ID: N/A
  - 13223 BLACK MOUNTAIN RD STE 6
    SAN DIEGO, CA 92129
  Effective as of 01-FEB-24

- **SCHWAB, GARY, OD**
  Provider ID: N/A
  - 4290 POLK AVE
    SAN DIEGO, CA 92105
  Effective as of 01-JUL-22

- **SCHWAB, GARY, OD**
  Provider ID: N/A
  - 6973 LINDA VISTA RD
    SAN DIEGO, CA 92111
  Effective as of 01-DEC-22

- **TONNU, ANH, OD**
  Provider ID: N/A
  - 3939 3RD AVE
    SAN DIEGO, CA 92103
  Effective as of 01-SEP-21

- **TONNU, ANH, OD**
  Provider ID: N/A
  - 3939 3RD AVE
    SAN DIEGO, CA 92103
  Effective as of 01-SEP-22
C1. 网络提供者名单
专科护理医生

- **TONNU, ANH, OD**
  - Provider ID: N/A
  - 6945 EL CAJON BLVD
  - SAN DIEGO, CA 92115
  - Effective as of 01-SEP-22

- **TONNU, ANH, OD**
  - Provider ID: N/A
  - 4344 CONVOY ST STE C2
  - SAN DIEGO, CA 92111
  - Effective as of 01-JAN-21

- **VINH, JOHN, OD**
  - Provider ID: N/A
  - 2240 E PLAZA BLVD
  - STE F AND G
  - SAN DIEGO, CA 92102
  - Effective as of 01-JAN-21

- **VINH, JOHN, OD**
  - Provider ID: N/A
  - 5830 OBERLIN DR STE 202
  - SAN DIEGO, CA 92121
  - Effective as of 01-DEC-23

- **YU, CAROL, OD**
  - Provider ID: N/A
  - 6460 4TH AVE STE 610
  - SAN DIEGO, CA 92103
  - Effective as of 01-SEP-22

- **YU, CAROL, OD**
  - Provider ID: N/A
  - 16950 VIA TAZON
  - SAN DIEGO, CA 92127
  - Effective as of 01-SEP-23

- **BRUMUND, KEVIN, MD**
  - Provider ID: N/A
  - 8899 UNIVERSITY CENTER LN
  - SAN DIEGO, CA 92122
  - Effective as of 01-MAY-23

- **BANTHIA, VISHAL, MD**
  - Provider ID: N/A
  - 200 W ARBOR DR
  - SAN DIEGO, CA 92103
  - Effective as of 01-MAY-23

- **CALIFANO, JOSEPH, MD**
  - Provider ID: N/A
  - 5405 OBERLIN DR
  - SAN DIEGO, CA 92121
  - Effective as of 01-SEP-23
C1. 网络提供者名单
专科护理医生

Effective as of 01-OCT-19

**CALZADA, AUDREY, MD**
Provider ID: N/A
📍 5405 OBERLIN DR
SAN DIEGO, CA 92121
Teleservice
Effective as of 01-JAN-21

Effective as of 01-OCT-19

**CALZADA, AUDREY, MD**
Provider ID: N/A
📍 5405 OBERLIN DR FL 2
SAN DIEGO, CA 92121
Effective as of 01-OCT-22

**CHANG, EDWARD, MD**
Provider ID: N/A
📍 5405 OBERLIN DR FL 2
SAN DIEGO, CA 92121
Effective as of 01-MAR-24

**COFFEY, CHARLES, MD**
Provider ID: N/A
📍 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

**COFFEY, CHARLES, MD**
Provider ID: N/A
📍 8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

**COFFEY, CHARLES, MD**
Provider ID: N/A
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

**DECONDE, ADAM, MD**
Provider ID: N/A
📍 8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-OCT-19

**DECONDE, ADAM, MD**
Provider ID: N/A
📍 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

**DONALDSON, CHADWICK, MD**
Provider ID: N/A
📍 4033 3RD AVE STE 104
SAN DIEGO, CA 92103
Effective as of 01-OCT-21

**DRISKILL, BRENT, MD**
Provider ID: N/A
📍 4033 3RD AVE STE 104
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

**DRISKILL, BRENT, MD**
Provider ID: N/A
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

**FRIEDMAN, RICK, MD**
Provider ID: N/A
📍 8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

**FRIEDMAN, RICK, MD**
Provider ID: N/A
📍 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

**GILANI, SAPIDEH, MD**
Provider ID: N/A
📍 8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

**GILANI, SAPIDEH, MD**
Provider ID: N/A
📍 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

**GILANI, SAPIDEH, MD**
Provider ID: N/A
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

**GREENE, JACQUELINE, MD**
Provider ID: N/A
📍 8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

**GREENE, JACQUELINE, MD**
Provider ID: N/A
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

**GREENE, JACQUELINE, MD**
Provider ID: N/A
📍 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

**GOODWIN, MICHAEL, MD**
Provider ID: N/A
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

**GOODWIN, MICHAEL, MD**
Provider ID: N/A
📍 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

**GOODWIN, MICHAEL, MD**
Provider ID: N/A
📍 8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

**GOODWIN, MICHAEL, MD**
Provider ID: N/A
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

**GOODWIN, MICHAEL, MD**
Provider ID: N/A
📍 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23
GUO, THERESA, MD
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

GUO, THERESA, MD
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

HARRIS, JEFFREY, MD
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

HAUFF, SAMANTHA, MD†
Provider ID: N/A
4282 GENESEE AVE STE 202
SAN DIEGO, CA 92117
Effective as of 01-AUG-20

HAUFF, SAMANTHA, MD
Provider ID: N/A
4282 GENESEE AVE STE 201
SAN DIEGO, CA 92117
Effective as of 01-APR-23

HAUFF, SAMANTHA, MD†
Provider ID: N/A
4282 GENESEE AVE STE 202
SAN DIEGO, CA 92117
Effective as of 01-MAY-22

HAUFF, SAMANTHA, MD
Provider ID: N/A
4282 GENESEE AVE STE 202
SAN DIEGO, CA 92117
Effective as of 01-MAY-23

HARRIS, JEFFREY, MD
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

HAUFF, SAMANTHA, MD
Provider ID: N/A
4282 GENESEE AVE STE 201
SAN DIEGO, CA 92117
Effective as of 01-JAN-21

HARRIS, JEFFREY, MD
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

HAUFF, SAMANTHA, MD
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-JAN-23

HOM, DAVID, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

HOM, DAVID, MD
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

HOM, DAVID, MD
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

HUSSEMAN, JACOB, MD
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-AUG-23

HUSSEMAN, JACOB, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-23

JANSEN, CORNELIUS, MD
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

JANSEN, CORNELIUS, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

JANSEN, CORNELIUS, MD
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

KARI, ELINA, MD
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

KARI, ELINA, MD  
Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

KARI, ELINA, MD  
Provider ID: N/A  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

MAGIT, ANTHONY, MD  
Provider ID: N/A  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

MAGIT, ANTHONY, MD  
Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

MAGIT, ANTHONY, MD†  
Provider ID: N/A  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-20

MAGIT, ANTHONY, MD  
Provider ID: N/A  
8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

MATSUOKA, AKIHIRO, MD  
Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

MATSUOKA, AKIHIRO, MD  
Provider ID: N/A  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

MIYA, GARY, MD†  
Provider ID: N/A  
4060 4TH AVE STE 410  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-18

NGUYEN, QUYEN, MD†  
Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

NGUYEN, QUYEN, MD  
Provider ID: N/A  
8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

NGUYEN, QUYEN, MD  
Provider ID: N/A  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

NGUYEN, QUYEN, MD†  
Provider ID: N/A  
4060 4TH AVE STE 410  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

TORCHINSKY, CYRUS, MD†  
Provider ID: N/A  
4060 4TH AVE STE 410  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-23

TORCHINSKY, CYRUS, MD†  
Provider ID: N/A  
5471 KEARNY VILLA RD STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

SCHALCH LEPE, PAUL, MD  
Provider ID: N/A  
8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

SCHALCH LEPE, PAUL, MD  
Provider ID: N/A  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

SCHALCH LEPE, PAUL, MD†  
Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

SCHALCH LEPE, PAUL, MD†  
Provider ID: N/A  
4060 4TH AVE STE 410  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-18

SCHALCH LEPE, PAUL, MD†  
Provider ID: N/A  
8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

SCHAEFFER, CYNTHIA, MD†  
Provider ID: N/A  
292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

VAHABZADEH-HAGH, ANDREW, MD
<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>200 W ARBOR DR</th>
<th>SAN DIEGO, CA 92103</th>
<th>Effective as of 01-MAY-23</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VAHABZADEH-HAGH, ANDREW, MD</strong></td>
<td>8899 UNIVERSITY CENTER LN</td>
<td>SAN DIEGO, CA 92122</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td><strong>WEISSBROD, PHILIP, MD</strong></td>
<td>16950 VIA TAZON</td>
<td>SAN DIEGO, CA 92127</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td><strong>VAHABZADEH-HAGH, ANDREW, MD</strong></td>
<td>8899 UNIVERSITY CENTER LN</td>
<td>SAN DIEGO, CA 92122</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td><strong>WEISSBROD, PHILIP, MD</strong></td>
<td>16950 VIA TAZON</td>
<td>SAN DIEGO, CA 92127</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td><strong>WATSON, DEBORAH, MD</strong></td>
<td>8899 UNIVERSITY CENTER LN</td>
<td>SAN DIEGO, CA 92122</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td><strong>WATSON, DEBORAH, MD</strong></td>
<td>16950 VIA TAZON</td>
<td>SAN DIEGO, CA 92127</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td><strong>WATSON, DEBORAH, MD</strong></td>
<td>8899 UNIVERSITY CENTER LN</td>
<td>SAN DIEGO, CA 92122</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td><strong>WATSON, DEBORAH, MD</strong></td>
<td>16950 VIA TAZON</td>
<td>SAN DIEGO, CA 92127</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td><strong>WEISSBROD, PHILIP, MD</strong></td>
<td>200 W ARBOR DR STE 505</td>
<td>SAN DIEGO, CA 92103</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td><strong>STE 212</strong></td>
<td>SAN DIEGO, CA 92127</td>
<td>Teleservice</td>
<td>Effective as of 01-DEC-22</td>
</tr>
<tr>
<td><strong>SONG, WEI, MD</strong></td>
<td>10300 CAMPUS POINT DR</td>
<td>SAN DIEGO, CA 92121</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td><strong>STEPHENS, LAURA, MD</strong></td>
<td>10300 CAMPUS POINT DR</td>
<td>SAN DIEGO, CA 92121</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td><strong>USMANI, AMENA, MD</strong></td>
<td>10300 CAMPUS POINT DR</td>
<td>SAN DIEGO, CA 92121</td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td><strong>PATHOLOGY ANATOMIC CLINICAL</strong></td>
<td><strong>PEDIATRIC RADIOLOGY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LIN, GRACE, MD†</strong></td>
<td>200 W ARBOR DR</td>
<td>SAN DIEGO, CA 92103</td>
<td>Effective as of 01-FEB-22</td>
</tr>
<tr>
<td><strong>DWEK, JERRY, MD†</strong></td>
<td>330 LEWIS ST</td>
<td>SAN DIEGO, CA 92103</td>
<td>Effective as of 01-FEB-22</td>
</tr>
<tr>
<td><strong>DWEK, JERRY, MD†</strong></td>
<td>200 W ARBOR DR</td>
<td>SAN DIEGO, CA 92103</td>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td><strong>MAHOOTI, SEPI, MD†</strong></td>
<td>16835 W BERNARDO DR</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EVORA, DARRYL, MD</strong></td>
<td>Provider ID: N/A</td>
<td>6655 ALVARADO RD</td>
<td>SAN DIEGO, CA 92120</td>
</tr>
<tr>
<td>Name</td>
<td>Address</td>
<td>ID Number</td>
<td>Effective Date</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>----------------</td>
</tr>
<tr>
<td>EVORA, DARRYL, MD†</td>
<td>200 W ARBOR DR</td>
<td>N/A</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>EVORA, DARRYL, MD†</td>
<td>330 LEWIS ST</td>
<td>N/A</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>KONING, JEFFREY, MD†</td>
<td>330 LEWIS ST STE 202</td>
<td>N/A</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>KONING, JEFFREY, MD</td>
<td>200 W ARBOR DR</td>
<td>N/A</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>KRUK, PETER, MD</td>
<td>6655 ALVARADO RD</td>
<td>N/A</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>PUGMIRE, BRIAN, MD†</td>
<td>6655 ALVARADO RD</td>
<td>N/A</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>ALLSUP, VICTORIA, MD</td>
<td>7011 LINDA VISTA RD</td>
<td>N/A</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>ALLSUP, VICTORIA, MD</td>
<td>6973 LINDA VISTA RD</td>
<td>N/A</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>ANDREE, GREGOR, MD</td>
<td>7011 LINDA VISTA RD</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>ANDREE, GREGOR, MD</td>
<td>4305 UNIVERSITY AVE STE 150</td>
<td>N/A</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>GROBMAN, LILLIAN, MD†</td>
<td>200 W ARBOR DR</td>
<td>N/A</td>
<td>01-MAR-22</td>
</tr>
<tr>
<td>KARMAKAR, KANKA, MD</td>
<td>10737 CAMINO RUIZ STE 235</td>
<td>N/A</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MARC AURELE, KRISHELLE, MD</td>
<td>7910 FROST ST STE 230</td>
<td>N/A</td>
<td>01-SEP-23</td>
</tr>
</tbody>
</table>

**Pediatrics**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>ID Number</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOAN STEPHENS, CRYSTAL, MD†</td>
<td>4305 UNIVERSITY AVE STE 150</td>
<td>N/A</td>
<td>01-SEP-22</td>
</tr>
</tbody>
</table>

*Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.*
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
7910 FROST ST STE 230
SAN DIEGO, CA 92123
Effective as of 01-SEP-23

SUTTNER, DENISE, MD
Provider ID: N/A
7910 FROST ST STE 230
SAN DIEGO, CA 92123
Effective as of 01-SEP-23

WEISS, KATHERINE, MD
Provider ID: N/A
7910 FROST ST STE 230
SAN DIEGO, CA 92123
Effective as of 01-SEP-23

ZAHEER, AARON, MD†
Provider ID: N/A
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-SEP-22

ZAHEER, AARON, MD†
Provider ID: N/A
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Effective as of 01-SEP-22

PHYS MED/REHAB PAIN MEDICINE

KATZEN, SETH, DO
Provider ID: N/A
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-MAR-24

KATZEN, SETH, DO
Provider ID: N/A
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-SEP-23

652
C1. 网络提供者名单
专科护理医生

TAHAEI, SEYED, MD†
Provider ID: N/A
3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110
Teleservice
Effective as of 01-JUN-21

ANDERSON, MATTHEW, PA
Provider ID: N/A
3900 5TH AVE STE 110
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

ANDERSON, CARLEY, PA†
Provider ID: N/A
11865 CARMEL MOUNTAIN RD STE 1104
SAN DIEGO, CA 92128
Effective as of 01-JUL-24

ARMENTA, JORGE, PA
Provider ID: N/A
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-APR-24

ARROYO, VANIA, PA
Provider ID: N/A
3900 5TH AVE STE 110
SAN DIEGO, CA 92103
Effective as of 01-SEP-22

BASIN, NATALIE, PA†
Provider ID: N/A
12843 EL CAMINO REAL STE 203
SAN DIEGO, CA 92130
Teleservice
Effective as of 01-OCT-23

BEITTER, KEERSTIN, PA†
Provider ID: N/A
3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110
Effective as of 01-MAR-22

BRAMBILA, YELENA, PA
Provider ID: N/A
6386 ALVARADO CT STE 101
SAN DIEGO, CA 92120
Effective as of 01-JAN-22

ALBRIGHT, KELSEY, PA†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

CRITES, LAURA, PA
Provider ID: N/A
3737 MORAGA AVE STE B103
SAN DIEGO, CA 92117
Teleservice
Effective as of 01-SEP-22

DANESHVAR, ABRAHAM, PA†
Provider ID: N/A
9610 GRANITE RIDGE DR STE B
SAN DIEGO, CA 92123
Effective as of 01-SEP-22

DOUGHERTY, CLARA, PA
Provider ID: N/A
3444 KEARNY VILLA RD STE 202
SAN DIEGO, CA 92123
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State, Zip Code</th>
<th>Effective Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOUGHERTY, CLARA, PA</td>
<td>N/A</td>
<td>3444 KEARNY VILLA RD STE 201</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-FEB-24</td>
<td>N/A</td>
</tr>
<tr>
<td>HARMeyer, Jenna, PA</td>
<td>N/A</td>
<td>3750 CONVOY ST STE 201</td>
<td>SAN DIEGO, CA 92111</td>
<td>01-OCT-23</td>
<td>N/A</td>
</tr>
<tr>
<td>ESTES, Samantha, PA</td>
<td>N/A</td>
<td>3969 4TH AVE STE 208</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-MAR-23</td>
<td>N/A</td>
</tr>
<tr>
<td>HARRIS, Christina, PA</td>
<td>N/A</td>
<td>3900 5TH AVE STE 110</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-OCT-23</td>
<td>N/A</td>
</tr>
<tr>
<td>GUTH, Cara, PA</td>
<td>N/A</td>
<td>9333 GENEESEE AVE STE 350</td>
<td>SAN DIEGO, CA 92121</td>
<td>01-JUL-23</td>
<td>N/A</td>
</tr>
<tr>
<td>HAZAN, Alison, PA</td>
<td>N/A</td>
<td>12843 EL CAMINO REAL STE 203</td>
<td>SAN DIEGO, CA 92130</td>
<td>01-DEC-21</td>
<td>N/A</td>
</tr>
<tr>
<td>HIGgins, Joshua, PA</td>
<td>N/A</td>
<td>203 W F ST</td>
<td>SAN DIEGO, CA 92101</td>
<td>01-JAN-22</td>
<td>N/A</td>
</tr>
<tr>
<td>HIGUERA, Edith, PA</td>
<td>N/A</td>
<td>4171 FAIRMOUNT AVE STE 201</td>
<td>SAN DIEGO, CA 92105</td>
<td>01-OCT-23</td>
<td>N/A</td>
</tr>
<tr>
<td>HIGUERA, Edith, PA</td>
<td>N/A</td>
<td>4171 FAIRMOUNT AVE STE 201</td>
<td>SAN DIEGO, CA 92105</td>
<td>01-OCT-23</td>
<td>N/A</td>
</tr>
<tr>
<td>HABboush, Rana, PA</td>
<td>N/A</td>
<td>4060 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA 92105</td>
<td>01-OCT-23</td>
<td>N/A</td>
</tr>
<tr>
<td>HO, Hoang Huu, PA</td>
<td>N/A</td>
<td>4551 EL CAJON BLVD</td>
<td>SAN DIEGO, CA 92115</td>
<td>01-OCT-23</td>
<td>N/A</td>
</tr>
<tr>
<td>Specialty Provider Name</td>
<td>Address</td>
<td>Effective Date</td>
<td>Provider ID</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------------------------</td>
<td>-------------------------</td>
<td>---------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>HO, HOANG HUU, PA</td>
<td>2418 ULRIC ST, SAN DIEGO, CA 92111</td>
<td>Effective as of 01-OCT-23</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUNTER, JACOB, PA</td>
<td>8899 UNIVERSITY CENTER LN, SAN DIEGO, CA 92122</td>
<td>Effective as of 01-MAY-23</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUNTER, JACOB, PA†</td>
<td>200 W ARBOR DR, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-FEB-22</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUNTER, JACOB, PA†</td>
<td>16950 VIA TAZON, SAN DIEGO, CA 92127</td>
<td>Effective as of 01-MAY-23</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KHALEGHI, MANI, PA†</td>
<td>5395 RUFFIN RD STE 204, SAN DIEGO, CA 92123</td>
<td>Effective as of 01-JAN-21</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEWIS, DEVON, PA</td>
<td>555 W C ST STE 102, SAN DIEGO, CA 92101</td>
<td>Effective as of 01-AUG-22</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LINDEMANN, CHRISTINA, PA†</td>
<td>3900 5TH AVE STE 110, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-APR-24</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LONGOBARDO, FRANCESCA, PA†</td>
<td>9333 GENEESE AVE STE 350, SAN DIEGO, CA 92121</td>
<td>Effective as of 01-APR-24</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MADAN, SAKSHI, PA†</td>
<td>3900 5TH AVE STE 110, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-MAR-23</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARTIN, HALEY, PA</td>
<td>200 W ARBOR DR, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-MAR-24</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MERCER, KELLY, PA†</td>
<td>4060 FAIRMOUNT AVE, SAN DIEGO, CA 92105</td>
<td>Effective as of 01-AUG-22</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGUYEN, THUY-VY, PA†</td>
<td>4060 4TH AVE STE 415, SAN DIEGO, CA 92103</td>
<td>Effective as of 01-FEB-21</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGUYEN, THUY-VY, PA†</td>
<td>9339 GENEESE AVE STE 350, SAN DIEGO, CA 92121</td>
<td>Effective as of 01-AUG-22</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGUYEN, THUY-VY, PA†</td>
<td>9339 GENEESE AVE STE 350, SAN DIEGO, CA 92121</td>
<td>Effective as of 01-AUG-22</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Provider ID</td>
<td>Address</td>
<td>Effective As Of</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------</td>
<td>-------------</td>
<td>---------------------------------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>NGUYEN, THUY-VY, PA</td>
<td>PA</td>
<td>N/A</td>
<td>9339 GENESEE AVE STE 350, SAN DIEGO, CA 92121</td>
<td>01-NOV-23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGUYEN, THUY-VY, PA</td>
<td>PA</td>
<td>N/A</td>
<td>4060 4TH AVE STE 415, SAN DIEGO, CA 92103</td>
<td>01-MAR-22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PELIO, DARREN, PA</td>
<td>PA</td>
<td>N/A</td>
<td>3900 5TH AVE STE 110, SAN DIEGO, CA 92103</td>
<td>01-SEP-22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PELIO, DARREN, PA</td>
<td>PA</td>
<td>N/A</td>
<td>200 W ARBOR DR, SAN DIEGO, CA 92103</td>
<td>01-SEP-22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERREAULT, MARK, PA</td>
<td>PA</td>
<td>N/A</td>
<td>200 W ARBOR DR, SAN DIEGO, CA 92103</td>
<td>01-AUG-21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERREAULT, MARK, PA</td>
<td>PA</td>
<td>N/A</td>
<td>4520 EXECUTIVE DR, SAN DIEGO, CA 92121</td>
<td>01-AUG-21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAM, JENNIFER, PA</td>
<td>PA</td>
<td>N/A</td>
<td>3900 5TH AVE STE 220, SAN DIEGO, CA 92103</td>
<td>01-AUG-23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PYLE, ALEXANDRA, PA</td>
<td>PA</td>
<td>N/A</td>
<td>9333 GENESEE AVE STE 350, SAN DIEGO, CA 92121</td>
<td>01-DEC-21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PYLE, ALEXANDRA, PA</td>
<td>PA</td>
<td>N/A</td>
<td>2100 5TH AVE STE 200, SAN DIEGO, CA 92101</td>
<td>01-JAN-21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHUNG, AIVI, PA</td>
<td>PA</td>
<td>N/A</td>
<td>7011 LINDA VISTA RD, SAN DIEGO, CA 92111</td>
<td>01-SEP-22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHUNG, AIVI, PA</td>
<td>PA</td>
<td>N/A</td>
<td>6973 LINDA VISTA RD, SAN DIEGO, CA 92111</td>
<td>01-SEP-22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PICKERING, OANA, PA</td>
<td>PA</td>
<td>N/A</td>
<td>555 W C ST STE 102, SAN DIEGO, CA 92101</td>
<td>01-MAY-23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POGGI, SARA, PA</td>
<td>PA</td>
<td>N/A</td>
<td>5405 OBERLIN DR FL 2, SAN DIEGO, CA 92121</td>
<td>01-SEP-22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POST, LACEY, PA</td>
<td>PA</td>
<td>N/A</td>
<td>12843 EL CAMINO REAL STE 203, SAN DIEGO, CA 92130</td>
<td>01-DEC-21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POTTER SMITH, SARAH, PA</td>
<td>PA</td>
<td>N/A</td>
<td>6719 ALVARADO RD STE 200, SAN DIEGO, CA 92120</td>
<td>01-AUG-23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRIJATEL, SABRINA, PA</td>
<td>PA</td>
<td>N/A</td>
<td>3900 5TH AVE STE 110, SAN DIEGO, CA 92103</td>
<td>01-DEC-21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEBASTIAN, TRACY, PA</td>
<td>PA</td>
<td>N/A</td>
<td>3180 UNIVERSITY AVE STE 120, SAN DIEGO, CA 92104</td>
<td>01-DEC-21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teleservice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-NOV-21

**SHARPE, NORMA, PA**
Provider ID: N/A
316 25TH ST
SAN DIEGO, CA 92102
Teleservice
Effective as of 01-JAN-23

**SHIVELY, JEANNINE, PA\(^\d\)**
Provider ID: N/A
316 25TH ST
SAN DIEGO, CA 92102
Effective as of 01-MAY-21

**SMITH, ALLISON, PA**
Provider ID: N/A
4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

**SNYDER, AMANDA, PA**
Provider ID: N/A
4033 3RD AVE STE 104
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-OCT-23

**SPEH, BRIAN, PA**
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-MAR-24

**STIFF, TYLER, PA**
Provider ID: N/A
5395 RUFFIN RD STE 201
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-APR-24

**SUPERNAW, AMY, PA\(^\d\)**
Provider ID: N/A
3900 5TH AVE STE 110
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-FEB-21

**TAYLOR, RYAN, PA**
Provider ID: N/A
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-NOV-23

**TAYLOR, RYAN, PA**
Provider ID: N/A
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-JAN-24

**TAYLOR, RYAN, PA**
Provider ID: N/A
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-JAN-24

**TAYLOR, RYAN, PA**
Provider ID: N/A
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-JAN-24

**TRIMLETT, COLLEEN, PA**
Provider ID: N/A
3900 5TH AVE STE 110
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

**VALENCIA, JESUS, PA**
Provider ID: N/A
995 GATEWAY CENTER WAY STE 202
SAN DIEGO, CA 92102
Teleservice
Effective as of 01-NOV-23

**VANOCKER, KARI, PA**
Provider ID: N/A
3750 CONVOY ST STE 201
SAN DIEGO, CA 92111
Effective as of 01-MAR-23

**WAHLIN, TAMARA, PA**
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-JUN-23

**WAHLIN, TAMARA, PA**
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

**WAHLIN, TAMARA, PA**
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-JUN-23

**WAHLIN, TAMARA, PA**
Provider ID: N/A
3969 4TH AVE STE 208
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

**WEBB, SHANNON, PA**
Provider ID: N/A
6605 NANCY RIDGE DR
SAN DIEGO, CA 92121
Teleservice
Effective as of 01-APR-24

**WEBB, SHANNON, PA**
Provider ID: N/A
6605 NANCY RIDGE DR
SAN DIEGO, CA 92121
Teleservice
Effective as of 01-MAY-23

**WEIR, JACQUELINE, PA\(^\d\)**
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

CULLEN, BENJAMIN, DPM
Provider ID: N/A
2650 CAMINO DEL RIO N STE 101
SAN DIEGO, CA 92108
Effective as of 01-APR-17

FOYGELMAN, ALEKSANDR, DPM
Provider ID: N/A
4712 EL CAJON BLVD STE D
SAN DIEGO, CA 92115
Effective as of 01-JUL-22

FOYGELMAN, ALEKSANDR, DPM
Provider ID: N/A
4712 EL CAJON BLVD STE D
SAN DIEGO, CA 92115
Effective as of 01-JAN-21

FOYGELMAN, ALEKSANDR, DPM
Provider ID: N/A
4712 EL CAJON BLVD STE D
SAN DIEGO, CA 92115
Effective as of 01-JUL-17

QUINN, MICHAEL, DPM
Provider ID: N/A
7485 MISSION VALLEY RD STE 104A
SAN DIEGO, CA 92108
Effective as of 01-FEB-07

RICE, BRITTANY, DPM
Provider ID: N/A
2650 CAMINO DEL RIO N STE 200
SAN DIEGO, CA 92108
Effective as of 01-OCT-17

TOUMA, ELIE, DPM
Provider ID: N/A
6719 ALVARADO RD STE 303
SAN DIEGO, CA 92120
Effective as of 01-APR-23

VALLONE, ROBERT, DPM
Provider ID: N/A
3363 4TH AVE
SAN DIEGO, CA 92103
Effective as of 01-SEP-17

WILSON, MATTHEW, DPM
Provider ID: N/A
5555 RESERVOIR DR STE 104
SAN DIEGO, CA 92120
Effective as of 01-FEB-22

PRÉVENTIVE MEDICINE
GENERAL

HERR, RAYMOND, MD
Provider ID: N/A
3737 MORAGA AVE STE B103
SAN DIEGO, CA 92117
Teleservice
Effective as of 01-MAR-23

JACKSON, CODY, MD
Provider ID: N/A
6386 ALVARADO CT STE 101
SAN DIEGO, CA 92120
Teleservice
Effective as of 01-SEP-22

NAJAR, FAUZI, MD
Provider ID: N/A
3490 PALM AVE
SAN DIEGO, CA 92154
Effective as of 01-JUL-23

ROMERO, CAMILA, MD
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-DEC-23
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Location</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROMERO, CAMILA, MD</td>
<td>N/A</td>
<td>6973 LINDA VISTA RD</td>
<td>SAN DIEGO, CA 92111</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>ROMERO, CAMILA, MD</td>
<td>N/A</td>
<td>7011 LINDA VISTA RD</td>
<td>SAN DIEGO, CA 92111</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>STERN, ANNA, MD</td>
<td>N/A</td>
<td>4142 ADAMS AVE STE 102</td>
<td>SAN DIEGO, CA 92116</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>ROMERO, CAMILA, MD</td>
<td>N/A</td>
<td>6973 LINDA VISTA RD</td>
<td>SAN DIEGO, CA 92111</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>ROMERO, CAMILA, MD</td>
<td>N/A</td>
<td>7011 LINDA VISTA RD</td>
<td>SAN DIEGO, CA 92111</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>STERN, ANNA, MD</td>
<td>N/A</td>
<td>4142 ADAMS AVE STE 102</td>
<td>SAN DIEGO, CA 92116</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>BEVINS, ELIZABETH, MD</td>
<td>N/A</td>
<td>6655 ALVARADO RD</td>
<td>SAN DIEGO, CA 92120</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>BEVINS, ELIZABETH, MD</td>
<td>N/A</td>
<td>6655 ALVARADO RD</td>
<td>SAN DIEGO, CA 92120</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>BINDAL, ANKUR, MD†</td>
<td>N/A</td>
<td>6496 WEATHERS PL STE 100</td>
<td>SAN DIEGO, CA 92121</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>BINDAL, ANKUR, MD†</td>
<td>N/A</td>
<td>6496 WEATHERS PL STE 100</td>
<td>SAN DIEGO, CA 92121</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>BINDAL, ANKUR, MD†</td>
<td>N/A</td>
<td>6496 WEATHERS PL STE 100</td>
<td>SAN DIEGO, CA 92121</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>CHAUHAN, SMIT, MD†</td>
<td>N/A</td>
<td>7850 VISTA HILL AVE</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-MAY-22</td>
</tr>
<tr>
<td>CHAUHAN, SMIT, MD†</td>
<td>N/A</td>
<td>7850 VISTA HILL AVE</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-MAY-22</td>
</tr>
<tr>
<td>FANOUS, ASHRAF, MD</td>
<td>N/A</td>
<td>8775 AERO DR STE 238</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>FANOUS, ASHRAF, MD</td>
<td>N/A</td>
<td>8775 AERO DR STE 238</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>FITZGERALD, MICHAEL, MD†</td>
<td>N/A</td>
<td>16918 DOVE CANYON RD STE 100</td>
<td>SAN DIEGO, CA 92127</td>
<td>01-APR-22</td>
</tr>
<tr>
<td>FITZGERALD, MICHAEL, MD†</td>
<td>N/A</td>
<td>16918 DOVE CANYON RD STE 100</td>
<td>SAN DIEGO, CA 92127</td>
<td>01-APR-22</td>
</tr>
<tr>
<td>GLEICHMAN, JULIA, MD†</td>
<td>N/A</td>
<td>200 W ARBOR DR</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>GLEICHMAN, JULIA, MD†</td>
<td>N/A</td>
<td>200 W ARBOR DR</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-SEP-21</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

GUTFLAIS, ERIC, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

GUTFLAIS, ERIC, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

HANAGAMI, CORI, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HANAGAMI, CORI, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HANAGAMI, CORI, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-FEB-23

HANAGAMI, CORI, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-FEB-23

HANAGAMI, CORI, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-FEB-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-FEB-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-FEB-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A
4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HOLLEMAN, KEVIN, DO
Provider ID: N/A
8775 AERO DR STE 238
SAN DIEGO, CA 92123
Effective as of 01-APR-23

JOHN, TANNER, MD
Provider ID: N/A
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Teleservice
Effective as of 01-OCT-23

JOHN, TANNER, MD
Provider ID: N/A
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Teleservice
Effective as of 01-OCT-23

JOHN, TANNER, MD
Provider ID: N/A
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Teleservice
Effective as of 01-OCT-23

JOHN, TANNER, MD
Provider ID: N/A
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Teleservice
Effective as of 01-OCT-23

JOHN, TANNER, MD
Provider ID: N/A
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Teleservice
Effective as of 01-OCT-23

JOHN, TANNER, MD
Provider ID: N/A
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Teleservice
Effective as of 01-OCT-23

JOSE, YASH, MD
Provider ID: N/A
350 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-FEB-23

JOSE, YASH, MD
Provider ID: N/A
350 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-FEB-23

JOSE, YASH, MD
Provider ID: N/A
350 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-FEB-23

JOSE, YASH, MD
Provider ID: N/A
350 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-FEB-23

KARANJIA, NAVAZ, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-FEB-22

KARANJIA, NAVAZ, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

- 12264 EL CAMINO REAL
  STE 203
  SAN DIEGO, CA 92130
  Effective as of 01-JAN-21
  Provider ID: N/A
- 12264 EL CAMINO REAL
  STE 202
  SAN DIEGO, CA 92130
  Effective as of 01-NOV-22
  Provider ID: N/A
- 12264 EL CAMINO REAL
  STE 203
  SAN DIEGO, CA 92130
  Effective as of 01-JAN-21
  Provider ID: N/A
- 12264 EL CAMINO REAL
  STE 202
  SAN DIEGO, CA 92130
  Effective as of 01-NOV-22
  Provider ID: N/A
- 10672 WEXFORD ST STE 280
  SAN DIEGO, CA 92131
  Effective as of 01-JUL-22
  Provider ID: N/A
- 10672 WEXFORD ST STE 280
  SAN DIEGO, CA 92131
  Effective as of 01-JAN-23
  Provider ID: N/A
- 8775 AERO DR STE 238
  SAN DIEGO, CA 92123
  Effective as of 01-MAR-23
  Provider ID: N/A
- 8775 AERO DR STE 238
  SAN DIEGO, CA 92123
  Effective as of 01-MAR-23
  Provider ID: N/A
- 8775 AERO DR STE 238
  SAN DIEGO, CA 92123
  Effective as of 01-MAR-23
  Provider ID: N/A
- 8775 AERO DR STE 238
  SAN DIEGO, CA 92123
  Effective as of 01-MAR-23
  Provider ID: N/A
- 438 CAMINO DEL RIO S
  STE 106
  SAN DIEGO, CA 92108
  Effective as of 01-NOV-23
  Provider ID: N/A
- 438 CAMINO DEL RIO S
  STE 106
  SAN DIEGO, CA 92108
  Effective as of 01-NOV-23
  Provider ID: N/A
- 438 CAMINO DEL RIO S
  STE 106
  SAN DIEGO, CA 92108
  Effective as of 01-NOV-23
  Provider ID: N/A
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLOESSER, MARKUS, MD</td>
<td>1855 1ST AVE STE 200B</td>
<td>SAN DIEGO, CA</td>
<td>92101</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>QAYOUMI, WALI, MD</td>
<td>6655 ALVARADO RD</td>
<td>SAN DIEGO, CA</td>
<td>92120</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>QAYOUMI, WALI, MD</td>
<td>4510 EXECUTIVE DR STE 325</td>
<td>SAN DIEGO, CA</td>
<td>92121</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>QAYOUMI, WALI, MD</td>
<td>4510 EXECUTIVE DR STE 325</td>
<td>SAN DIEGO, CA</td>
<td>92121</td>
<td>01-OCT-21</td>
</tr>
<tr>
<td>RIBEIRO CALDAS DOMINGUES, ISABEL, MD</td>
<td>350 DICKINSON ST</td>
<td>SAN DIEGO, CA</td>
<td>92103</td>
<td>01-FEB-21</td>
</tr>
<tr>
<td>RIBEIRO CALDAS DOMINGUES, ISABEL, MD</td>
<td>350 DICKINSON ST</td>
<td>SAN DIEGO, CA</td>
<td>92103</td>
<td>01-FEB-21</td>
</tr>
<tr>
<td>SALGUERO GALLAND, MARIO, MD</td>
<td>4060 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA</td>
<td>92105</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>SALGUERO GALLAND, MARIO, MD</td>
<td>4157 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA</td>
<td>92105</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>SALGUERO GALLAND, MARIO, MD</td>
<td>4185 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA</td>
<td>92105</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>SALGUERO GALLAND, MARIO, MD</td>
<td>350 DICKINSON ST</td>
<td>SAN DIEGO, CA</td>
<td>92103</td>
<td>01-FEB-21</td>
</tr>
<tr>
<td>SALGUERO GALLAND, MARIO, MD</td>
<td>350 DICKINSON ST</td>
<td>SAN DIEGO, CA</td>
<td>92103</td>
<td>01-FEB-21</td>
</tr>
<tr>
<td>SALGUERO GALLAND, MARIO, MD</td>
<td>4175 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA</td>
<td>92105</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>SALGUERO GALLAND, MARIO, MD</td>
<td>4175 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA</td>
<td>92105</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>SALGUERO GALLAND, MARIO, MD</td>
<td>4187 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA</td>
<td>92105</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>SALGUERO GALLAND, MARIO, MD</td>
<td>4060 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA</td>
<td>92105</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>SALGUERO GALLAND, MARIO, MD</td>
<td>4185 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA</td>
<td>92105</td>
<td>01-JUN-23</td>
</tr>
</tbody>
</table>
Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>ID</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Specialties</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICHOLS, ALPHONSO, MD</td>
<td>N/A</td>
<td>10672 WEXFORD ST STE 280</td>
<td>SAN DIEGO, CA 92131</td>
<td>Teleservice</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>KARIPPOT, ANOOP, MD</td>
<td>N/A</td>
<td>10672 WEXFORD ST STE 280</td>
<td>SAN DIEGO, CA 92131</td>
<td>Teleservice</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>BADER, RACHEL, PSYD</td>
<td>N/A</td>
<td>8899 UNIVERSITY CENTER LN</td>
<td>SAN DIEGO, CA 92122</td>
<td></td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>BADER, RACHEL, PSYD</td>
<td>N/A</td>
<td>8899 UNIVERSITY CENTER LN</td>
<td>SAN DIEGO, CA 92122</td>
<td></td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>BAHENNA-COLLEY, SANDRA, PSYD†</td>
<td>N/A</td>
<td>4060 FAIRMOUNT AVE 2060</td>
<td>SAN DIEGO, CA 92105</td>
<td>Teleservice</td>
<td>01-APR-21</td>
</tr>
<tr>
<td>BAHENNA-COLLEY, SANDRA, PSYD†</td>
<td>N/A</td>
<td>4060 FAIRMOUNT AVE 2060</td>
<td>SAN DIEGO, CA 92105</td>
<td>Teleservice</td>
<td>01-APR-21</td>
</tr>
<tr>
<td>BAHENNA-COLLEY, SANDRA, PSYD</td>
<td>N/A</td>
<td>4060 FAIRMOUNT AVE 2060</td>
<td>SAN DIEGO, CA 92105</td>
<td>Teleservice</td>
<td>01-APR-21</td>
</tr>
<tr>
<td>BHAJU, JESHMIN, PhD†</td>
<td>N/A</td>
<td>330 LEWIS ST</td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>CARBONELL, SONIA, PSYD†</td>
<td>N/A</td>
<td>4060 FAIRMOUNT AVE 2060</td>
<td>SAN DIEGO, CA 92105</td>
<td>Teleservice</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>CARBONELL, SONIA, PSYD</td>
<td>N/A</td>
<td>4060 FAIRMOUNT AVE 2060</td>
<td>SAN DIEGO, CA 92105</td>
<td>Teleservice</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>JOHNSON, ARIKA, PSYD†</td>
<td>N/A</td>
<td>4157 FAIRMOUNT AVE 2060</td>
<td>SAN DIEGO, CA 92105</td>
<td>Teleservice</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>JOHNSON, ARIKA, PSYD</td>
<td>N/A</td>
<td>4080 CENTRE ST STE 104</td>
<td>SAN DIEGO, CA 92104</td>
<td></td>
<td>01-NOV-22</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
### 1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>4185 FAIRMOUNT AVE</th>
<th>SAN DIEGO, CA 92105</th>
<th>Effective as of 01-NOV-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHNSON, ARIKA, PSYD†</td>
<td>4189 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA 92105</td>
<td>Effective as of 01-NOV-22</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>4157 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA 92105</td>
<td>Effective as of 01-NOV-22</td>
</tr>
<tr>
<td>JOHNSON, ARIKA, PSYD†</td>
<td>4185 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA 92105</td>
<td>Effective as of 01-NOV-22</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>4060 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA 92105</td>
<td>Effective as of 01-NOV-22</td>
</tr>
<tr>
<td>JOHNSON, ARIKA, PSYD†</td>
<td>350 DICKINSON ST</td>
<td>SAN DIEGO, CA 92103</td>
<td>Effective as of 01-NOV-21</td>
</tr>
<tr>
<td>MINASSIAN, ARPI, PhD†</td>
<td>4303 LA JOLLA VILLAGE DR STE 2110</td>
<td>SAN DIEGO, CA 92122</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td>PARK, JESSIE, PSYD†</td>
<td>6655 ALVARADO RD</td>
<td>SAN DIEGO, CA 92120</td>
<td>Effective as of 01-DEC-23</td>
</tr>
<tr>
<td>BAILEY, JACOB, MD</td>
<td>4520 EXECUTIVE DR</td>
<td>SAN DIEGO, CA 92121</td>
<td>Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>200 W ARBOR DR</td>
<td>SAN DIEGO, CA 92103</td>
<td>Effective as of 01-JUN-23</td>
</tr>
<tr>
<td>BAILEY, JACOB, MD</td>
<td>3434 MIDWAY DR STE 2001</td>
<td>SAN DIEGO, CA 92110</td>
<td>Teleservice</td>
</tr>
<tr>
<td>VANFOSSEN, BRIAN, PhD†</td>
<td>3434 MIDWAY DR STE 2001</td>
<td>SAN DIEGO, CA 92110</td>
<td>Teleservice</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>4303 LA JOLLA VILLAGE DR STE 2110</td>
<td>SAN DIEGO, CA 92122</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td>TARLE, STEPHANIE, PhD</td>
<td>4060 FAIRMOUNT AVE</td>
<td>SAN DIEGO, CA 92105</td>
<td>Effective as of 01-APR-21</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>6655 ALVARADO RD</td>
<td>SAN DIEGO, CA 92120</td>
<td>Effective as of 01-DEC-23</td>
</tr>
<tr>
<td>TARLE, STEPHANIE, PhD</td>
<td>4303 LA JOLLA VILLAGE DR STE 2110</td>
<td>SAN DIEGO, CA 92122</td>
<td>Effective as of 01-DEC-21</td>
</tr>
</tbody>
</table>

*Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.*
网络提供者名单
专科护理医生

Provider ID: N/A
6699 ALVARADO RD STE 2306
SAN DIEGO, CA 92120
Effective as of 01-SEP-22

LE, HUAN, MD
Provider ID: N/A
5507 EL CAJON BLVD STE C
SAN DIEGO, CA 92115
Teleservice
Effective as of 01-JUL-22

Provider ID: N/A
5507 EL CAJON BLVD STE C
SAN DIEGO, CA 92115
Teleservice
Effective as of 01-JAN-21

Provider ID: N/A
5507 EL CAJON BLVD STE C
SAN DIEGO, CA 92115
Teleservice
Effective as of 01-JAN-14

MCGUIRE, WILLIAM, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

MUNOZ PINEDA, JORGE, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

MUNOZ PINEDA, JORGE, MD
Provider ID: N/A
501 WASHINGTON ST STE 725
SAN DIEGO, CA 92103
Effective as of 01-MAR-22

Provider ID: N/A
501 WASHINGTON ST STE 725
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

WONG, STEVEN, MD
Provider ID: N/A
501 WASHINGTON ST STE 725
SAN DIEGO, CA 92103
Effective as of 01-APR-19

WONG, STEVEN, MD
Provider ID: N/A
501 WASHINGTON ST STE 725
SAN DIEGO, CA 92103
Effective as of 01-APR-19

RANCHES, GREGORY, MD
Provider ID: N/A
501 WASHINGTON ST STE 725
SAN DIEGO, CA 92103
Effective as of 01-AUG-20

RANCHES, GREGORY, MD
Provider ID: N/A
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127
Effective as of 01-MAR-21

BRUGGEMAN, ANDREW, MD
Provider ID: N/A
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127
Effective as of 01-MAR-21

RADIATION ONCOLOGY
BRUGGEMAN, ANDREW, MD
Provider ID: N/A
Provider ID: N/A
668
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Office Address</th>
<th>City, State Zip</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>16918 DOVE CANYON RD STE 103</td>
<td>SAN DIEGO, CA 92127</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>N/A</td>
<td>3075 HEALTH CENTER DR SAN DIEGO, CA 92123</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>5395 RUFFIN RD STE 103</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>N/A</td>
<td>3366 5TH AVE</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5395 RUFFIN RD STE 103</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>3366 5TH AVE</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-SEP-15</td>
</tr>
<tr>
<td>N/A</td>
<td>3366 5TH AVE</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5395 RUFFIN RD STE 103</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>N/A</td>
<td>5395 RUFFIN RD STE 202</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>N/A</td>
<td>3366 5TH AVE</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>N/A</td>
<td>3075 HEALTH CENTER DR LEVEL 0</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-OCT-22</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Practice Address</th>
<th>City, State, Zip</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>MACEWAN, IAIN, MD*</td>
<td>16918 DOVE CANYON RD STE 103</td>
<td>SAN DIEGO, CA 92127</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>MELL, LOREN, MD*</td>
<td>16918 DOVE CANYON RD STE 103</td>
<td>SAN DIEGO, CA 92127</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>MURPHY, KEVIN, MD*</td>
<td>16918 DOVE CANYON RD STE 103</td>
<td>SAN DIEGO, CA 92127</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>PEJAVAR, SUNANDA, MD*</td>
<td>3075 HEALTH CENTER DR</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>SANDHU, AJAY, MD*</td>
<td>16918 DOVE CANYON RD STE 103</td>
<td>SAN DIEGO, CA 92127</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>SHARABI, ANDREW, MD*</td>
<td>16918 DOVE CANYON RD STE 103</td>
<td>SAN DIEGO, CA 92127</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>SHIRAZI, REZA, MD*</td>
<td>5395 RUFFIN RD STE 103</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>SHIRAZI, REZA, MD*</td>
<td>5395 RUFFIN RD STE 103</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>SHIRAZI, REZA, MD*</td>
<td>5395 RUFFIN RD STE 103</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>SHIRAZI, REZA, MD*</td>
<td>3366 5TH AVE</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>SHIRAZI, REZA, MD*</td>
<td>3366 5TH AVE</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>SHIRAZI, REZA, MD*</td>
<td>3366 5TH AVE</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>VAKILIAN, SIAVOSH, MD*</td>
<td>5395 RUFFIN RD STE 103</td>
<td>SAN DIEGO, CA 92123</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>VAKILIAN, SIAVOSH, MD*</td>
<td>3366 5TH AVE</td>
<td>SAN DIEGO, CA 92103</td>
<td>01-SEP-22</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blue Shield.ca/fad.
C1. 网络提供者名单
专科护理医生

Teleservice
Effective as of 01-MAY-21

VAKILIAN, SIAVOSH, MD†
Provider ID: N/A
3366 5TH AVE
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-SEP-22

VAKILIAN, SIAVOSH, MD†
Provider ID: N/A
3366 5TH AVE
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-JUL-21

VAKILIAN, SIAVOSH, MD†
Provider ID: N/A
5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-DEC-23

PAUL, GREGORY, MD²
Provider ID: N/A
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-JUL-21

ANDERSON, GREGORY, MD†
Provider ID: N/A
3939 RUFFIN RD STE 102
SAN DIEGO, CA 92123
Effective as of 01-AUG-23

ANDERSON, GREGORY, MD
Provider ID: N/A
9095 RIO SAN DIEGO DR STE 150
SAN DIEGO, CA 92108
Effective as of 01-OCT-23

BOLAR, DIVYA, MD
Provider ID: N/A
408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

BOLAR, DIVYA, MD
Provider ID: N/A
8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

BOSWELL, GILBERT, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-23

BOSWELL, GILBERT, MD
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

YORK, JOHN, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

RADIOLOGY DIAGNOSTIC

AGANOVIC, LEJLA, MD
Provider ID: N/A
8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

AGANOVIC, LEJLA, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

BOSWELL, GILBERT, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-23

BOSWELL, GILBERT, MD
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

ANDERSON, GREGORY, MD†
Provider ID: N/A
3939 RUFFIN RD STE 102
SAN DIEGO, CA 92123
Effective as of 01-AUG-22

671
C1. 网络提供者名单
专科护理医生

**BRANCH, CODY, MD†**
Provider ID: N/A
- 200 W ARBOR DR
  SAN DIEGO, CA 92103
  Effective as of 01-JUL-21

**BRANCH, CODY, MD**
Provider ID: N/A
- 6655 ALVARADO RD
  SAN DIEGO, CA 92120
  Effective as of 01-FEB-24

**BROUHA, SHARON, MD**
Provider ID: N/A
- 6655 ALVARADO RD
  SAN DIEGO, CA 92120
  Effective as of 01-FEB-24

**BROUHA, SHARON, MD**
Provider ID: N/A
- 8929 UNIVERSITY CENTER LN
  SAN DIEGO, CA 92122
  Effective as of 01-APR-23

**BROUHA, SHARON, MD**
Provider ID: N/A
- 408 DICKINSON ST
  SAN DIEGO, CA 92103
  Effective as of 01-APR-23

**BUI, KEVIN, MD**
Provider ID: N/A
- 6655 ALVARADO RD
  SAN DIEGO, CA 92120
  Effective as of 01-FEB-24

**BUI, KEVIN, MD†**
Provider ID: N/A
- 330 LEWIS ST STE 202
  SAN DIEGO, CA 92103
  Effective as of 01-JUL-21

**BUI, KEVIN, MD†**
Provider ID: N/A
- 200 W ARBOR DR
  SAN DIEGO, CA 92103
  Effective as of 01-JUL-21

**CARSWELL, AIMEE, MD**
Provider ID: N/A
- 200 W ARBOR DR
  SAN DIEGO, CA 92103
  Effective as of 01-DEC-23

**CARSWELL, AIMEE, MD**
Provider ID: N/A
- 330 LEWIS ST
  SAN DIEGO, CA 92103
  Effective as of 01-DEC-23

**CARSWELL, AIMEE, MD**
Provider ID: N/A
- 6655 ALVARADO RD
  SAN DIEGO, CA 92120
  Effective as of 01-FEB-24

**CHANG, JENNIFER, MD**
Provider ID: N/A
- 6655 ALVARADO RD
  SAN DIEGO, CA 92120
  Effective as of 01-FEB-24

**CHANG, JENNIFER, MD**
Provider ID: N/A
- 408 DICKINSON ST
  SAN DIEGO, CA 92103
  Effective as of 01-APR-23

**CHANG, JENNIFER, MD**
Provider ID: N/A
- 8929 UNIVERSITY CENTER LN
  SAN DIEGO, CA 92122
  Effective as of 01-APR-23

**CHENG, KAREN, MD**
Provider ID: N/A
- 6655 ALVARADO RD
  SAN DIEGO, CA 92120
  Effective as of 01-FEB-24

**CHENG, KAREN, MD†**
Provider ID: N/A
- 200 W ARBOR DR
  SAN DIEGO, CA 92103
  Effective as of 01-AUG-21

**CHENG, KAREN, MD†**
Provider ID: N/A
- 330 LEWIS ST STE 202
  SAN DIEGO, CA 92103
  Effective as of 01-AUG-21

**CHENG, KAREN, MD**
Provider ID: N/A
- 8929 UNIVERSITY CENTER LN
  SAN DIEGO, CA 92122
  Effective as of 01-APR-23

**CHENG, KAREN, MD**
Provider ID: N/A
- 408 DICKINSON ST
  SAN DIEGO, CA 92103
  Effective as of 01-APR-23

**CHO, AARON, MD**
Provider ID: N/A
- 408 DICKINSON ST
  SAN DIEGO, CA 92103
  Effective as of 01-APR-23

**CHO, AARON, MD**
Provider ID: N/A
- 8929 UNIVERSITY CENTER LN
  SAN DIEGO, CA 92122
  Effective as of 01-APR-23
C1. 网络提供者名单

专科护理医生

CHO, AARON, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

CHUNG, CHRISTINE, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

CHUNG, CHRISTINE, MD
Provider ID: N/A
8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

COOPER, JAMES, MD²
Provider ID: N/A
3939 RUFFIN RD STE 102
SAN DIEGO, CA 92123
Effective as of 01-MAY-22

DORROS, STEPHEN, MD
Provider ID: N/A
408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

DORROS, STEPHEN, MD
Provider ID: N/A
8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

DORROS, STEPHEN, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

EAJAZI, ALIREZA, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-21

EAJAZI, ALIREZA, MD†
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

EGHTEDARI, MOHAMMAD, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

EGHTEDARI, MOHAMMAD, MD
Provider ID: N/A
3939 RUFFIN RD STE 102
SAN DIEGO, CA 92123
Effective as of 01-MAY-22

EGHTEDARI, MOHAMMAD, MD
Provider ID: N/A
8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

FAZELI, SOUDABEH, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-JUL-23

FAZELI, SOUDABEH, MD
Provider ID: N/A
408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

FAZELI, SOUDABEH, MD
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

FLISZAR, EVELYNE, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

FLISZAR, EVELYNE, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

FLISZAR, EVELYNE, MD
Provider ID: N/A
408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

HSIAO, ALBERT, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

HUANG, BRADY, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

HUANG, BRADY, MD
Provider ID: N/A
408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

HUANG, BRADY, MD
Provider ID: N/A
8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-JUN-23

KANSAGRA, AKASH, MD
Provider ID: N/A
11199 SORRENTO VALLEY RD STE 203
SAN DIEGO, CA 92121
Effective as of 01-JUN-23

JACOBSON, JON, MD
Provider ID: N/A
8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

JACOBSON, JON, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-23

JACOBSON, JON, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

JACOBSON, JON, MD
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

JAFFRAY, PAUL, MD
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

JACOBSON, JON, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-FEB-24

JACOBSON, JON, MD
Provider ID: N/A
8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-JUN-23

KAROW, DAVID, MD
Provider ID: N/A
8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

KAROW, DAVID, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-23

KAROW, DAVID, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

KAROW, DAVID, MD
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

KARUNAMUNI, JENNIFER, MD
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

KARUNAMUNI, JENNIFER, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

KARUNAMUNI, JENNIFER, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Effective as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>KIM, ERIC, MD†</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>Provider ID</td>
<td>330 LEWIS ST STE 202 SAN DIEGO, CA 92103</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>KIM, ERIC, MD†</td>
<td>330 LEWIS ST STE 202 SAN DIEGO, CA 92103</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>KLIGERMAN, SETH, MD</td>
<td>408 DICKINSON ST SAN DIEGO, CA 92103</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>Provider ID</td>
<td>6655 ALVARADO RD SAN DIEGO, CA 92120</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>Provider ID</td>
<td>8929 UNIVERSITY CENTER LN SAN DIEGO, CA 92122</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>Provider ID</td>
<td>8929 UNIVERSITY CENTER LN SAN DIEGO, CA 92122</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>KONDILI, DHIMITER, MD†</td>
<td>330 LEWIS ST SAN DIEGO, CA 92103</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>Provider ID</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>01-APR-23</td>
</tr>
<tr>
<td>Provider ID</td>
<td>330 LEWIS ST STE 202 SAN DIEGO, CA 92103</td>
<td>01-AUG-21</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

OJEDA-FOURNIER, HAYDEE, MD
Provider ID: N/A
408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

OJEDA-FOURNIER, HAYDEE, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

PATHRIA, MINI, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

PATHRIA, MINI, MD
Provider ID: N/A
408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

PATHRIA, MINI, MD
Provider ID: N/A
8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

RAKOW-PENNER, REBECCA, MD
Provider ID: N/A
408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

RAKOW-PENNER, REBECCA, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

RATTNER, ZACHARY, MD
Provider ID: N/A
995 GATEWAY CENTER WAY STE 207
SAN DIEGO, CA 92102
Effective as of 01-JUL-23

RATTNER, ZACHARY, MD
Provider ID: N/A
995 GATEWAY CENTER WAY STE 207
SAN DIEGO, CA 92102
Effective as of 01-SEP-22

RATTNER, ZACHARY, MD
Provider ID: N/A
995 GATEWAY CENTER WAY STE 207
SAN DIEGO, CA 92102
Effective as of 01-SEP-20

RESNICK, DONALD, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

RESNICK, DONALD, MD
Provider ID: N/A
408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

RESNICK, DONALD, MD
Provider ID: N/A
8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

RITCHIE, DAVID, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

RITCHIE, DAVID, MD
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

SADAT, SAYED, DO
Provider ID: N/A
330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

SADAT, SAYED, DO
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

SADAT, SAYED, DO
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>200 W ARBOR DR</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
</tr>
<tr>
<td>SAMPATH, SRIHARI, MD provider ID: N/A</td>
<td>408 DICKINSON ST</td>
<td>01-APR-23</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
</tr>
<tr>
<td>SAMPATH, SRINATH, MD provider ID: N/A</td>
<td>8929 UNIVERSITY CENTER LN</td>
<td>01-APR-23</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92122</td>
<td></td>
</tr>
<tr>
<td>SAMPATH, SRIHARI, MD provider ID: N/A</td>
<td>408 DICKINSON ST</td>
<td>01-APR-23</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
</tr>
<tr>
<td>SAMPATH, SRINATH, MD provider ID: N/A</td>
<td>408 DICKINSON ST</td>
<td>01-APR-23</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
</tr>
<tr>
<td>SANTILLAN, CYNTHIA, MD provider ID: N/A</td>
<td>8929 UNIVERSITY CENTER LN</td>
<td>01-APR-23</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92122</td>
<td></td>
</tr>
<tr>
<td>SANTILLAN, CYNTHIA, MD provider ID: N/A</td>
<td>408 DICKINSON ST</td>
<td>01-APR-23</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
</tr>
<tr>
<td>SEARLEMAN, ADAM, MD provider ID: N/A</td>
<td>200 W ARBOR DR</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
</tr>
<tr>
<td>SEARLEMAN, ADAM, MD provider ID: N/A</td>
<td>330 LEWIS ST</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92103</td>
<td></td>
</tr>
<tr>
<td>SANTILLAN, CYNTHIA, MD provider ID: N/A</td>
<td>6655 ALVARADO RD</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92120</td>
<td></td>
</tr>
</tbody>
</table>

*Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.*
### C1. 网络提供者名单

#### 专科护理医生

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>Location</th>
<th>Effective Since</th>
</tr>
</thead>
<tbody>
<tr>
<td>8929 UNIVERSITY CENTER LN</td>
<td>SAN DIEGO, CA 92122</td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td></td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>6655 ALVARADO RD SAN DIEGO, CA 92120</td>
<td></td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>330 LEWIS ST SAN DIEGO, CA 92103</td>
<td></td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>3939 RUFFIN RD STE 102 SAN DIEGO, CA 92123</td>
<td></td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>9095 RIO SAN DIEGO DR STE 150 SAN DIEGO, CA 92108</td>
<td></td>
<td>Effective as of 01-OCT-23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>Location</th>
<th>Effective Since</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td></td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>330 LEWIS ST SAN DIEGO, CA 92103</td>
<td></td>
<td>Effective as of 01-MAY-22</td>
</tr>
<tr>
<td>3939 RUFFIN RD SAN DIEGO, CA 92123</td>
<td></td>
<td>Effective as of 01-AUG-23</td>
</tr>
<tr>
<td>3939 RUFFIN RD STE 102 SAN DIEGO, CA 92123</td>
<td></td>
<td>Effective as of 01-OCT-23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>Location</th>
<th>Effective Since</th>
</tr>
</thead>
<tbody>
<tr>
<td>330 LEWIS ST SAN DIEGO, CA 92103</td>
<td></td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td></td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>6655 ALVARADO RD SAN DIEGO, CA 92120</td>
<td></td>
<td>Effective as of 01-FEB-24</td>
</tr>
</tbody>
</table>

#### REGISTERED DIETITIAN / NUTRITIONIST

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>Location</th>
<th>Effective Since</th>
</tr>
</thead>
<tbody>
<tr>
<td>3900 5TH AVE STE 110 SAN DIEGO, CA 92103</td>
<td></td>
<td>Effective as of 01-JUL-23</td>
</tr>
<tr>
<td>330 LEWIS ST SAN DIEGO, CA 92103</td>
<td></td>
<td>Effective as of 01-APR-23</td>
</tr>
<tr>
<td>330 LEWIS ST STE 202 SAN DIEGO, CA 92103</td>
<td></td>
<td>Effective as of 01-MAY-22</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Provider ID: N/A
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122
Effective as of 01-MAR-22

DRIVICK, VALERIE, RD
Provider ID: N/A
3900 5TH AVE STE 110
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-APR-21

DRIVICK, VALERIE, RD
Provider ID: N/A
3900 5TH AVE STE 110
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-SEP-22

FISHER, JENNIFER, RD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

FISHER, JENNIFER, RD
Provider ID: N/A
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122
Effective as of 01-DEC-21

FISHER, JENNIFER, RD
Provider ID: N/A
4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-JAN-24

GONZALEZ, KRISTEN, RDN
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

RUBENSTEIN, KELLY, RD
Provider ID: N/A
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122
Effective as of 01-JAN-24

RUBENSTEIN, KELLY, RD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

SALCEDO, ALEXANDRA, RD
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

SALCEDO, CARLA, RD
Provider ID: N/A
4910 DIRECTORS PL
SAN DIEGO, CA 92121
Effective as of 01-JAN-24

SALCEDO, CARLA, RD
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92129
Effective as of 01-JAN-24

VALDEZ, KELLY, RD
Provider ID: N/A
4168 FRONT ST FL 3
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

VERGARA RODRIGUEZ, DIANA, RD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

REGISTERED PHYSICAL THERAPIST

ALLOS, ALEXANDER, PT
Provider ID: N/A
4445 EASTGATE MALL STE 105
SAN DIEGO, CA 92121
Effective as of 01-NOV-23

BOUTELLE, DAVID, PT
Provider ID: N/A
9909 MIRA MESA BLVD STE 120
SAN DIEGO, CA 92131
Effective as of 01-JAN-24

BOUTELLE, BARBARA, PT
Provider ID: N/A
9909 MIRA MESA BLVD STE 120
SAN DIEGO, CA 92131
Effective as of 01-JAN-24

BOUTELLE, BARBARA, PT
Provider ID: N/A
9888 CARMEL MOUNTAIN RD STE D
SAN DIEGO, CA 92129
Effective as of 01-JAN-24

BOUTELLE, DAVID, PT
Provider ID: N/A
9888 CARMEL MOUNTAIN RD STE D
SAN DIEGO, CA 92129
Effective as of 01-JAN-24

CORTEZ, AARON, PT†
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-JUN-21

DANG, KAYLEE, PT†
Provider ID: N/A
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Date</th>
<th>Provider ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>FARRAR, COURTNEY, PT</td>
<td>16950 VIA TAZON</td>
<td>01-MAY-21</td>
<td>N/A</td>
</tr>
<tr>
<td>FARRAR, COURTNEY, PT</td>
<td>7525 METROPOLITAN DR STE 302</td>
<td>01-JAN-21</td>
<td>N/A</td>
</tr>
<tr>
<td>FARRAR, COURTNEY, PT</td>
<td>3434 MIDWAY DR STE 2001</td>
<td>01-DEC-22</td>
<td>N/A</td>
</tr>
<tr>
<td>FERRER, MIRON, PT</td>
<td>200 W ARBOR DR</td>
<td>01-JAN-24</td>
<td>N/A</td>
</tr>
<tr>
<td>FUREY, CINDY, PT</td>
<td>5555 RESERVOIR DR STE 300</td>
<td>01-JAN-21</td>
<td>N/A</td>
</tr>
<tr>
<td>FUREY, CINDY, PT</td>
<td>5677 OBERLIN DR STE 106</td>
<td>01-JAN-21</td>
<td>N/A</td>
</tr>
<tr>
<td>GRIMES, KELLY, PT</td>
<td>16950 VIA TAZON</td>
<td>01-JUN-23</td>
<td>N/A</td>
</tr>
<tr>
<td>HARRAH, WILLIAM, PT</td>
<td>9333 GENESEE AVE STE 350B</td>
<td>01-SEP-22</td>
<td>N/A</td>
</tr>
<tr>
<td>JOHNSON, KENNADY, PT</td>
<td>16950 VIA TAZON</td>
<td>01-NOV-21</td>
<td>N/A</td>
</tr>
<tr>
<td>MONROE, MAX, PT</td>
<td>11750 SORRENTO VALLEY RD STE 130</td>
<td>01-MAR-24</td>
<td>N/A</td>
</tr>
<tr>
<td>OKINAGA, PATRICK, PT</td>
<td>200 W ARBOR DR</td>
<td>01-JAN-24</td>
<td>N/A</td>
</tr>
<tr>
<td>OKINAGA, PATRICK, PT</td>
<td>16950 VIA TAZON</td>
<td>01-JAN-24</td>
<td>N/A</td>
</tr>
<tr>
<td>OKINAGA, PATRICK, PT</td>
<td>4445 EASTGATE MALL STE 103</td>
<td>01-MAY-22</td>
<td>N/A</td>
</tr>
<tr>
<td>OKINAGA, PATRICK, PT</td>
<td>4445 EASTGATE MALL STE 103</td>
<td>01-AUG-23</td>
<td>N/A</td>
</tr>
<tr>
<td>OKINAGA, PATRICK, PT</td>
<td>4445 EASTGATE MALL STE 103</td>
<td>01-JUN-23</td>
<td>N/A</td>
</tr>
<tr>
<td>PHILLIP, OMARI, PT</td>
<td>7525 METROPOLITAN DR</td>
<td>01-DEC-21</td>
<td>N/A</td>
</tr>
<tr>
<td>PHILLIP, OMARI, PT</td>
<td>16950 VIA TAZON</td>
<td>01-JAN-23</td>
<td>N/A</td>
</tr>
<tr>
<td>PHILLIP, OMARI, PT</td>
<td>4445 EASTGATE MALL STE 103</td>
<td>01-JAN-24</td>
<td>N/A</td>
</tr>
<tr>
<td>ROSS, JENNY, PT</td>
<td>7525 METROPOLITAN DR</td>
<td>01-JAN-23</td>
<td>N/A</td>
</tr>
<tr>
<td>TITH, JENNY, PT</td>
<td>16950 VIA TAZON</td>
<td>01-JAN-24</td>
<td>N/A</td>
</tr>
<tr>
<td>TSAI, CINDY, PT</td>
<td>4445 EASTGATE MALL STE 103</td>
<td>01-MAY-22</td>
<td>N/A</td>
</tr>
<tr>
<td>TSAI, CINDY, PT</td>
<td>4445 EASTGATE MALL STE 103</td>
<td>01-AUG-23</td>
<td>N/A</td>
</tr>
<tr>
<td>TSAI, CINDY, PT</td>
<td>4445 EASTGATE MALL STE 103</td>
<td>01-JUN-23</td>
<td>N/A</td>
</tr>
<tr>
<td>TSAI, CINDY, PT</td>
<td>16950 VIA TAZON</td>
<td>01-NOV-21</td>
<td>N/A</td>
</tr>
<tr>
<td>VASQUEZ, BENJAMIN, PT</td>
<td>16950 VIA TAZON</td>
<td>01-NOV-21</td>
<td>N/A</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

Provider ID: N/A

4910 DIRECTORS PL
SAN DIEGO, CA 92121
Effective as of 01-DEC-23

RHEUMATOLOGY

HUYNH, DOQUYEN, MD
Provider ID: N/A
4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-APR-23

HUYNH, DOQUYEN, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-23

KHANNA, SURABHI, MD
Provider ID: N/A
4282 GENESEE AVE STE 202
SAN DIEGO, CA 92117
Effective as of 01-JUN-23

PRESS, RAYMOND, MD⁺
Provider ID: N/A
3965 5TH AVE STE 430
SAN DIEGO, CA 92103
Effective as of 01-OCT-19

SLEEP MEDICINE

BAO, GANG, MD⁺
Provider ID: N/A
6699 ALVARADO RD STE 2306
SAN DIEGO, CA 92120
Effective as of 01-JUN-21

DOMBROWSKY, JOSEPH, MD
Provider ID: N/A
5471 KEARNY VILLA RD STE 202
SAN DIEGO, CA 92123
Effective as of 01-APR-24

FINCH, CHRISTINA, MD
Provider ID: N/A
4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-JUN-23

FINCH, CHRISTINA, MD
Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

FLEMING, WESLEY, MD⁺
Provider ID: N/A
5471 KEARNY VILLA RD STE 202
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-APR-22

SPEECH PATHOLOGIST

AROCHO-SALGADO, MIRELIS, SP
Provider ID: N/A
11440 W BERNARDO CT STE 300
SAN DIEGO, CA 92127
Effective as of 01-JUN-22

AROCHO-SALGADO, MIRELIS, SP
Provider ID: N/A
11440 W BERNARDO CT STE 300
SAN DIEGO, CA 92127
Effective as of 01-JUN-22

BLUMENFELD, LIZA, SP
Provider ID: N/A
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92123
Effective as of 01-MAY-23

CALDERON MORALES, ASTRID, SP
Provider ID: N/A
9655 GRANITE RIDGE DR STE 200
SAN DIEGO, CA 92123
Effective as of 01-JUN-22

CALDERON MORALES, ASTRID, SP
Provider ID: N/A
9655 GRANITE RIDGE DR STE 200
SAN DIEGO, CA 92123
Effective as of 01-JUN-22

CALDERON MORALES, ASTRID, SP
Provider ID: N/A
11440 W BERNARDO CT STE 300
SAN DIEGO, CA 92127
Effective as of 01-APR-24

CLARK, MELISSA, SP
<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>11440 W BERNARDO CT STE 300</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92127</td>
</tr>
<tr>
<td>Effective as of 01-APR-22</td>
</tr>
<tr>
<td><strong>CLARK, MELISSA, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>11440 W BERNARDO CT STE 300</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92127</td>
</tr>
<tr>
<td>Effective as of 01-APR-22</td>
</tr>
<tr>
<td><strong>CLARK, MELISSA, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>9655 GRANITE RIDGE DR STE 200</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>Effective as of 01-APR-22</td>
</tr>
<tr>
<td><strong>CLARK, MELISSA, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>7510 CLAIREMONT MESA BLVD STE 102</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92111</td>
</tr>
<tr>
<td>Effective as of 01-APR-22</td>
</tr>
<tr>
<td><strong>GONZALEZ MELENDEZ, ADALICE, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>7510 CLAIREMONT MESA BLVD STE 103</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92111</td>
</tr>
<tr>
<td>Effective as of 01-JUN-22</td>
</tr>
<tr>
<td><strong>GONZALEZ MELENDEZ, ADALICE, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>9655 GRANITE RIDGE DR STE 200</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>Effective as of 01-JUN-22</td>
</tr>
<tr>
<td><strong>GONZALEZ MELENDEZ, ADALICE, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>11440 W BERNARDO CT STE 300</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92127</td>
</tr>
<tr>
<td>Effective as of 01-JUN-22</td>
</tr>
<tr>
<td><strong>KOUKEYAN, KARIN, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>7510 CLAIREMONT MESA BLVD STE 102</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92111</td>
</tr>
<tr>
<td>Effective as of 01-JAN-22</td>
</tr>
<tr>
<td><strong>KOUKEYAN, KARIN, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>11440 W BERNARDO CT STE 300</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92127</td>
</tr>
<tr>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td><strong>KOUKEYAN, KARIN, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>7510 CLAIREMONT MESA BLVD STE 103</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92111</td>
</tr>
<tr>
<td>Teleservice</td>
</tr>
<tr>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td><strong>KOUKEYAN, KARIN, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>8899 UNIVERSITY CENTER LN</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92122</td>
</tr>
<tr>
<td>Effective as of 01-JAN-23</td>
</tr>
<tr>
<td><strong>NAPOLEAN, REBECCA, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>7510 CLAIREMONT MESA BLVD STE 200</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>Effective as of 01-JUN-22</td>
</tr>
<tr>
<td><strong>NAPOLEAN, REBECCA, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>8899 UNIVERSITY CENTER LN</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92122</td>
</tr>
<tr>
<td>Effective as of 01-MAY-23</td>
</tr>
<tr>
<td><strong>SCHIEDERMAYER, BENJAMIN, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>8899 UNIVERSITY CENTER LN</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92122</td>
</tr>
<tr>
<td>Effective as of 01-APR-22</td>
</tr>
<tr>
<td><strong>THOMPSON, DANIELLE, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>16950 VIA TAZON</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92127</td>
</tr>
<tr>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td><strong>THOMPSON, DANIELLE, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>200 W ARBOR DR</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td><strong>WALSH, ERIN, SP</strong></td>
</tr>
<tr>
<td>Provider ID: N/A</td>
</tr>
<tr>
<td>8899 UNIVERSITY CENTER LN</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92122</td>
</tr>
<tr>
<td>Effective as of 01-MAY-23</td>
</tr>
</tbody>
</table>
SURGERY COLON SURGERY

EISENSTEIN, SAMUEL, MD† Provider ID: N/A
4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-DEC-21

EISENSTEIN, SAMUEL, MD† Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

EISENSTEIN, SAMUEL, MD† Provider ID: N/A
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122
Effective as of 01-DEC-21

ISHO, MATHEW, MD† Provider ID: N/A
4060 4TH AVE STE 510
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

ISHO, MATHEW, MD† Provider ID: N/A
4060 4TH AVE STE 510
SAN DIEGO, CA 92103
Effective as of 01-JAN-19

ISHO, MATHEW, MD† Provider ID: N/A
4060 4TH AVE STE 510
SAN DIEGO, CA 92103
Effective as of 01-SEP-15

LOPEZ, NICOLE, MD† Provider ID: N/A
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122
Effective as of 01-SEP-21

Surgery Critical Care

ADAMS, LAURA, MD† Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-17

PARRY, LISA, MD† Provider ID: N/A
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122
Effective as of 01-DEC-21

PARRY, LISA, MD† Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-APR-21

RAMAMOORTHY, SONIA, MD† Provider ID: N/A
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122
Effective as of 01-DEC-21

TOMAN, JEFFREY, MD† Provider ID: N/A
12264 EL CAMINO REAL STE 101
SAN DIEGO, CA 92130
Effective as of 01-SEP-17

VENTRO, GEORGE, MD† Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

SURGERY GENERAL

ALVORD, PAUL, MD† Provider ID: N/A
4033 3RD AVE STE 204
SAN DIEGO, CA 92103
Effective as of 01-SEP-17

ARMANI, AVA, MD† Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-17

BARNES, RYAN, DO† Provider ID: N/A
7910 FROST ST STE 250
SAN DIEGO, CA 92123
Effective as of 01-SEP-17

BATRA, MUNISH, MD Provider ID: N/A
12264 EL CAMINO REAL STE 101
SAN DIEGO, CA 92130
Effective as of 01-SEP-17

BATRA, MUNISH, MD Provider ID: N/A
12264 EL CAMINO REAL STE 101
SAN DIEGO, CA 92130
Effective as of 01-SEP-17

685
<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>12264 EL CAMINO REAL STE 101</th>
<th>SAN DIEGO, CA 92130</th>
<th>Effective as of 01-SEP-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRANZ, ANNA, MD</td>
<td>7910 FROST ST STE 250</td>
<td>SAN DIEGO, CA 92123</td>
<td>Effective as of 01-JAN-21</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>200 W ARBOR DR</td>
<td>SAN DIEGO, CA 92103</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>4303 LA JOLLA VILLAGE DR STE 2110</td>
<td>SAN DIEGO, CA 92122</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td>CASILLAS BERUMEN, SERGIO, MD</td>
<td>6719 ALVARADO RD STE 303</td>
<td>SAN DIEGO, CA 92120</td>
<td>Effective as of 01-FEB-24</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>6402 EL CAJON BLVD STE 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CASILLAS BERUMEN, SERGIO, MD</td>
<td>8010 FROST ST STE 510</td>
<td>SAN DIEGO, CA 92123</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>4303 LA JOLLA VILLAGE DR STE 2110</td>
<td>SAN DIEGO, CA 92122</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>4303 LA JOLLA VILLAGE DR STE 2110</td>
<td>SAN DIEGO, CA 92122</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>8010 FROST ST STE 510</td>
<td>SAN DIEGO, CA 92123</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>4303 LA JOLLA VILLAGE DR STE 2110</td>
<td>SAN DIEGO, CA 92122</td>
<td>Effective as of 01-DEC-21</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

JACOBSEN, GARTH, MD
Provider ID: N/A
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121
Effective as of 01-DEC-21

JACOBSEN, GARTH, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

JINDAL, RISHI, MD
Provider ID: N/A
12264 EL CAMINO REAL
STE 101
SAN DIEGO, CA 92130
Effective as of 01-AUG-18

JINDAL, RISHI, MD
Provider ID: N/A
12264 EL CAMINO REAL
STE 101
SAN DIEGO, CA 92130
Effective as of 01-AUG-18

JINDAL, RISHI, MD
Provider ID: N/A
12264 EL CAMINO REAL
STE 101
SAN DIEGO, CA 92130
Effective as of 01-AUG-18

KING, JUSTIN, MD
Provider ID: N/A
6699 ALVARADO RD STE 2309
SAN DIEGO, CA 92120
Effective as of 01-JAN-21

KOSOY, DANIEL, MD
Provider ID: N/A
8010 FROST ST STE 510
SAN DIEGO, CA 92123

LANGENBERG, BRET, DO
Provider ID: N/A
4033 3RD AVE STE 204
SAN DIEGO, CA 92103
Effective as of 01-JAN-19

MOLDOVAN, STEFAN, MD
Provider ID: N/A
6719 ALVARADO RD STE 303
SAN DIEGO, CA 92120
Teleservice
Effective as of 01-MAR-24

MOLDOVAN, STEFAN, MD
Provider ID: N/A
6719 ALVARADO RD STE 303
SAN DIEGO, CA 92120
Teleservice
Effective as of 01-MAR-24

MUELLER, GEORGE, MD
Provider ID: N/A
7910 FROST ST STE 250
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

POLLACK, LARRY, MD
Provider ID: N/A
7910 FROST ST STE 250
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

PRICE, ERIN, MD
Provider ID: N/A
4060 4TH AVE STE 440
SAN DIEGO, CA 92103
Effective as of 01-SEP-20

SANDLER, BRYAN, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

SANDLER, BRYAN, MD
Provider ID: N/A
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122
Effective as of 01-DEC-21

SISE, MICHAEL, MD
Provider ID: N/A
550 WASHINGTON ST STE 641
SAN DIEGO, CA 92103
Effective as of 01-JAN-23

WOODWARD, STEPHANIE, MD
Provider ID: N/A
9710 FROST ST STE 250
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

ZORN, GEORGE, MD
Provider ID: N/A
4060 4TH AVE STE 330
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

SURGERY GENERAL
VASCULAR

DIEFFENBACH, BRYAN, MD
Provider ID: N/A
550 WASHINGTON ST STE 641
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

MORENO MARTINEZ, ENRIQUE, MD
Provider ID: N/A
6719 ALVARADO RD STE
### C1. 网络提供者名单

<table>
<thead>
<tr>
<th>医生姓名</th>
<th>医师类型</th>
<th>医疗地点</th>
<th>服务类型</th>
<th>有效日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salloum, Alexander, MD</td>
<td>外科手</td>
<td>6719 Alvarado Rd, San Diego, CA 92120</td>
<td>Teleservice</td>
<td>2023年3月1日</td>
</tr>
<tr>
<td>Salloum, Alexander, MD</td>
<td>外科手</td>
<td>6402 El Cajon Blvd, San Diego, CA 92115</td>
<td>Teleservice</td>
<td>2023年3月1日</td>
</tr>
<tr>
<td>Sise, Michael, MD</td>
<td>外科手</td>
<td>550 Washington St, San Diego, CA 92103</td>
<td></td>
<td>2024年1月1日</td>
</tr>
<tr>
<td>Flores, Bruno, MD</td>
<td>外科手</td>
<td>5395 Ruffin Rd, San Diego, CA 92123</td>
<td></td>
<td>2021年1月1日</td>
</tr>
<tr>
<td>Sise, Michael, MD</td>
<td>外科手</td>
<td>5395 Ruffin Rd, San Diego, CA 92123</td>
<td></td>
<td>2022年4月1日</td>
</tr>
<tr>
<td>Flores, Bruno, MD</td>
<td>外科手</td>
<td>5395 Ruffin Rd, San Diego, CA 92123</td>
<td></td>
<td>2023年1月1日</td>
</tr>
<tr>
<td>Flores, Bruno, MD</td>
<td>外科手</td>
<td>5395 Ruffin Rd, San Diego, CA 92123</td>
<td></td>
<td>2023年4月1日</td>
</tr>
<tr>
<td>Ostrup, Richard, MD</td>
<td>神经外科</td>
<td>3750 Convoy St, San Diego, CA 92111</td>
<td></td>
<td>2020年9月1日</td>
</tr>
<tr>
<td>Udani, Vikram, MD</td>
<td>神经外科</td>
<td>11199 Sorrento Valley Rd, San Diego, CA 92121</td>
<td></td>
<td>2023年1月1日</td>
</tr>
<tr>
<td>Zachariah, Marcus, MD</td>
<td>神经外科</td>
<td>11199 Sorrento Valley Rd, San Diego, CA 92121</td>
<td></td>
<td>2023年5月1日</td>
</tr>
</tbody>
</table>

*您的全科医生的医疗集团可能有心理健康提供者在其网络中。请参阅下方列表。

您可以直接联系这些提供者。请注意，某些服务可能需要心理健康提供者从Blue Shield获得预先审批，以便服务得到覆盖。

要访问心理健康提供者列表，请访问blueshieldca.com/fad。
C1. 网络提供者名单
专科护理医生

ABITBOL, JEAN JACQUES, MD†
Provider ID: N/A
7625 MESA COLLEGE DR
STE 315A
SAN DIEGO, CA 92111
Effective as of 01-JUN-22

ANDRY, JAMES, MD
Provider ID: N/A
7910 FROST ST STE 340
SAN DIEGO, CA 92123
Effective as of 01-MAR-24

ANDRY, JAMES, MD
Provider ID: N/A
7910 FROST ST STE 340
SAN DIEGO, CA 92123
Effective as of 01-MAR-24

BAWA, MANEESH, MD†
Provider ID: N/A
4060 4TH AVE STE 700
SAN DIEGO, CA 92103
Effective as of 01-SEP-15

BEHR, CHRISTOPHER, MD†
Provider ID: N/A
4060 4TH AVE STE 700
SAN DIEGO, CA 92103
Effective as of 01-SEP-15

BLAIS, MICAH, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

BOURLAND, BRYAN, DO
Provider ID: N/A
4910 DIRECTORS PL STE 350
SAN DIEGO, CA 92121
Effective as of 01-OCT-23

BOURLAND, BRYAN, DO
Provider ID: N/A
8008 FROST ST STE 403
SAN DIEGO, CA 92123
Effective as of 01-SEP-23

BRERETON, DANIEL, DO†
Provider ID: N/A
4910 DIRECTORS PL STE 350
SAN DIEGO, CA 92121
Effective as of 01-NOV-22

BUKATA, SUSAN, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAR-21

BUKATA, SUSAN, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

BURNIKEL, DAVID, MD†
Provider ID: N/A
6719 ALVARADO RD STE 200
SAN DIEGO, CA 92120
Effective as of 01-SEP-23

DOWNING, KRISTOPHER, MD
Provider ID: N/A
7910 FROST ST STE 340
SAN DIEGO, CA 92123
Effective as of 01-MAR-24

DUTTON, PASCUAL, MD
Provider ID: N/A
3444 KEARNY VILLA RD
STE 401
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

DUTTON, PASCUAL, MD
Provider ID: N/A
3444 KEARNY VILLA RD
STE 401
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

CAGE, DORI NEILL, MD†
Provider ID: N/A
8008 FROST ST STE 403
SAN DIEGO, CA 92123
Effective as of 01-SEP-23

CHOI, JIHOON, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

DAVID, TAL, MD†
Provider ID: N/A
4910 DIRECTORS PL STE 350
SAN DIEGO, CA 92121
Effective as of 01-NOV-21

DOWNING, KRISTOPHER, MD
Provider ID: N/A
7910 FROST ST STE 340
SAN DIEGO, CA 92123
Effective as of 01-FEB-24

DUTTON, PASCUAL, MD
Provider ID: N/A
5395 RUFFIN RD STE 201
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

DUTTON, PASCUAL, MD
Provider ID: N/A
3444 KEARNY VILLA RD
STE 401
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUTTON, PASCUAL, MD</td>
<td>3750 CONVOY ST STE 201 SAN DIEGO, CA 92111</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>DUTTON, PASCUAL, MD</td>
<td>5395 RUFFIN RD STE 201 SAN DIEGO, CA 92123</td>
<td>Effective as of 01-OCT-23</td>
</tr>
<tr>
<td>DUTTON, PASCUAL, MD</td>
<td>6719 ALVARADO RD STE 200 SAN DIEGO, CA 92120</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>DUTTON, PASCUAL, MD</td>
<td>4910 DIRECTORS PL STE 350 SAN DIEGO, CA 92121</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>FLOOD, DAVID, MD</td>
<td>3434 MIDWAY DR STE 2001 SAN DIEGO, CA 92110</td>
<td>Effective as of 01-DEC-22</td>
</tr>
<tr>
<td>GOEB, YANNICK, MD</td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
<td>Effective as of 01-SEP-21</td>
</tr>
<tr>
<td>GROTTLING, JOHN, MD</td>
<td>3444 KEARNY VILLA RD STE 401 SAN DIEGO, CA 92123</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>GROTTLING, JOHN, MD</td>
<td>3750 CONVOY ST STE 201 SAN DIEGO, CA 92111</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>GROTTLING, JOHN, MD</td>
<td>6719 ALVARADO RD STE 200 SAN DIEGO, CA 92120</td>
<td>Effective as of 01-JAN-24</td>
</tr>
<tr>
<td>GROTTLING, JOHN, MD</td>
<td>4910 DIRECTORS PL STE 350 SAN DIEGO, CA 92121</td>
<td>Effective as of 01-AUG-23</td>
</tr>
<tr>
<td>GROTTLING, JOHN, MD</td>
<td>4910 DIRECTORS PL STE 350 SAN DIEGO, CA 92121</td>
<td>Effective as of 01-DEC-23</td>
</tr>
<tr>
<td>KANSARA, DEVANSHU, MD</td>
<td>7485 MISSION VALLEY RD STE 104A SAN DIEGO, CA 92108</td>
<td>Effective as of 01-MAY-22</td>
</tr>
<tr>
<td>KASIR, RAFID, MD</td>
<td>4060 4TH AVE STE 700 SAN DIEGO, CA 92103</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>KIMBALL, MICHAEL, MD</td>
<td>9333 GENESEE AVE STE 350 SAN DIEGO, CA 92120</td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>KIMBALL, MICHAEL, MD</td>
<td>9333 GENESEE AVE STE 350 SAN DIEGO, CA 92120</td>
<td>Effective as of 01-SEP-22</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Effective as of 01-NOV-21

SHAH, KALPIT, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

SHILLITO, MATTHEW, MD†
Provider ID: N/A
6719 ALVARADO RD STE 200
SAN DIEGO, CA 92120
Effective as of 01-AUG-22

SHILLITO, MATTHEW, MD†
Provider ID: N/A
6719 ALVARADO RD STE 200
SAN DIEGO, CA 92120
Effective as of 01-AUG-23

SIROTA, MICHAEL, MD†
Provider ID: N/A
6719 ALVARADO RD STE 200
SAN DIEGO, CA 92120
Effective as of 01-SEP-23

SIROTA, MICHAEL, MD†
Provider ID: N/A
6719 ALVARADO RD STE 200
SAN DIEGO, CA 92120
Effective as of 01-AUG-23

SULLIVAN, THOMAS, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

SUN, MICHAEL, MD
Provider ID: N/A
7485 MISSION VALLEY RD STE 104A
SAN DIEGO, CA 92108
Effective as of 01-DEC-23

TANAKA, SCOTT, MD†
Provider ID: N/A
6719 ALVARADO RD STE 200
SAN DIEGO, CA 92120
Effective as of 01-AUG-23

TAYLOR, MARIO, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

TAYLOR, MARIO, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

TAYYAB, NEIL, MD†
Provider ID: N/A
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-AUG-23

TAYYAB, NEIL, MD†
Provider ID: N/A
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-MAR-16

TAYYAB, NEIL, MD†
Provider ID: N/A
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-SEP-22

TAYYAB, NEIL, MD†
Provider ID: N/A
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-JAN-21

TAYYAB, NEIL, MD†
Provider ID: N/A
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-AUG-23

TAYYAB, NEIL, MD†
Provider ID: N/A
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-SEP-23

TAYYAB, NEIL, MD†
Provider ID: N/A
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Effective as of 01-JAN-21

TRADONSKY, STEVEN, MD†
Provider ID: N/A
7485 MISSION VALLEY RD STE 104A
SAN DIEGO, CA 92108

* Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单

专科护理医生

Effective as of 01-SEP-15

TRADONSKY, STEVEN, MD
Provider ID: N/A
7485 MISSION VALLEY RD
STE 104A
SAN DIEGO, CA 92108
Effective as of 01-SEP-15

URBAND, LINDSEY, MD
Provider ID: N/A
8008 FROST ST STE 403
SAN DIEGO, CA 92123
Effective as of 01-JUL-19

WHEATLEY, BENJAMIN, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

WHEATLEY, BENJAMIN, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

YOUNGBLOOD, SCOT, MD
Provider ID: N/A
3750 CONVOY ST STE 201
SAN DIEGO, CA 92111
Effective as of 01-NOV-23

YOUNGBLOOD, SCOT, MD
Provider ID: N/A
3750 CONVOY ST STE 201
SAN DIEGO, CA 92111
Effective as of 01-OCT-23

YOUNGBLOOD, SCOT, MD
Provider ID: N/A
6719 ALVARADO RD STE 200
SAN DIEGO, CA 92120
Effective as of 01-OCT-23

YOUNGBLOOD, SCOT, MD
Provider ID: N/A
4910 DIRECTORS PL STE 350
SAN DIEGO, CA 92121
Effective as of 01-OCT-23

YOUNGBLOOD, SCOT, MD
Provider ID: N/A
4910 DIRECTORS PL STE 350
SAN DIEGO, CA 92121
Effective as of 01-OCT-23

YOUNGBLOOD, SCOT, MD
Provider ID: N/A
4910 DIRECTORS PL STE 350
SAN DIEGO, CA 92121
Effective as of 01-OCT-23

YOUNGBLOOD, SCOT, MD
Provider ID: N/A
4910 DIRECTORS PL STE 350
SAN DIEGO, CA 92121
Effective as of 01-OCT-23

YOUNGBLOOD, SCOT, MD
Provider ID: N/A
4910 DIRECTORS PL STE 350
SAN DIEGO, CA 92121
Effective as of 01-OCT-23

YOUNGBLOOD, SCOT, MD
Provider ID: N/A
1322 SCOTT ST STE 102
SAN DIEGO, CA 92106
Effective as of 01-AUG-15

Batra, Munish, MD
Provider ID: N/A
12264 EL CAMINO REAL
STE 101
SAN DIEGO, CA 92130
Effective as of 01-MAR-02

Chao, James, MD
Provider ID: N/A
8901 ACTIVITY RD
SAN DIEGO, CA 92126
Effective as of 01-JUL-15

Gosman, Amanda, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-NOV-21

Gosman, Amanda, MD
Provider ID: N/A
4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-NOV-21

Handler, Barry, MD
Provider ID: N/A
6699 ALVARADO RD STE 2305
SAN DIEGO, CA 92120
Effective as of 01-NOV-22

Kupfer, David, MD
Provider ID: N/A
5395 RUFFIN RD STE 201
SAN DIEGO, CA 92123
Effective as of 01-JUL-14

Nguyen, Khang, MD
Provider ID: N/A
6610 FLANDERS DR STE 101
SAN DIEGO, CA 92121
Effective as of 01-FEB-23

Surgery Thoracic

Hemp, James, MD
Provider ID: N/A
4033 3RD AVE STE 210
SAN DIEGO, CA 92103
Effective as of 01-FEB-07

Hudson, Jessica, MD
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

Surgical Oncology
C1. 网络提供者名单
专科护理医生

CHEN, STEVEN, MD†
Provider ID: N/A
8901 ACTIVITY RD
SAN DIEGO, CA 92126
Effective as of 01-JUL-15

MEHTSUN, WINTA, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JAN-22

UROLOGY

ABITBOL, JEAN JACQUES, MD†
Provider ID: N/A
5395 RUFFIN RD STE 202
SAN DIEGO, CA 92123*
Effective as of 01-NOV-21

ANGER, JENNIFER, MD†
Provider ID: N/A
4520 EXECUTIVE DR STE 360
SAN DIEGO, CA 92121
Effective as of 01-OCT-21

ANGER, JENNIFER, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-OCT-21

BASTUBA, MARTIN, MD†
Provider ID: N/A
6699 ALVARADO RD STE 2207
SAN DIEGO, CA 92120
Effective as of 01-JAN-21

BUTLER, PHILIP, MD
Provider ID: N/A
3444 KEARNY VILLA RD STE 202
SAN DIEGO, CA 92123
Effective as of 01-JUL-15

CHEN, TONY, MD†
Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-OCT-21

COHEN, EDWARD, MD†
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

DATO, PAUL, MD
Provider ID: N/A
11770 BERNARDO PLAZA CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-NOV-22

DICKS, BRIAN, MD†
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

BUTLER, PHILIP, MD
Provider ID: N/A
3444 KEARNY VILLA RD STE 201
SAN DIEGO, CA 92123
Effective as of 01-JAN-22

COHEN, EDWARD, MD†
Provider ID: N/A
3444 KEARNY VILLA RD STE 201
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

COHEN, EDWARD, MD†
Provider ID: N/A
3444 KEARNY VILLA RD STE 202
SAN DIEGO, CA 92123
Effective as of 01-FEB-24

COHEN, EDWARD, MD†
Provider ID: N/A
3444 KEARNY VILLA RD STE 201
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

COHEN, EDWARD, MD†
Provider ID: N/A
3444 KEARNY VILLA RD STE 201
SAN DIEGO, CA 92123
Effective as of 01-SEP-21

COHEN, EDWARD, MD†
Provider ID: N/A
3444 KEARNY VILLA RD STE 201
SAN DIEGO, CA 92123
Effective as of 01-FEB-24

COHEN, EDWARD, MD†
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

DATO, PAUL, MD
Provider ID: N/A
11770 BERNARDO PLAZA CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-NOV-22

DATO, PAUL, MD
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-JAN-24
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-JUL-22

DICKS, BRIAN, MD
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-SEP-15

DICKS, BRIAN, MD
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

DICKS, BRIAN, MD
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

DICKS, BRIAN, MD
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

DICKS, BRIAN, MD
Provider ID: N/A
3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-FEB-24

HOLDEN, MARC, MD
Provider ID: N/A
3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-FEB-24

HOLDEN, MARC, MD
Provider ID: N/A
11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-SEP-22

HOLDEN, MARC, MD
Provider ID: N/A
11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-OCT-22

HOLDEN, MARC, MD
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-NOV-21

HOLDEN, MARC, MD
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-FEB-24

HOLDEN, MARC, MD
Provider ID: N/A
11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-FEB-24

KATZ, JONATHAN, MD
Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-JUN-23

KEILLER, DANNY, MD
Provider ID: N/A
11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-JAN-24

KEILLER, DANNY, MD
Provider ID: N/A
3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

JEFFERSON, WILL, MD
Provider ID: N/A
3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-FEB-24

KEILLER, DANNY, MD
Provider ID: N/A
3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

KEILLER, DANNY, MD
### C1. 网络提供者名单
#### 专科护理医生

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
<th>3444 KEARNY VILLA RD STE 201</th>
<th>SAN DIEGO, CA 92123</th>
<th>Effective as of 01-FEB-24</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NGUYEN, HUNG, MD</strong>†</td>
<td>Provider ID: N/A</td>
<td>11770 BERNARDO PLAZA CT STE 270</td>
<td>SAN DIEGO, CA 92128</td>
</tr>
<tr>
<td><strong>PE, MARK-RALLY, MD</strong></td>
<td>Provider ID: N/A</td>
<td>3444 KEARNY VILLA RD STE 202</td>
<td>SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td><strong>KEILLER, DANNY, MD</strong></td>
<td>Provider ID: N/A</td>
<td>4060 4TH AVE STE 310</td>
<td>SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td><strong>NEUSTEIN, PAUL, MD</strong></td>
<td>Provider ID: N/A</td>
<td>3444 KEARNY VILLA RD STE 202</td>
<td>SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td><strong>NEUSTEIN, PAUL, MD</strong></td>
<td>Provider ID: N/A</td>
<td>4060 4TH AVE STE 310</td>
<td>SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td><strong>NEUSTEIN, PAUL, MD</strong></td>
<td>Provider ID: N/A</td>
<td>3444 KEARNY VILLA RD STE 202</td>
<td>SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td><strong>NGUYEN, HUNG, MD</strong></td>
<td>Provider ID: N/A</td>
<td>3444 KEARNY VILLA RD STE 202</td>
<td>SAN DIEGO, CA 92123</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

SALEM, CAROL, MD†
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-JUL-22

SALEM, CAROL, MD†
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-NOV-21

SALEM, CAROL, MD†
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-OCT-19

SALEM, CAROL, MD†
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

SALEM, CAROL, MD†
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-SEP-22

SALEM, CAROL, MD
Provider ID: N/A
11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-JAN-24

SALEM, CAROL, MD
Provider ID: N/A
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-AUG-23

SALEM, CAROL, MD²
Provider ID: N/A
3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-FEB-24

SALMASI, AMIRALI, MD
Provider ID: N/A
3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-JUL-21

SALMASI, AMIRALI, MD²
Provider ID: N/A
3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

SALMASI, AMIRALI, MD
Provider ID: N/A
3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-FEB-24

SALMASI, AMIRALI, MD
Provider ID: N/A
3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

SALEMAURO, MICHAEL, MD†
Provider ID: N/A
3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

SALEMAURO, MICHAEL, MD†
Provider ID: N/A
3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-AUG-23

SALEMAURO, MICHAEL, MD†
Provider ID: N/A
3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-JUN-21

SALEMAURO, MICHAEL, MD†
Provider ID: N/A
3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-JUL-21

SALEMAURO, MICHAEL, MD†
Provider ID: N/A
3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-NOV-22

SALEMAURO, MICHAEL, MD†
Provider ID: N/A
3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-NOV-22

SHEETZ, TYLER, MD
Provider ID: N/A
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNTERBERG, STEPHEN, MD†</td>
<td>N/A</td>
<td>200 W ARBOR DR</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>VAPNEK, EVAN, MD†</td>
<td>N/A</td>
<td>3444 KEARNY VILLA RD</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>VAPNEK, EVAN, MD</td>
<td>N/A</td>
<td>4033 3RD AVE STE 400</td>
<td>01-SEP-21</td>
</tr>
</tbody>
</table>

* Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.*

To access a listing of mental health providers online, visit blueshieldca.com/fad.
VAPNEK, EVAN, MD  
Provider ID: N/A  
230 PROSPECT PL STE 210  
SAN DIEGO, CA 92118  
Effective as of 01-JAN-24

WANG, LUKE, MD  
Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

YUH, BENJAMIN, MD†  
Provider ID: N/A  
3444 KEARNY VILLA RD STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

YUH, BENJAMIN, MD†  
Provider ID: N/A  
11770 BERNARDO PLAZA CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

ADDICTIVE MEDICINE  
NAFICY, K, MD†  
Provider ID: N/A  
30448 RANCHO VIEJO RD STE 150  
SAN JUAN CAPISTRANO, CA 92675  
Teleservice  
Effective as of 01-MAY-21

CLINICAL  
NEUROPSYCHOLOGIST  
HOCHBERGER, WILLIAM, PhD  
Provider ID: N/A  
29122 RANCHO VIEJO RD STE 102G  
SAN JUAN CAPISTRANO, CA 92675  
Effective as of 01-OCT-20

FAMILY PRACTICE  
LEWIS, GEORGE, MD  
Provider ID: N/A  
31001 RANCHO VIEJO RD STE 200  
SAN JUAN CAPISTRANO, CA 92675  
Effective as of 01-AUG-23

LEWIS, GEORGE, MD  
Provider ID: N/A  
31001 RANCHO VIEJO RD STE 200  
SAN JUAN CAPISTRANO, CA 92675  
Effective as of 01-AUG-23

LEWIS, GEORGE, MD  
Provider ID: N/A  
31001 RANCHO VIEJO RD STE 200  
SAN JUAN CAPISTRANO, CA 92675  
Effective as of 01-AUG-23

OBZEJTÄ, NATALIA, MD†  
Provider ID: N/A  
30230 RANCHO VIEJO RD STE 200  
SAN JUAN CAPISTRANO, CA 92675  
Effective as of 01-APR-22

OBZEJTÄ, NATALIA, MD†  
Provider ID: N/A  
31001 RANCHO VIEJO RD STE 200  
SAN JUAN CAPISTRANO, CA 92675  
Effective as of 01-APR-22

OBZEJTÄ, NATALIA, MD†  
Provider ID: N/A  
31001 RANCHO VIEJO RD STE 200  
SAN JUAN CAPISTRANO, CA 92675  
Effective as of 01-APR-22
<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter Peterson, Tyler DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-APR-22</td>
</tr>
<tr>
<td>Peter Peterson, Tyler DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>Peter Peterson, Tyler DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>Peter Peterson, Tyler DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>Peter Peterson, Tyler DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>Peter Peterson, Tyler DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>Peter Peterson, Tyler DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>Peter Peterson, Tyler DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>Peter Peterson, Tyler DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>Peter Peterson, Tyler DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-JUN-17</td>
</tr>
<tr>
<td>Peter Peterson, Tyler DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>Peter Peterson, Tyler DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>Peter Peterson, Tyler DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-NOV-22</td>
</tr>
</tbody>
</table>

**Rad, Shervin, MD**

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rad, Shervin, MD</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-APR-22</td>
</tr>
<tr>
<td>Rad, Shervin, MD</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>Rad, Shervin, MD</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-JAN-24</td>
</tr>
</tbody>
</table>

**Takhar, Jasmine, DO**

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takhar, Jasmine, DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>Takhar, Jasmine, DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-OCT-23</td>
</tr>
<tr>
<td>Takhar, Jasmine, DO</td>
<td>N/A</td>
<td>31001 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-OCT-20</td>
</tr>
</tbody>
</table>

**Kohli, Sanjiv, MD**

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kohli, Sanjiv, MD</td>
<td>N/A</td>
<td>30230 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-SEP-19</td>
</tr>
<tr>
<td>Kohli, Sanjiv, MD</td>
<td>N/A</td>
<td>30230 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-SEP-19</td>
</tr>
<tr>
<td>Kohli, Sanjiv, MD</td>
<td>N/A</td>
<td>30230 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>Kohli, Sanjiv, MD</td>
<td>N/A</td>
<td>30230 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>Kohli, Sanjiv, MD</td>
<td>N/A</td>
<td>30230 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-JUN-17</td>
</tr>
<tr>
<td>Kohli, Sanjiv, MD</td>
<td>N/A</td>
<td>30230 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-NOV-22</td>
</tr>
</tbody>
</table>

**Kohli, Sanjiv, MD**

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kohli, Sanjiv, MD</td>
<td>N/A</td>
<td>30230 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>Kohli, Sanjiv, MD</td>
<td>N/A</td>
<td>30230 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-OCT-20</td>
</tr>
<tr>
<td>Kohli, Sanjiv, MD</td>
<td>N/A</td>
<td>30230 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-JUN-17</td>
</tr>
</tbody>
</table>

**Kohli, Sanjiv, MD**

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kohli, Sanjiv, MD</td>
<td>N/A</td>
<td>30230 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-NOV-22</td>
</tr>
</tbody>
</table>

**Kohli, Sanjiv, MD**

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kohli, Sanjiv, MD</td>
<td>N/A</td>
<td>30230 Rancho Viejo Rd Ste 200</td>
<td>San Juan Capistrano</td>
<td>CA</td>
<td>92675</td>
<td>01-NOV-22</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

SOONG, YEN-HUI, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-NOV-22

INTERNAL MEDICINE
CRITICAL CARE MEDICINE

KALE, RAHUL, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-JUN-17

KALE, RAHUL, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-OCT-20

KALE, RAHUL, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-OCT-20

KOHLI, SANJIVAN, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-SEP-19

PANG, JASON, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-DEC-14

Lee, Brian, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-JUN-22

Lee, Brian, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-OCT-20

PANG, JASON, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-OCT-20

Lee, Brian, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-NOV-14

OPHTHALMOLOGY

Kim, Esther, MD
Provider ID: N/A
31451 RANCHO VIEJO RD
STE 101
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-JAN-23

Kim, Esther, MD
Provider ID: N/A
31451 RANCHO VIEJO RD
STE 101
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-OCT-23
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Provider ID</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILLIAMS, MARK, MD</td>
<td></td>
<td>31451 RANCHO VIEJO RD</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td>N/A</td>
<td>Effective as of 01-DEC-23</td>
</tr>
<tr>
<td>WILLIAMS, MARK, MD</td>
<td></td>
<td>31451 RANCHO VIEJO RD</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td>N/A</td>
<td>Effective as of 01-DEC-23</td>
</tr>
<tr>
<td>WILLIAMS, MARK, MD</td>
<td></td>
<td>31451 RANCHO VIEJO RD</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td>N/A</td>
<td>Effective as of 01-DEC-23</td>
</tr>
<tr>
<td>ANGAROLA, JEFF, DPM</td>
<td>PODIATRIST</td>
<td>31001 RANCHO VIEJO RD</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td>N/A</td>
<td>Effective as of 01-JAN-22</td>
</tr>
<tr>
<td>ANGAROLA, JEFF, DPM</td>
<td>PODIATRIST</td>
<td>31001 RANCHO VIEJO RD</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td>N/A</td>
<td>Effective as of 01-JAN-22</td>
</tr>
<tr>
<td>ANGAROLA, JEFF, DPM</td>
<td>PODIATRIST</td>
<td>31001 RANCHO VIEJO RD</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td>N/A</td>
<td>Effective as of 01-JAN-22</td>
</tr>
<tr>
<td>KURKJIAN, AZAD, MD†</td>
<td>PSYCHIATRY</td>
<td>31001 RANCHO VIEJO RD</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td>N/A</td>
<td>Effective as of 01-MAY-18</td>
</tr>
<tr>
<td>KURKJIAN, AZAD, MD†</td>
<td>PSYCHIATRY CHILD</td>
<td>31001 RANCHO VIEJO RD</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td>N/A</td>
<td>Effective as of 01-MAY-18</td>
</tr>
<tr>
<td>KURKJIAN, AZAD, MD†</td>
<td>PSYCHIATRY CHILD</td>
<td>31001 RANCHO VIEJO RD</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td>N/A</td>
<td>Effective as of 01-MAY-18</td>
</tr>
<tr>
<td>KURKJIAN, AZAD, MD†</td>
<td>PSYCHIATRY</td>
<td>31001 RANCHO VIEJO RD</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td>N/A</td>
<td>Effective as of 01-MAY-18</td>
</tr>
<tr>
<td>KURKJIAN, AZAD, MD†</td>
<td>PSYCHIATRY</td>
<td>31001 RANCHO VIEJO RD</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td>N/A</td>
<td>Effective as of 01-MAY-18</td>
</tr>
<tr>
<td>KALINIAN, HAYGOUSH, PhD</td>
<td></td>
<td>30290 RANCHO VIEJO RD</td>
<td>STE 104</td>
<td>N/A</td>
<td>Effective as of 01-DEC-20</td>
</tr>
<tr>
<td>KALINIAN, HAYGOUSH, PhD</td>
<td></td>
<td>30320 RANCHO VIEJO RD</td>
<td>STE 102</td>
<td>N/A</td>
<td>Effective as of 01-AUG-23</td>
</tr>
<tr>
<td>KALINIAN, HAYGOUSH, PhD</td>
<td></td>
<td>30290 RANCHO VIEJO RD</td>
<td>STE 104</td>
<td>N/A</td>
<td>Effective as of 01-AUG-23</td>
</tr>
<tr>
<td>KALINIAN, HAYGOUSH, PhD</td>
<td></td>
<td>30320 RANCHO VIEJO RD</td>
<td>STE 102</td>
<td>N/A</td>
<td>Effective as of 01-AUG-23</td>
</tr>
</tbody>
</table>

*Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.*

*You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.*

*To access a listing of mental health providers online, visit blueshieldca.com/fad.*
C1. 网络提供者名单
专科护理医生

PULMONARY DISEASES
KALE, RAHUL, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-JUN-17

KALE, RAHUL, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-JAN-18

KOHLI, SANJIVAN, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-JAN-20

KOHLI, SANJIVAN, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-JUNE-17

KOHLI, SANJIVAN, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-OCT-19

KOHLI, SANJIVAN, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-DEC-22

PATEL, JAY, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Teleservice
Effective as of 01-OCT-22

PATEL, JAY, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Teleservice
Effective as of 01-JAN-19

PATEL, JAY, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Teleservice
Effective as of 01-JAN-20

PATEL, JAY, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Teleservice
Effective as of 01-JUNE-17

PATEL, JAY, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Teleservice
Effective as of 01-JUN-23
C1. 网络提供者名单
专科护理医生

STE 200
SAN JUAN CAPISTRANO,
CA 92675
Teleservice
Effective as of 01-NOV-22

PATEL, JAY, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Teleservice
Effective as of 01-DEC-22

REZVAN, KAVEH, DO†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-AUG-18

REZVAN, KAVEH, DO†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-AUG-18

REZVAN, KAVEH, DO†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-OCT-20

SOONG, YEN-HUI, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-DEC-23

SOONG, YEN-HUI, MD†
Provider ID: N/A
30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-DEC-21

YEAM, INCHEL, MD†
Provider ID: N/A
31001 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-SEP-20

SOHN, ROGER, MD†
Provider ID: N/A
31920 DEL OBISPO ST STE
170
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-OCT-16

YEAM, INCHEL, MD†
Provider ID: N/A
31920 DEL OBISPO ST STE
170
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-OCT-16

SOHN, ROGER, MD†
Provider ID: N/A
31001 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-OCT-16

SURGERY HAND

SOHN, ROGER, MD†
Provider ID: N/A
31920 DEL OBISPO ST STE
170
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-OCT-16

YEAM, INCHEL, MD†
Provider ID: N/A
31920 DEL OBISPO ST STE
170
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-OCT-16

SOHN, ROGER, MD†
Provider ID: N/A
31920 DEL OBISPO ST STE
170
SAN JUAN CAPISTRANO,
CA 92675
C1. 网络提供者名单
专科护理医生

**SURGERY ORTHOPEDIC**

**GVOZDYEV, BORYS, MD**
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-SEP-20

**GVOZDYEV, BORYS, MD**
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-AUG-20

**GVOZDYEV, BORYS, MD**
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-JAN-23

**GVOZDYEV, BORYS, MD**
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-OCT-23

**GVOZDYEV, BORYS, MD**
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-AUG-20

**HUO, KEUN-HENG, MD**
Provider ID: N/A
31920 DEL OBISPO ST STE 92675
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-AUG-20

**KIM-ORDEN, MICHAEL, MD**
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-APR-23

**KIM-ORDEN, MICHAEL, MD**
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-OCT-23

**KIM-ORDEN, MICHAEL, MD**
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-MAR-23

**KIM-ORDEN, MICHAEL, MD**
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-OCT-23

**LEE, RICHARD, MD**
Provider ID: N/A
30230 RANCHO VIEJO RD
C1. 网络提供者名单

专科护理医生

SOHN, ROGER, MD†
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-OCT-23

SOHN, ROGER, MD†
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-SEP-21

SOHN, ROGER, MD†
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-FEB-20

SOHN, ROGER, MD†
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-JAN-21

SOHN, ROGER, MD†
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-SEP-22

SOHN, ROGER, MD†
Provider ID: N/A
31920 DEL OBISPO ST STE 170
SAN JUAN CAPISTRANO, CA 92675
Effective as of 01-JUL-23

SHAH, ABHISHEK, MD†
Provider ID: N/A
955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Effective as of 01-SEP-22

CARLSON, STEVEN, MD†
Provider ID: N/A
955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Teleservice
Effective as of 01-SEP-22

CARLSON, STEVEN, MD†
Provider ID: N/A
955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Teleservice
Effective as of 01-JAN-23

MOHAMEDALI, BURHAN, MD†
Provider ID: N/A
955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Teleservice
Effective as of 01-SEP-22

NARAYANAN, MEENA, MD†
Provider ID: N/A
955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Teleservice
Effective as of 01-SEP-22

PARikh, MILIND, DO†
<table>
<thead>
<tr>
<th>Provider</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARSAM, Luay, MD</td>
<td>N/A</td>
<td>955 Boardwalk Ste 100</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>SARSAM, Luay, MD</td>
<td>N/A</td>
<td>955 Boardwalk Ste 100</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>Shah, Kulin, MD</td>
<td>N/A</td>
<td>955 Boardwalk Ste 100</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>Shah, Abhishek, MD</td>
<td>N/A</td>
<td>955 Boardwalk Ste 100</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>Sudhakar, Deepthi, MD</td>
<td>N/A</td>
<td>955 Boardwalk Ste 100</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>Certified Acupuncturist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonzalez, Andres, LAC</td>
<td>N/A</td>
<td>1595 Grand Ave Ste 100</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>Certified Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andrew, Shirley, NP</td>
<td>N/A</td>
<td>838 Nordahl Rd Ste 300</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>Mrosok, Michelle, NP</td>
<td>N/A</td>
<td>838 Nordahl Rd Ste 300</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>Mooney, Patricia, NP</td>
<td>N/A</td>
<td>838 Nordahl Rd Ste 300</td>
<td>01-JUL-24</td>
</tr>
<tr>
<td>Mooney, Patricia, NP</td>
<td>N/A</td>
<td>838 Nordahl Rd Ste 300</td>
<td>01-NOV-22</td>
</tr>
<tr>
<td>Mrosok, Michelle, NP</td>
<td>N/A</td>
<td>838 Nordahl Rd Ste 300</td>
<td>01-MAY-21</td>
</tr>
<tr>
<td>Mrosok, Michelle, NP</td>
<td>N/A</td>
<td>838 Nordahl Rd Ste 300</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>Mrosok, Michelle, NP</td>
<td>N/A</td>
<td>838 Nordahl Rd Ste 300</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>Parson, Mekrae, NP</td>
<td>N/A</td>
<td>150 Valpreda Rd</td>
<td>01-DEC-23</td>
</tr>
</tbody>
</table>
VAHDAT, VALERIE, NP
Provider ID: N/A
2085 MONTIEL RD STE 102
SAN MARCOS, CA 92069
Effective as of 01-NOV-22

VICK, ALINA, NP
Provider ID: N/A
314 S TWIN OAKS VALLEY
RD STE 114
SAN MARCOS, CA 92078
Teleservice
Effective as of 01-NOV-23

WILLEY, MARTI, NP
Provider ID: N/A
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-JUN-21

CERTIFIED REGISTERED NURSE MIDWIFE
BELANGER, TANYA, CRNM
Provider ID: N/A
150 VALPREDA RD
SAN MARCOS, CA 92069
Effective as of 01-JUL-22

MATEO, MARIE, CRNM
Provider ID: N/A
150 VALPREDA RD
SAN MARCOS, CA 92069
Effective as of 01-JUL-21

CHIROPRACTOR
HINES, TAYTE, DC
Provider ID: N/A
2085 MONTIEL RD STE 102
SAN MARCOS, CA 92069
Effective as of 01-JAN-24

JEPPSESEN, LANCE, DC
Provider ID: N/A
1146 SAN MARINO DR STE L
SAN MARCOS, CA 92078
Effective as of 01-JAN-01

MAUSER, JILL ELLEN, DC
Provider ID: N/A
1146 SAN MARINO DR
SAN MARCOS, CA 92078
Effective as of 01-JUN-21

TRAINER, JASON, DC
Provider ID: N/A
1595 GRAND AVE STE 100
SAN MARCOS, CA 92078
Effective as of 01-MAR-24

TRAINER, JASON, DC²
Provider ID: N/A
150 VALPREDA RD
SAN MARCOS, CA 92069
Effective as of 01-JUL-22

VENKAT, ARUN, MD
Provider ID: N/A
838 NORDAHL RD STE 250
SAN MARCOS, CA 92069
Effective as of 01-JUL-22

VENKAT, ARUN, MD²
Provider ID: N/A
838 NORDAHL RD STE 250
SAN MARCOS, CA 92069
Effective as of 01-MAR-17

VENKAT, ARUN, MD²
Provider ID: N/A
838 NORDAHL RD STE 250
SAN MARCOS, CA 92069
Effective as of 01-AUG-20

VENKAT, ARUN, MD²
Provider ID: N/A
838 NORDAHL RD STE 250
SAN MARCOS, CA 92069
Effective as of 01-SEP-22

FAMILY PRACTICE
NATH, DEVARSHI, MD
Provider ID: N/A
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Effective as of 01-FEB-23

HEMATOLOGY / ONCOLOGY
BESSUDO, ALBERTO, MD²
Provider ID: N/A
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-JAN-21

BESSUDO, ALBERTO, MD²
Provider ID: N/A
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-JAN-21
C1. 网络提供者名单
专科护理医生

- 838 NORDAHL RD STE 300
  SAN MARCOS, CA 92069
  Teleservice
  Effective as of 01-NOV-21

**KOSMO, MICHAEL, MD**
Provider ID: N/A
- 838 NORDAHL RD STE 300
  SAN MARCOS, CA 92069
  Teleservice
  Effective as of 01-JAN-21

**MARJON, PHILIP, MD**
Provider ID: N/A
- 838 NORDAHL RD STE 300
  SAN MARCOS, CA 92069
  Teleservice
  Effective as of 01-APR-24

**SINCLAIR, JAMES, MD**
Provider ID: N/A
- 838 NORDAHL RD STE 300
  SAN MARCOS, CA 92069
  Effective as of 01-OCT-22

**INTERNAL MEDICINE**

**NARAYANAN, MEENA, MD**
Provider ID: N/A
- 955 BOARDWALK STE 100
  SAN MARCOS, CA 92078
  Effective as of 01-JAN-21

**PONIACHIK, SAMUEL, MD**
Provider ID: N/A
- 1595 GRAND AVE STE 100
  SAN MARCOS, CA 92078
  Effective as of 01-JUN-23

**INTERVENTIONAL CARDIOLOGY**

**DO, HULBERT, MD**
Provider ID: N/A
- 150 VALPREDA RD
  SAN MARCOS, CA 92069
  Effective as of 01-AUG-22

**JOHN, ALAN, MD**
Provider ID: N/A
- 955 BOARDWALK STE 100
  SAN MARCOS, CA 92078
  Effective as of 01-MAY-23

**MOHAMEDALI, BURHAN, MD**
Provider ID: N/A
- 955 BOARDWALK STE 100
  SAN MARCOS, CA 92078
  Teleservice
  Effective as of 01-JAN-21

**PARIKH, MILIND, DO**
Provider ID: N/A
- 150 VALPREDA RD
  SAN MARCOS, CA 92069
  Effective as of 01-SEP-22

**RUBIO GARCIA, MANOLO, MD**
Provider ID: N/A
- 955 BOARDWALK STE 100
  SAN MARCOS, CA 92078
  Teleservice
  Effective as of 01-OCT-22

**LICENSED CLINICAL SOCIAL WORKER**

**MARTINEZ, NORAYMA, LCSW**
Provider ID: N/A
- 1510 E MISSION RD STE RV035
  SAN MARCOS, CA 92069
  Effective as of 01-APR-23

**MEDICAL ONCOLOGY**

**FRAKES, LAURIE, MD**
Provider ID: N/A
- 838 NORDAHL RD STE 300
  SAN MARCOS, CA 92069
  Teleservice
  Effective as of 01-NOV-22

**FRAKES, LAURIE, MD**
Provider ID: N/A
- 838 NORDAHL RD STE 300
  SAN MARCOS, CA 92069
  Teleservice
  Effective as of 01-OCT-22

**MCCLAY, EDWARD, MD**
Provider ID: N/A
- 838 NORDAHL RD STE 300
  SAN MARCOS, CA 92069
Nephrology

Afshar, Masoud, MD
Provider ID: N/A
960 W San Marcos Blvd
Ste 210
San Marcos, CA 92078
Teleservice
Effective as of 01-May-22

Afshar, Masoud, MD
Provider ID: N/A
960 W San Marcos Blvd
Ste 210
San Marcos, CA 92078
Teleservice
Effective as of 01-Oct-23

Kayal, Anas, MD
Provider ID: N/A
838 Nordaahl Rd Ste 200
San Marcos, CA 92069
Teleservice
Effective as of 01-Mar-24

Kayal, Anas, MD
Provider ID: N/A
838 Nordaahl Rd Ste 200
San Marcos, CA 92069
Teleservice
Effective as of 01-Aug-23

Marek, Maksym, MD
Provider ID: N/A
838 Nordaahl Rd Ste 200
San Marcos, CA 92069
Teleservice
Effective as of 01-Oct-23

Marek, Maksym, MD
Provider ID: N/A
838 Nordaahl Rd Ste 200
San Marcos, CA 92069
Teleservice
Effective as of 01-March-24

McGehrin, Kevin, MD
Provider ID: N/A
838 Nordaahl Rd Ste 200
San Marcos, CA 92069
Teleservice
Effective as of 01-Aug-23

Oleski, Klari, DO
Provider ID: N/A
838 Nordaahl Rd Ste 200
San Marcos, CA 92069

Neurology

Anders, Aziz, MD
Provider ID: N/A
838 Nordahl Rd Ste 310
San Marcos, CA 92069
Effective as of 01-December-22

Gupta, Monika, MD
Provider ID: N/A
838 Nordahl Rd Ste 200
San Marcos, CA 92069
Effective as of 01-June-22

Hossein Zadeh Maleki, Ana, MD
Provider ID: N/A
838 Nordahl Rd Ste 200
San Marcos, CA 92069
Teleservice
Effective as of 01-October-23

Hossein Zadeh Maleki, Ana, MD
Provider ID: N/A
838 Nordahl Rd Ste 200
San Marcos, CA 92069
Teleservice
Effective as of 01-March-24

Huisa-Garate, Branko, MD
Provider ID: N/A
838 Nordahl Rd Ste 200
San Marcos, CA 92069
Teleservice
Effective as of 01-December-22

Huisa-Garate, Branko, MD
Provider ID: N/A
838 Nordahl Rd Ste 200
San Marcos, CA 92069
Teleservice
Effective as of 01-December-22

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单

专科护理医生

Effective as of 01-JUN-22

PHAM, ALISE, DO
Provider ID: N/A
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-JUN-22

PHAM, ALISE, DO
Provider ID: N/A
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-AUG-23

SILVER, BRENT, MD†
Provider ID: N/A
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-MAR-24

SORIA LOPEZ, JOSE, MD†
Provider ID: N/A
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Effective as of 01-DEC-22

WU, MELANIE, DO†
Provider ID: N/A
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Effective as of 01-JUN-22

OBSTETRICS / GYNECOLOGY

CIZMAR, BRANISLAV, MD
Provider ID: N/A
120 CRAVEN RD STE 101
SAN MARCOS, CA 92078
Effective as of 01-JAN-23

POUNTEY, MARLENE, MD†
Provider ID: N/A
150 VALPREDA RD
SAN MARCOS, CA 92069
Effective as of 01-JUL-22

POUNTEY, MARLENE, MD†
Provider ID: N/A
150 VALPREDA RD
SAN MARCOS, CA 92069
Effective as of 01-APR-14

OPHTHALMOLOGY

GARFF, KEVIN, MD†
Provider ID: N/A
100 N RANCHO SANTA FE RD STE 126
SAN MARCOS, CA 92069
Effective as of 01-MAR-24

GUAN, HOWARD, MD
Provider ID: N/A
100 N RANCHO SANTA FE RD STE 126
SAN MARCOS, CA 92069
Effective as of 01-FEB-24

PRESTERA, TORY, MD†
Provider ID: N/A
100 N RANCHO SANTA FE RD STE 126
SAN MARCOS, CA 92069
Effective as of 01-JUL-22

PRESTERA, TORY, MD†
Provider ID: N/A
100 N RANCHO SANTA FE RD STE 126
SAN MARCOS, CA 92069
Effective as of 01-FEB-23

PRESTERA, TORY, MD†
Provider ID: N/A
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Effective as of 01-FEB-23

BASIN, NATALIE, PA
Provider ID: N/A
838 NORDAHL RD STE 250
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-AUG-23

BERCER, JANTIMA, PA
Provider ID: N/A
838 NORDAHL RD STE 250
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-APR-24

BERNARDO, RACHELLE, PA
Provider ID: N/A
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Effective as of 01-FEB-23

ESCALANTE, JUVY, PA
Provider ID: N/A
2085 MONTEL RD STE 102
SAN MARCOS, CA 92069
Effective as of 01-FEB-23
C1. 网络提供者名单
专科护理医生

POLLEY, SHANNON, PA
Provider ID: N/A
150 VALPREDA RD
SAN MARCOS, CA 92069
Effective as of 01-MAR-23

SERING, MALIA, PA†
Provider ID: N/A
838 NORDAHL RD STE 250
SAN MARCOS, CA 92069
Effective as of 01-SEP-22

PODIATRIST

FARMER, STEVEN, DPM
Provider ID: N/A
2085 MONTIEL RD STE 102
SAN MARCOS, CA 92069
Effective as of 01-JAN-24

PHAM, ALISE, DO
Provider ID: N/A
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-AUG-23

LOVE, YVONNE, PSYD
Provider ID: N/A
2085 MONTIEL RD STE 102
SAN MARCOS, CA 92069
Effective as of 01-JUL-23

REGISTERED PHYSICAL THERAPIST

BOUTELLE, DAVID, PT
Provider ID: N/A
935 W SAN MARCOS BLVD STE 102
SAN MARCOS, CA 92078
Effective as of 01-JAN-24

BOUTELLE, BARBARA, PT
Provider ID: N/A
935 W SAN MARCOS BLVD STE 102
SAN MARCOS, CA 92078
Effective as of 01-JAN-24

SPURRELL, KATHRYN, PT
Provider ID: N/A

PSYCHOLOGIST

CARLTON PENN, CORNELIA, PhD
Provider ID: N/A
1510 E MISSION RD SPC RV035
SAN MARCOS, CA 92069
Effective as of 01-NOV-22

CARLTON PENN, CORNELIA, PhD
Provider ID: N/A
1510 E MISSION RD SPC RV035
SAN MARCOS, CA 92069
Effective as of 01-NOV-22

PHAM, ALISE, DO
Provider ID: N/A
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-MAR-24

PHAM, ALISE, DO
Provider ID: N/A
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-AUG-23

PHAM, ALISE, DO
Provider ID: N/A
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-MAR-24

PHAM, ALISE, DO
Provider ID: N/A
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-AUG-23

PHAM, ALISE, DO
Provider ID: N/A
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-MAR-24

PHAM, ALISE, DO
Provider ID: N/A
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-MAR-24

PHAM, ALISE, DO
Provider ID: N/A
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-NOV-22
C1. 网络提供者名单

专科护理医生

- **RHEUMATOLOGY**
  - AL NAHLAWI, BASMA, MD†
    - Provider ID: N/A
    - 334 VIA VERA CRUZ STE 251
      SAN MARCOS, CA 92078
    - Teleservice
    - Effective as of 01-JUL-22
  - AL NAHLAWI, BASMA, MD†
    - Provider ID: N/A
    - 334 VIA VERA CRUZ STE 251
      SAN MARCOS, CA 92078
    - Teleservice
    - Effective as of 01-OCT-21

- **CARDIOVASCULAR DISEASE**
  - AIZIN, VITALI, MD†
    - Provider ID: N/A
    - 4630 BORDER VILLAGE RD STE H
      SAN YSIDRO, CA 92173
    - Effective as of 01-JAN-21

- **CERTIFIED NURSE PRACTITIONER**
  - CELIZ, ADRIANA, NP†
    - Provider ID: N/A
    - 3364 BEYER BLVD
      SAN YSIDRO, CA 92173
    - Effective as of 01-OCT-23
  - DRISCOLL, SUSAN, NP†
    - Provider ID: N/A
    - 3364 BEYER BLVD
      SAN YSIDRO, CA 92173
    - Effective as of 01-OCT-22

- **ANESTHESIOLOGY**
  - FONTANA, LOUIS, MD†
    - Provider ID: N/A
    - 4004 BEYER BLVD
      SAN YSIDRO, CA 92173
    - Effective as of 01-APR-23

- **FAMILY PRACTICE**
  - ALVAREZ-ESTRADA, MIGUEL, MD†
    - Provider ID: N/A
    - 4050 BEYER BLVD
      SAN YSIDRO, CA 92173
    - Effective as of 01-DEC-22
  - ARRIETA, NOEMI, DO
    - Provider ID: N/A
    - 4004 BEYER BLVD
      SAN YSIDRO, CA 92173
    - Teleservice
    - Effective as of 01-APR-23
  - CORONADO, MYRNA, MD†
    - Provider ID: N/A
    - 4004 BEYER BLVD
      SAN YSIDRO, CA 92173
    - Teleservice

*Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.*
Effective as of 01-APR-23

CORONADO, MYRNA, MD
Provider ID: N/A

4050 BEYER BLVD
SAN YSIDRO, CA 92173

CORONADO, MYRNA, MD
Provider ID: N/A

4050 BEYER BLVD
SAN YSIDRO, CA 92173

INFECTIOUS DISEASE

ALDOUS, JEANNETTE, MD
Provider ID: N/A

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

DALUGDUGAN, ESTHER, MD
Provider ID: N/A

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Effective as of 01-NOV-23

ESTRADA, JOHANNA, MD
Provider ID: N/A

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

EFFECTIVE AS OF 01-APR-23

ROJAS, STEVEN, MD
Provider ID: N/A

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Effective as of 01-MAY-23

STALEY, MICHAELA, MD
Provider ID: N/A

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Effective as of 01-NOV-23

VAN PRATT LEVIN, AISHA, MD
Provider ID: N/A

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Effective as of 01-JAN-24

GENERAL PRACTICE

GARCIA-SANDOVAL, DAMARIS, MD
Provider ID: N/A

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-SEP-22

LAD, NIKISHA, LCSW
Provider ID: N/A

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Effective as of 01-APR-24

LOPEZ, MARIBEL, LCSW
Provider ID: N/A

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Effective as of 01-APR-23

WINSHIP, KATHERINE, LCSW
Provider ID: N/A

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Effective as of 01-APR-24

MARRIAGE FAMILY THERAPIST

ALVAREZ, IRAIDA, MFT
Provider ID: N/A

1666 PRECISION PARK LN
SAN YSIDRO, CA 92173

Effective as of 01-DEC-22

BALTRUS, JUSTINE, MFT
Provider ID: N/A

1666 PRECISION PARK LN
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-NOV-22

BURCIAGA, HENRY, MFT
Provider ID: N/A

1666 PRECISION PARK LN
SAN YSIDRO, CA 92173

Effective as of 01-FEB-24
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ESTAVILLO, SAUL, MFT</td>
<td>N/A</td>
<td>1666 PRECISION PARK LN</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td>JIMENEZ, NANCY, MFT</td>
<td>N/A</td>
<td>1666 PRECISION PARK LN</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>NEONATAL / PERINATAL MEDICINE</td>
<td>GOMEZ, DANIELA, MD</td>
<td>N/A</td>
<td>4050 BEYER BLVD</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td></td>
<td>GOMEZ, DANIELA, MD</td>
<td>N/A</td>
<td>4004 BEYER BLVD STE 400</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td></td>
<td>DANESHMAND, SHAHRAM, MD†</td>
<td>N/A</td>
<td>4050 BEYER BLVD</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td></td>
<td>DANESHMAND, SHAHRAM, MD†</td>
<td>N/A</td>
<td>4050 BEYER BLVD</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td></td>
<td>DINH, MY, DO†</td>
<td>N/A</td>
<td>4050 BEYER BLVD</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>NEPHROLOGY</td>
<td>SOLTERO, RICARDO, MD†</td>
<td>N/A</td>
<td>4004 BEYER BLVD</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td></td>
<td>GOLDSSTEIN, EDWARD, MD†</td>
<td>N/A</td>
<td>4050 BEYER BLVD</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>OBSTETRICS / GYNECOLOGY</td>
<td>BERGGREN, ERICA, MD†</td>
<td>N/A</td>
<td>4050 BEYER BLVD</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td></td>
<td>TAYLOR, TASHA, MD†</td>
<td>N/A</td>
<td>4050 BEYER BLVD</td>
<td>01-JUL-22</td>
</tr>
</tbody>
</table>

*Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.*

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

**PHYSICIANS ASSISTANT**

**BUCKNER, JOSEPH, PA**  
Provider ID: N/A  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-22

**HARMIS, NATASHA, PA**  
Provider ID: N/A  
3364 BEYER BLVD STE 102  
SAN YSIDRO, CA 92173  
Effective as of 01-MAY-21

**MARTINEZ MURGUIA, IRENE, PA**  
Provider ID: N/A  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-24

**PORTO MADURSKI, KRISTINE, PA**  
Provider ID: N/A  
4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-24

**PODIATRIST**

**MANCHEL, BRUCE, DPM**  
Provider ID: N/A  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**PSYCHIATRY**

**BERGGREN, ERICA, MD**  
Provider ID: N/A  
4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**SPEECH PATHOLOGIST**

**HILL, CARLA, SP**  
Provider ID: N/A  
717
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERNAL MEDICINE</td>
<td><strong>CHAUDHRI, YASHWANT, MD</strong></td>
<td>N/A</td>
<td>8770 CUYAMACA ST STE 4</td>
<td>01-MAY-22</td>
</tr>
<tr>
<td></td>
<td><strong>ROSENFIELD, ALAN, MD</strong></td>
<td>N/A</td>
<td>4004 BEYER BLVD</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>SURGERY ORTHOPEDIC</td>
<td><strong>SALEM, CAROL, MD</strong></td>
<td>N/A</td>
<td>120 TOWN CENTER PKWY</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>UROLOGY</td>
<td><strong>KELCHNER, MATTHEW, DC</strong></td>
<td>N/A</td>
<td>9456 CUYAMACA ST STE 102</td>
<td>01-DEC-22</td>
</tr>
<tr>
<td>CHIROPRACTOR</td>
<td><strong>REDDY, ANANTHRAM, MD</strong></td>
<td>N/A</td>
<td>8770 CUYAMACA ST STE 4</td>
<td>01-MAY-22</td>
</tr>
<tr>
<td>GASTROENTEROLOGY</td>
<td><strong>BOUTELLE, DAVID, PT</strong></td>
<td>N/A</td>
<td>9830 PROSPECT AVE STE A</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>PEDIATRICS</td>
<td><strong>IKE, ERICA, DO</strong></td>
<td>N/A</td>
<td>9456 CUYAMACA ST STE 102</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>PHYSICIANS ASSISTANT</td>
<td><strong>VENKATESH, VIJAY, MD</strong></td>
<td>N/A</td>
<td>9640 MISSION GORGE RD</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>PHYSICIAN</td>
<td><strong>MEAGHER, RAISHELLE, LCSW</strong></td>
<td>N/A</td>
<td>120 TOWN CENTER PKWY</td>
<td>01-NOV-23</td>
</tr>
<tr>
<td>LICENSED CLINICAL SOCIAL WORKER</td>
<td><strong>ROSENBLATT, SHERI, PA</strong></td>
<td>N/A</td>
<td>8770 CUYAMACA ST STE 4</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>RADIOLOGY DIAGNOSTIC</td>
<td><strong>VENKATESH, VIJAY, MD</strong></td>
<td>N/A</td>
<td>9640 MISSION GORGE RD</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>REGISTERED PHYSICAL THERAPIST</td>
<td><strong>BOUTELLE, BARBARA, PT</strong></td>
<td>N/A</td>
<td>9830 PROSPECT AVE STE A</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>DERMATOLOGY</td>
<td><strong>AGUIRRE, KRISTEN, MD</strong></td>
<td>N/A</td>
<td>530 LOMAS SANTA FE DR</td>
<td>01-JUN-22</td>
</tr>
</tbody>
</table>

For more information about covered networks and additional resources, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGUIRRE, KRISTEN, MD†</td>
<td>530 LOMAS SANTA FE DR STE D</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>GILBOA, RUTH, MD†</td>
<td>530 LOMAS SANTA FE DR STE D</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>GILBOA, RUTH, MD†</td>
<td>530 LOMAS SANTA FE DR STE D</td>
<td>01-FEB-21</td>
</tr>
<tr>
<td>GILBOA, RUTH, MD†</td>
<td>530 LOMAS SANTA FE DR STE D</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>SIRICHOTIRATANA, MELISSA, MD†</td>
<td>530 LOMAS SANTA FE DR STE D</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>ROSS, ANDREW, MD†</td>
<td>530 LOMAS SANTA FE DR STE D</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>ROSS, ANDREW, MD†</td>
<td>530 LOMAS SANTA FE DR STE D</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>THIELE, JENS, MD†</td>
<td>530 LOMAS SANTA FE DR STE D</td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>THIELE, JENS, MD†</td>
<td>530 LOMAS SANTA FE DR STE D</td>
<td>01-JAN-23</td>
</tr>
<tr>
<td>TSE, YARDY, MD†</td>
<td>530 LOMAS SANTA FE DR STE D</td>
<td>01-SEP-09</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
SOLANA BEACH, CA 92075
Effective as of 01-JAN-24

ARGOUD, GEORGES, MD
Provider ID: N/A
530 LOMAS SANTA FE DR
STE 8
SOLANA BEACH, CA 92075
Effective as of 01-MAR-15

ARGOUD, GEORGES, MD
Provider ID: N/A
530 LOMAS SANTA FE DR
STE 8
SOLANA BEACH, CA 92075
Effective as of 01-JUL-22

ARGOUD, GEORGES, MD
Provider ID: N/A
530 LOMAS SANTA FE DR
STE 8
SOLANA BEACH, CA 92075
Effective as of 01-JUL-22

ARGOUD, GEORGES, MD
Provider ID: N/A
530 LOMAS SANTA FE DR
STE 8
SOLANA BEACH, CA 92075
Effective as of 01-MAR-15

ARGOUD, GEORGES, MD
Provider ID: N/A
530 LOMAS SANTA FE DR
STE 8
SOLANA BEACH, CA 92075
Effective as of 01-MAR-15

PHYSICIANS ASSISTANT

BOYDSTON, EMILY, PA
Provider ID: N/A
380 STEVENS AVE STE 310
SOLANA BEACH, CA 92075
Teleservice
26960 CHERRY HILLS BLVD
SUN CITY, CA 92586
Effective as of 01-FEB-11

RAGHUWANSHI, NAISHADH, MD
Provider ID: N/A
26960 CHERRY HILLS BLVD
SUN CITY, CA 92586
Effective as of 01-SEP-09

MARriage FAMILY THERAPIST

PORTER, TERRY, MFT
Provider ID: N/A
28125 BRADLEY RD STE 220
SUN CITY, CA 92586
Effective as of 01-JAN-23

NEPHroLOgy

ISHAK, SALAM, MD
Provider ID: N/A
28125 BRADLEY RD STE 220
SUN CITY, CA 92586
Effective as of 01-SEP-12

ISHAK, SALAM, MD
Provider ID: N/A
28125 BRADLEY RD STE 220
SUN CITY, CA 92586
Effective as of 01-JUN-12

OPHTHALMOLOGY

JACOBSON, ARTHUR, MD

29826 HAUN RD STE 100
SUN CITY, CA 92586
Effective as of 01-JUL-23

LEE, JOHN, MD
Provider ID: N/A
28125 BRADLEY RD STE 189
SUN CITY, CA 92586
Effective as of 01-FEB-11

OPTOMETRIST

LANE, KEVIN, OD
Provider ID: N/A
29826 HAUN RD STE 100
SUN CITY, CA 92586
Effective as of 01-JUL-23

RADIOLOGY DIAGNostIC

BURROUGHS, GLORIA, MD
Provider ID: N/A
26870 CHERRY HILLS BLVD
SUN CITY, CA 92586
Effective as of 01-OCT-17

BURROUGHS, GLORIA, MD
Provider ID: N/A
26870 CHERRY HILLS BLVD
SUN CITY, CA 92586
Effective as of 01-OCT-17

ANESTHESIOLOGY

DORAIswamy, ARUL, MD
Provider ID: N/A
28975 OLD TOWN FRONT ST STE 200
TEMECULA, CA 92590
Effective as of 01-JUL-17

DORAIswamy, ARUL, MD
Provider ID: N/A
28975 OLD TOWN FRONT ST STE 200
TEMECULA, CA 92590
Effective as of 01-JUL-17

GUPTA, SAMEER, MD
Provider ID: N/A
41715 WINCHESTER RD STE 206
TEMECULA, CA 92590
Effective as of 01-FEB-15

GUPTA, SAMEER, MD
Provider ID: N/A
41715 WINCHESTER RD STE 206
TEMECULA, CA 92590
Effective as of 01-JAN-16

GUPTA, SAMEER, MD
Provider ID: N/A
41715 WINCHESTER RD STE 206
TEMECULA, CA 92590
Effective as of 01-JUL-23

GUPTA, SAMEER, MD
Provider ID: N/A
41715 WINCHESTER RD STE 206
TEMECULA, CA 92590
Effective as of 01-JUL-23

GUPTA, SAMEER, MD
Provider ID: N/A
41715 WINCHESTER RD STE 206
TEMECULA, CA 92590
Effective as of 01-JUL-23

GUPTA, SAMEER, MD
Provider ID: N/A
41715 WINCHESTER RD STE 206
TEMECULA, CA 92590
Effective as of 01-JUL-23

GUPTA, SAMEER, MD
Provider ID: N/A
41715 WINCHESTER RD STE 206
TEMECULA, CA 92590
Effective as of 01-JUL-23

GUIANG, RAINIER, MD
Provider ID: N/A
C1. 网络提供者名单
专科护理医生

HYUN, SUZANNE, MD
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-SEP-19

JEDAMSKY, WALDTRAUT, MD
Provider ID: N/A
28975 OLD TOWN FRONT ST STE 200
TEMECULA, CA 92590
Effective as of 01-OCT-19

KANU, ABDUL, MD
Provider ID: N/A
27699 JEFFERSON AVE
TEMECULA, CA 92590
Teleservice
Effective as of 01-AUG-20

PANG, GARY, MD²
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-MAR-24

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-21

MOELLER-BERTRAM, TOBIAS, MD†
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-18

CHEN, HAMILTON, MD
Provider ID: N/A
27450 YNEZ RD STE 202
TEMECULA, CA 92591
Effective as of 01-SEP-23

DADACHANJI, CYRUS, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 305
TEMECULA, CA 92590
Effective as of 01-JUL-23

DORAI, ARUL, MD†
Provider ID: N/A
28975 OLD TOWN FRONT ST STE 200
TEMECULA, CA 92590
Effective as of 01-JUL-17

GUIANG, RAINIER, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUL-23

DORAI, ARUL, MD†
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-MAR-24

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-23

GUIANG, RAINIER, MD²
Provider ID: N/A
27450 YNEZ RD STE 202
TEMECULA, CA 92591
Effective as of 01-SEP-23

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-MAY-18

ALFAY, WISAM, MD
Provider ID: N/A
28780 SINGLE OAK DR STE 290
TEMECULA, CA 92590
Effective as of 01-SEP-20

AMIN, JATIN, MD†
Provider ID: N/A
31515 RANCHO PUEBLO RD STE 103
TEMECULA, CA 92592
Effective as of 01-MAY-18

ATTIA, NADER, DO†
Provider ID: N/A
31515 RANCHO PUEBLO RD STE 103
TEMECULA, CA 92592
Effective as of 01-MAY-18

ANESTHESIOLOGY PAIN MANAGEMENT

CHEN, HAMILTON, MD²
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-SEP-19

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-23

CHEN, HAMILTON, MD²
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-SEP-19

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-23

CHEN, HAMILTON, MD²
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-SEP-19

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-23

CHEN, HAMILTON, MD
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-SEP-19

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-23

CHEN, HAMILTON, MD
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-SEP-19

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-23

CHEN, HAMILTON, MD
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-SEP-19

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-23

CHEN, HAMILTON, MD
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-SEP-19

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-23

CHEN, HAMILTON, MD
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-SEP-19

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-23

CHEN, HAMILTON, MD
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-SEP-19

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-23

CHEN, HAMILTON, MD
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-SEP-19

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-23

CHEN, HAMILTON, MD
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-SEP-19

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-23

CHEN, HAMILTON, MD
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-SEP-19

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-23

CHEN, HAMILTON, MD
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-SEP-19

LEIER, TIM, MD
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-JUN-23

822
ATTIA, NADER, DO†
Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-JUN-23

ATTIA, NADER, DO†
Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-JUL-22

BISWAS, MIMI, MD
Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-JUN-23

COX, JEREMY, DO
Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-MAR-24

COX, JEREMY, DO
Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-MAR-24

PAREKH, NIRAJ, MD†
Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-JUN-23

PAREKH, NIRAJ, MD†
Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-MAY-21

PAREKH, NIRAJ, MD†
Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-MAR-23

PAREKH, NIRAJ, MD†
Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-JUN-23

PAREKH, NIRAJ, MD†
Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-JUN-23

PATANKAR, KAUSTUBH, MD†
Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-FEB-22

SANGODKAR, SANDEEP, DO
Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-JUN-23

SARSAM, SINAN, MD†
Provider ID: N/A
27450 YNEZ RD STE 109
TEMECULA, CA 92591
Effective as of 01-MAR-22

SARSAM, SINAN, MD†
Provider ID: N/A
27450 YNEZ RD STE 109
TEMECULA, CA 92591
Effective as of 01-MAR-22

CERTIFIED NURSE PRACTITIONER

AGORRILLA, MARIA, NP
Provider ID: N/A
44274 GEORGE CUSHMAN CT STE 212
TEMECULA, CA 92592
Effective as of 01-OCT-23

ALVAREZ, ARMANDA, NP
Provider ID: N/A
27555 YNEZ RD STE 102
TEMECULA, CA 92591
Effective as of 01-FEB-24

BEDFORD, RONALD, NP†
Provider ID: N/A
44605 AVENIDA DE MISSIONES STE 202
TEMECULA, CA 92590
Effective as of 01-MAY-22

LEE, KYUNG, LAC
Provider ID: N/A
27455 TIERRA ALTA WAY STE A
TEMECULA, CA 92590
Effective as of 01-MAR-21

LEE, KYUNG, LAC
Provider ID: N/A
27455 TIERRA ALTA WAY STE A
TEMECULA, CA 92590
Effective as of 01-MAR-21

WACHNER, KRISTELYN, LAC†
Provider ID: N/A
41840 ENTERPRISE CIR N
TEMECULA, CA 92590
Effective as of 01-OCT-22

WACHNER, KRISTELYN, LAC†
Provider ID: N/A
41840 ENTERPRISE CIR N
TEMECULA, CA 92590
Effective as of 01-OCT-22

CERTIFIED ACUPUNCTURIST

LEE, KYUNG, LAC
Provider ID: N/A
27455 TIERRA ALTA WAY STE A
TEMECULA, CA 92590
Effective as of 01-MAY-22

723
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

**C1. 网络提供者名单**
**专科护理医生**

**BEDFORD, RONALD, NP**
Provider ID: N/A
44605 AVENIDA DE MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-22

**BEDFORD, RONALD, NP**
Provider ID: N/A
44605 AVENIDA DE MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-MAY-22

**DONLON, RYAN, NPF**
Provider ID: N/A
31150 TEMECULA PKWY
TEMECULA, CA 92592
Effective as of 01-MAR-24

**DONLON, RYAN, NPF**
Provider ID: N/A
31150 TEMECULA PKWY
TEMECULA, CA 92592
Effective as of 01-OCT-22

**DONLON, RYAN, NPF**
Provider ID: N/A
31150 TEMECULA PKWY
TEMECULA, CA 92592
Effective as of 01-MAR-24

**DONLON, RYAN, NPF**
Provider ID: N/A
31150 TEMECULA PKWY
TEMECULA, CA 92592
Effective as of 01-OCT-22

**MISSIONES STE 202**
TEMECULA, CA 92592
Effective as of 01-OCT-22

**HUERTA, CARMEN, NP**
Provider ID: N/A
44605 AVENIDA DE MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-MAY-22

**HUERTA, CARMEN, NP**
Provider ID: N/A
44605 AVENIDA DE MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-22

**LUCACI, BIANCA, NP**
Provider ID: N/A
27555 YNEZ RD STE 400
TEMECULA, CA 92591
Effective as of 01-SEP-22

**ONUOHA, NOJA, NPF**
Provider ID: N/A
29645 RANCHO CALIFORNIA RD STE 213
TEMECULA, CA 92591
Effective as of 01-NOV-22

**SMITH, PAIGE, NP**
Provider ID: N/A
27555 YNEZ RD STE 400
TEMECULA, CA 92591
Effective as of 01-OCT-23

**THOMAS, STEPHEN, NPF**
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-AUG-22

THOMAS, STEPHEN, NPF²
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-MAR-21

THOMAS, STEPHEN, NPF²
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-OCT-23

ZELEDON, JAIME, NP
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-MAY-18

CHIROPRACTOR

BARTZ, PAUL, DC†
Provider ID: N/A
41840 ENTERPRISE CIR N TEMECULA, CA 92590
Effective as of 01-JUL-22

FARSHLER, ANTHONY, DC†
Provider ID: N/A
41840 ENTERPRISE CIR N TEMECULA, CA 92590
Effective as of 01-NOV-23

FARSHLER, ANTHONY, DC†
Provider ID: N/A
41840 ENTERPRISE CIR N TEMECULA, CA 92590
Effective as of 01-JUL-22

MYREN, DONALD, DC
Provider ID: N/A
26790 YNEZ CT STE 2B TEMECULA, CA 92591
Effective as of 01-JUN-23

MYREN, DONALD, DC
Provider ID: N/A
26790 YNEZ CT STE 2B TEMECULA, CA 92591
Effective as of 01-JUN-23

KHERADMAND, SHIVA, DO†
Provider ID: N/A
44605 AVENIDA DE MISSIONES STE 202 TEMECULA, CA 92592
Effective as of 01-APR-22

MITCHELL, JESSE, MD†
Provider ID: N/A
31150 TEMECULA PKWY STE 104 TEMECULA, CA 92592
Effective as of 01-JUL-21
MITCHELL, JESSE, MD†
Provider ID: N/A
31150 TEMECULA PKWY
STE 104
TEMECULA, CA 92592
Effective as of 01-JUL-22

MITCHELL, JESSE, MD†
Provider ID: N/A
31150 TEMECULA PKWY
STE 104
TEMECULA, CA 92592
Effective as of 01-OCT-20

MITCHELL, JESSE, MD†
Provider ID: N/A
31150 TEMECULA PKWY
STE 104
TEMECULA, CA 92592
Effective as of 01-OCT-20

MITCHELL, JESSE, MD†
Provider ID: N/A
31150 TEMECULA PKWY
STE 104
TEMECULA, CA 92592
Effective as of 01-OCT-20

MUNYON, THOMAS, MD†
Provider ID: N/A
44605 AVENIDA DE MISSIONES STE 202
TEMECULA, CA 92592
Teleservice
Effective as of 01-MAR-24

ROSS, ANDREW, MD†

JOO, KATHY, MD†
Provider ID: N/A
29645 RANCHO CALIFORNIA RD STE 134
TEMECULA, CA 92591
Effective as of 01-JUL-23

JOO, KATHY, MD†
Provider ID: N/A
29645 RANCHO CALIFORNIA RD STE 134
TEMECULA, CA 92591
Effective as of 01-JUN-16

JOO, KATHY, MD†
Provider ID: N/A
29645 RANCHO CALIFORNIA RD STE 134
TEMECULA, CA 92591
Effective as of 01-JUN-16

WARD, NICHOLAS, MD†
Provider ID: N/A
31700 TEMECULA PKWY
TEMECULA, CA 92592
Effective as of 01-MAR-21

WARD, NICHOLAS, MD†
Provider ID: N/A
31700 TEMECULA PKWY
TEMECULA, CA 92592
Effective as of 01-MAR-21

WARD, NICHOLAS, MD†
Provider ID: N/A
31700 TEMECULA PKWY
TEMECULA, CA 92592
Effective as of 01-MAR-21

ENDOCRINOLOGY
METABOLISM DIABETES

JOO, KATHY, MD†
Provider ID: N/A

FAMILY PRACTICE
SPORTS MEDICINE

CHEUNG, SUNNY, MD
Provider ID: N/A
C1. 网络提供者名单

专科护理医生

- CHEUNG, SUNNY, MD
  Provider ID: N/A
  28780 SINGLE OAK DR STE 270
  TEMECULA, CA 92590
  Effective as of 01-FEB-23

- CHEUNG, SUNNY, MD
  Provider ID: N/A
  28780 SINGLE OAK DR STE 270
  TEMECULA, CA 92590
  Effective as of 01-FEB-23

- CHEUNG, SUNNY, MD
  Provider ID: N/A
  28780 SINGLE OAK DR STE 270
  TEMECULA, CA 92590
  Effective as of 01-FEB-23

- GASTROENTEROLOGY

- ARDIGO, GREGORY, MD
  Provider ID: N/A
  29645 RANCHO CALIFORNIA RD STE 209
  TEMECULA, CA 92591
  Effective as of 01-AUG-23

- DINH, JACK, MD
  Provider ID: N/A
  29645 RANCHO CALIFORNIA RD STE 209
  TEMECULA, CA 92591
  Effective as of 01-AUG-23

- KEMMERLY, THOMAS, MD
  Provider ID: N/A
  29645 RANCHO

- CALIFORNIA RD STE 209
  TEMECULA, CA 92591
  Effective as of 01-AUG-23

- SAUNDERS, ANGELA, DO
  Provider ID: N/A
  31625 DE PORTOLA RD STE 101
  TEMECULA, CA 92592
  Effective as of 01-MAR-24

- SAUNDERS, ANGELA, DO
  Provider ID: N/A
  31625 DE PORTOLA RD STE 101
  TEMECULA, CA 92592
  Effective as of 01-DEC-22

- SAUNDERS, ANGELA, DO
  Provider ID: N/A
  31625 DE PORTOLA RD STE 101
  TEMECULA, CA 92592
  Effective as of 01-NOV-23

- SAUNDERS, ANGELA, DO
  Provider ID: N/A
  31625 DE PORTOLA RD STE 101
  TEMECULA, CA 92592
  Effective as of 01-MAY-23

- TEYMOORIAN, ARIAN, MD
  Provider ID: N/A
  29645 RANCHO CALIFORNIA RD STE 209
  TEMECULA, CA 92591
  Effective as of 01-AUG-23

- HEMATOLOGY / ONCOLOGY

- BASERI, BABAK, MD
  Provider ID: N/A
  31515 RANCHO PUEBLO RD STE 202
  TEMECULA, CA 92592
  Effective as of 01-APR-24

- BASERI, BABAK, MD
  Provider ID: N/A
  31515 RANCHO PUEBLO RD STE 202
  TEMECULA, CA 92592
  Effective as of 01-JUL-21

- BASERI, BABAK, MD
  Provider ID: N/A
  31515 RANCHO PUEBLO RD STE 202
  TEMECULA, CA 92592
  Effective as of 01-JUL-21

- MARJON, PHILIP, MD
  Provider ID: N/A
  31515 RANCHO PUEBLO RD STE 202
  TEMECULA, CA 92592
  Effective as of 01-APR-22

- SAUNDERS, PHILLIP, DO
  Provider ID: N/A
  31515 RANCHO PUEBLO RD STE 202
  TEMECULA, CA 92592
  Effective as of 01-APR-20

- SAUNDERS, PHILLIP, DO
  Provider ID: N/A
  31515 RANCHO PUEBLO RD STE 202
  TEMECULA, CA 92592
  Effective as of 01-DEC-20

- SCHWERKOSKE, JOHN, MD
  Provider ID: N/A
  31515 RANCHO PUEBLO RD STE 202
  TEMECULA, CA 92592
  Effective as of 01-MAY-22
**INTERNAL MEDICINE**

**AL HARASH, ABDALHAMID, MD**
Provider ID: N/A
31565 RANCHO PUEBLO RD STE 205
TEMECULA, CA 92592
Effective as of 01-OCT-22

**AL HARASH, ABDALHAMID, MD**
Provider ID: N/A
31565 RANCHO PUEBLO RD STE 205
TEMECULA, CA 92592
Effective as of 01-OCT-22

**ALTRIKI, MOHAMAD, MD**
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-OCT-22

**ALTRIKI, MOHAMAD, MD**
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-OCT-22

**ALTRIKI, MOHAMAD, MD**
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-OCT-22

**ALTRIKI, MOHAMAD, MD**
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-OCT-22

**COX, JEREMY, DO**
Provider ID: N/A
31515 RANCHO PUEBLO RD STE 103
TEMECULA, CA 92592
Effective as of 01-OCT-22

**HADDADIN, HASSAN, MD**
Provider ID: N/A
27699 JEFFERSON AVE STE 204
TEMECULA, CA 92590
Effective as of 01-SEP-22

**HADDADIN, HASSAN, MD**
Provider ID: N/A
27699 JEFFERSON AVE STE 204
TEMECULA, CA 92590
Effective as of 01-SEP-22

**HADDADIN, HASSAN, MD**
Provider ID: N/A
27699 JEFFERSON AVE STE 204
TEMECULA, CA 92590
Effective as of 01-SEP-22

**JACOBS, NATALIA, MD**
Provider ID: N/A
40971 WINCHESTER RD TEMECULA, CA 92591
Effective as of 01-MAY-23

**WHITE, XUANHA, DO**
Provider ID: N/A
44605 AVENIDA DE MISSIONES STE 206
TEMECULA, CA 92592
Effective as of 01-FEB-22

**YU, JERRY, MD**
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-DEC-23

**YU, JERRY, MD**
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-JUN-23

**YU, JERRY, MD**
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-SEP-22

**YU, JERRY, MD**
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-SEP-22

**YU, JERRY, MD**
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-JUL-18
C1. 网络提供者名单
专科护理医生

TEMECULA, CA 92592
Effective as of 01-JUL-18
YU, JERRY, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-MAR-21

INTERNAL MEDICINE
CRITICAL CARE MEDICINE
SALEK, MUNIF, MD†
Provider ID: N/A
27699 JEFFERSON AVE STE 204
TEMECULA, CA 92590
Effective as of 01-FEB-22

PATANKAR, KAUSTUBH, MD†
Provider ID: N/A
31515 RANCHO PUEBLO RD STE 103
TEMECULA, CA 92592
Effective as of 01-JUN-23

SALEK, MUNIF, MD†
Provider ID: N/A
27699 JEFFERSON AVE STE 204
TEMECULA, CA 92590
Effective as of 01-FEB-22

SEAMAN, CHRISTOPHER, MD
Provider ID: N/A
31515 RANCHO PUEBLO RD STE 103
TEMECULA, CA 92592
Effective as of 01-JUN-23

LICENSED CLINICAL
SOCIAL WORKER
VEGA, RICARDO, MD†
Provider ID: N/A
27699 JEFFERSON AVE STE 204
TEMECULA, CA 92590
Effective as of 01-MAR-22

VEGA, RICARDO, MD†
Provider ID: N/A
27699 JEFFERSON AVE STE 204
TEMECULA, CA 92590
Effective as of 01-JUL-23

Provider ID: N/A
29645 RANCHO CALIFORNIA RD STE 213
TEMECULA, CA 92591
Effective as of 01-JUL-23

INTERVENTIONAL
CARDIOLOGY
MESSENGER, BRADLEY, MD
Provider ID: N/A
31515 RANCHO PUEBLO RD STE 103
TEMECULA, CA 92592
Effective as of 01-FEB-22

JONES, VALORIA, LCSW
Provider ID: N/A
29645 RANCHO CALIFORNIA RD STE 213
TEMECULA, CA 92591
Effective as of 01-JUL-23

LURINKS GARCIA, MARIA, LCSW
Provider ID: N/A
41840 ENTERPRISE CIR N TEMECULA, CA 92590
Effective as of 01-JAN-21

ROBLEDO, DAMIAN, LCSW
Provider ID: N/A
41840 ENTERPRISE CIR N TEMECULA, CA 92590
Effective as of 01-APR-23

THOMAS, PAULA, LCSW
Provider ID: N/A
41840 ENTERPRISE CIR N TEMECULA, CA 92590
Effective as of 01-APR-23

VALDEZ-HERNANDEZ, ISRAEL, LCSW†
Provider ID: N/A
29645 RANCHO CALIFORNIA RD STE 213 TEMECULA, CA 92591
Effective as of 01-APR-23

VALDEZ-HERNANDEZ, ISRAEL, LCSW†
Provider ID: N/A
29645 RANCHO CALIFORNIA RD STE 213 TEMECULA, CA 92591
Effective as of 01-APR-23

CARTWRIGHT, SHANIQUA, LCSW
Provider ID: N/A
41840 ENTERPRISE CIR N TEMECULA, CA 92590
Effective as of 01-APR-23

JONES, VALORIA, LCSW
Provider ID: N/A
29645 RANCHO CALIFORNIA RD STE 213 TEMECULA, CA 92591
Effective as of 01-APR-23

VALDEZ-HERNANDEZ, ISRAEL, LCSW†
Provider ID: N/A
29645 RANCHO

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

VALDEZ-HERNANDEZ, ISRAEL, LCSW
Provider ID: N/A
29645 RANCHO CALIFORNIA RD STE 213
TEMECULA, CA 92591
Effective as of 01-JAN-23

CHANG, DAVID, MD
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-APR-23

VALDEZ-HERNANDEZ, ISRAEL, LCSW
Provider ID: N/A
29645 RANCHO CALIFORNIA RD STE 213
TEMECULA, CA 92591
Effective as of 01-JAN-23

CHANG, DAVID, MD
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-JAN-23

NANDI, SHANKHA, DO
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-DEC-23

ALTRIKI, MOHAMAD, MD
Provider ID: N/A
31565 RANCHO PUEBLO RD STE 205
TEMECULA, CA 92592
Effective as of 01-JAN-20

CHANG, DAVID, MD
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-DEC-23

CHANG, DAVID, MD
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-DEC-23

CHANG, DAVID, MD
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-MAY-23

YAN, ERIC, MD
Provider ID: N/A

NANDI, SHANKHA, DO
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-DEC-23

NANDI, SHANKHA, DO
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-DEC-23

NANDI, SHANKHA, DO
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-DEC-23

NANDI, SHANKHA, DO
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-DEC-23

NANDI, SHANKHA, DO
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-DEC-23

NANDI, SHANKHA, DO
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-DEC-23

NANDI, SHANKHA, DO
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-DEC-23

YAN, ERIC, MD

730
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Provider ID: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>31537 RANCHO PUEBLO RD STE 201</td>
</tr>
<tr>
<td>TEMECULA, CA 92592</td>
</tr>
</tbody>
</table>

Teleservice
Effective as of 01-JUL-23

YAN, ERIC, MD²
Provider ID: N/A

| Address: 31537 RANCHO PUEBLO RD STE 201 |
| TEMECULA, CA 92592 |

Teleservice
Effective as of 01-JUL-23

NEUROLOGY

CHoudRY, BILAL, MD³
Provider ID: N/A

| Address: 31515 RANCHO PUEBLO RD STE 104 |
| TEMECULA, CA 92592 |

Teleservice
Effective as of 01-JUL-23

YAN, ERIC, MD²
Provider ID: N/A

| Address: 31537 RANCHO PUEBLO RD STE 201 |
| TEMECULA, CA 92592 |

Teleservice
Effective as of 01-JUL-23

FarnSWoRTH, WILLIAM, MD
Provider ID: N/A

| Address: 31515 RANCHO PUEBLO RD STE 104 |
| TEMECULA, CA 92592 |

Effective as of 01-APR-24

GraTIANNE, ROBERTO, MD³
Provider ID: N/A

| Address: 44045 MARGARITA RD STE 106 |
| TEMECULA, CA 92592 |

Effective as of 01-OCT-22

HALL, JACOB, MD³
Provider ID: N/A

| Address: 31515 RANCHO PUEBLO RD STE 104 |
| TEMECULA, CA 92592 |

Effective as of 01-OCT-21

FarHIVASH, FARIBA, MD³
Provider ID: N/A

| Address: 44045 MARGARITA RD STE 106 |
| TEMECULA, CA 92592 |

Effective as of 01-NOV-22

Contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Effective as of 01-MAY-23

HALL, JACOB, MD†
Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 104
TEMECULA, CA 92592
Effective as of 01-JAN-21

HOSSEIN ZADEH MALEKI, ANA, MD
Provider ID: N/A
44045 MARGARITA RD STE 106
TEMECULA, CA 92592
Effective as of 01-FEB-24

HUOTT, PATRICK, MD
Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 104
TEMECULA, CA 92592
Effective as of 01-FEB-24

MAREK, MAKSYM, MD
Provider ID: N/A
44045 MARGARITA RD STE 106
TEMECULA, CA 92592
Effective as of 01-DEC-23

MCHEHRIN, KEVIN, MD
Provider ID: N/A
31565 RANCHO PUEBLO RD STE 205
TEMECULA, CA 92592
Effective as of 01-JUL-23

PHAM, ALISE, DO
Provider ID: N/A
44045 MARGARITA RD STE 106
TEMECULA, CA 92592
Effective as of 01-DEC-23

SILVER, BRENT, MD†
Provider ID: N/A
44045 MARGARITA RD STE 106
TEMECULA, CA 92592
Effective as of 01-MAY-23

SORIA LOPEZ, JOSE, MD†
Provider ID: N/A
44045 MARGARITA RD STE 106
TEMECULA, CA 92592
Effective as of 01-MAR-22

TALANKI, VARUN, MD
Provider ID: N/A
44045 MARGARITA RD STE 106
TEMECULA, CA 92592
Effective as of 01-JUL-23

WU, MELANIE, DO†
Provider ID: N/A
44045 MARGARITA RD STE 106
TEMECULA, CA 92592
Effective as of 01-JAN-20

OLENSKI, KLARI, DO†
Provider ID: N/A
44045 MARGARITA RD STE 106
TEMECULA, CA 92592
Effective as of 01-MAR-22

ELFELT, TIMOTHY, MD†
Provider ID: N/A
28780 SINGLE OAK DR STE 160
TEMECULA, CA 92590
Effective as of 01-AUG-19

GOMEZ, GUILLERMO, MD†
Provider ID: N/A
27625 JEFFERSON AVE STE 101
TEMECULA, CA 92590
Effective as of 01-JUL-21

GOMEZ, GUILLERMO, MD†
Provider ID: N/A
27625 JEFFERSON AVE STE 101
TEMECULA, CA 92590
Effective as of 01-JUL-21

NEAL, JAMES, MD†
Provider ID: N/A
31170 TEMECULA PKWY STE 201
TEMECULA, CA 92592
Effective as of 01-MAR-21

RIZVI, SYED, MD†
Provider ID: N/A
31493 RANCHO PUEBLO RD STE 201
TEMECULA, CA 92592
Effective as of 01-JUL-23

OPHTHALMOLOGY
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAKHTIARY, PEJMAN, MD†</td>
<td>41877 ENTERPRISE CIR N STE 110, TEMECULA, CA 92590</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>BAKHTIARY, PEJMAN, MD†</td>
<td>41877 ENTERPRISE CIR N STE 110, TEMECULA, CA 92590</td>
<td>01-SEP-21</td>
</tr>
<tr>
<td>BEKENDAM, PAMELA, MD†</td>
<td>41877 ENTERPRISE CIR N STE 110, TEMECULA, CA 92590</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>BEKENDAM, PETER, MD†</td>
<td>41877 ENTERPRISE CIR N STE 110, TEMECULA, CA 92590</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>BEKENDAM, PETER, MD†</td>
<td>41877 ENTERPRISE CIR N STE 110, TEMECULA, CA 92590</td>
<td>01-NOV-08</td>
</tr>
<tr>
<td>BEKENDAM, PETER, MD†</td>
<td>41877 ENTERPRISE CIR N STE 110, TEMECULA, CA 92590</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>BURNS, RICHARD, MD†</td>
<td>41637 MARGARITA RD STE 100, TEMECULA, CA 92591</td>
<td>01-NOV-08</td>
</tr>
<tr>
<td>BURNS, RICHARD, MD†</td>
<td>41637 MARGARITA RD STE 100, TEMECULA, CA 92591</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td>CHING, ANDREA SHERYL, MD†</td>
<td>41877 ENTERPRISE CIR N STE 110, TEMECULA, CA 92590</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td>CHOW, JASON, MD†</td>
<td>31950 TEMECULA PKWY STE B-7, TEMECULA, CA 92592</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>ISSA, REDA, MD†</td>
<td>41900 WINCHESTER RD STE 201, TEMECULA, CA 92590</td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>JACOBSON, ARTHUR, MD†</td>
<td>41637 MARGARITA RD STE 100, TEMECULA, CA 92591</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>JACOBSON, ARTHUR, MD†</td>
<td>41637 MARGARITA RD STE 100, TEMECULA, CA 92591</td>
<td>01-SEP-09</td>
</tr>
<tr>
<td>JOSEPH, JEFFREY, MD†</td>
<td>31950 TEMECULA PKWY STE B-7, TEMECULA, CA 92592</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>LAZZARINI, THOMAS, MD</td>
<td>41900 WINCHESTER RD STE 201, TEMECULA, CA 92590</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>LAZZARINI, THOMAS, MD</td>
<td>41900 WINCHESTER RD STE 201, TEMECULA, CA 92590</td>
<td>01-FEB-24</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

LAZZARINI, THOMAS, MD
Provider ID: N/A
Effective as of 01-DEC-23

LEE, JOHN, MD†
Provider ID: N/A
Effective as of 01-SEP-17

LIN, THEODORE, MD†
Provider ID: N/A
Effective as of 01-JUL-23

LIN, THEODORE, MD†
Provider ID: N/A
Effective as of 01-AUG-24

LIN, THEODORE, MD†
Provider ID: N/A
Effective as of 01-AUG-23

SHEILS, CATHERINE, MD
Provider ID: N/A
Effective as of 01-JUL-23

WARNER, MICHAEL, MD†
Provider ID: N/A
Effective as of 01-JUN-24
Teleservice
Effective as of 01-JUL-23

YUNG, EDWARD, MD†
Provider ID: N/A
41877 ENTERPRISE CIR N STE 110
TEMECULA, CA 92590
Effective as of 01-NOV-20

YUNG, EDWARD, MD†
Provider ID: N/A
41877 ENTERPRISE CIR N STE 110
TEMECULA, CA 92590
Effective as of 01-AUG-20

ZHOU, SIWEI, MD†
Provider ID: N/A
31950 TEMECULA PKWY STE B-7
TEMECULA, CA 92590
Effective as of 01-JUL-23

OPTOMETRIST

ARCHIBALD, JOHN, OD†
Provider ID: N/A
31950 TEMECULA PKWY STE B-7
TEMECULA, CA 92590
Effective as of 01-JUL-23

ARCHIBALD, JOHN, OD†
Provider ID: N/A
31950 TEMECULA PKWY STE B-7
TEMECULA, CA 92590
Effective as of 01-DEC-23

AZIZ AWAD AWADALLA, MARINAEMAD, OD†
Provider ID: N/A
41877 ENTERPRISE CIR N STE 110
TEMECULA, CA 92590
Effective as of 01-FEB-22

AZIZ AWAD AWADALLA, MARINAEMAD, OD†
Provider ID: N/A
41877 ENTERPRISE CIR N STE 110
TEMECULA, CA 92590
Effective as of 01-JUN-23

AZIZ AWAD AWADALLA, MARINAEMAD, OD†
Provider ID: N/A
41877 ENTERPRISE CIR N STE 110
TEMECULA, CA 92590
Effective as of 01-JUL-23

COLEMAN, BROOKE, OD†
Provider ID: N/A
31950 TEMECULA PKWY STE B-7
TEMECULA, CA 92592
Effective as of 01-FEB-22

COOPER, MICHAEL, OD†
Provider ID: N/A
31950 TEMECULA PKWY STE B-7
TEMECULA, CA 92592
Effective as of 01-SEP-22

FARAMARZI, FARNAZ, OD
Provider ID: N/A
41877 ENTERPRISE CIR N STE 110
TEMECULA, CA 92590
Effective as of 01-DEC-23

FARAMARZI, FARNAZ, OD
Provider ID: N/A
41877 ENTERPRISE CIR N STE 110
TEMECULA, CA 92590
Effective as of 01-JUL-23

FARAMARZI, FARNAZ, OD
Provider ID: N/A
41877 ENTERPRISE CIR N STE 110
TEMECULA, CA 92590
Effective as of 01-JUL-23

LANE, KEVIN, OD†
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
41637 MARGARITA RD STE 100
TEMECULA, CA 92591
Effective as of 01-JUL-23

**LANE, KEVIN, OD**
Provider ID: N/A
41637 MARGARITA RD STE 100
TEMECULA, CA 92591
Effective as of 01-FEB-11

LANE, KEVIN, OD
Provider ID: N/A
41637 MARGARITA RD STE 100
TEMECULA, CA 92591
Effective as of 01-SEP-09

**LARSON, BRETT, OD**
Provider ID: N/A
31950 TEMECULA PKWY STE B-7
TEMECULA, CA 92592
Effective as of 01-AUG-20

LARSON, BRETT, OD
Provider ID: N/A
31950 TEMECULA PKWY STE B-7
TEMECULA, CA 92592
Effective as of 01-SEP-17

**MC DIARMID, JOHN, OD**
Provider ID: N/A
31950 TEMECULA PKWY STE B-7
TEMECULA, CA 92592
Effective as of 01-FEB-22

**MCINTYRE, DEBRA, OD**
Provider ID: N/A
41637 MARGARITA RD STE 100
TEMECULA, CA 92591
Effective as of 01-DEC-17

**MCINTYRE, DEBRA, OD**
Provider ID: N/A
41637 MARGARITA RD STE 100
TEMECULA, CA 92591
Effective as of 01-DEC-17

**MCINTYRE, DEBRA, OD**
Provider ID: N/A
41637 MARGARITA RD STE 100
TEMECULA, CA 92591
Effective as of 01-SEP-22

**MCINTYRE, DEBRA, OD**
Provider ID: N/A
41637 MARGARITA RD STE 100
TEMECULA, CA 92591
Effective as of 01-JUL-23

**ULIBARRI, MATTHEW, OD**
Provider ID: N/A
41637 MARGARITA RD STE 100
TEMECULA, CA 92591
Effective as of 01-AUG-20

ULIBARRI, MATTHEW, OD
Provider ID: N/A
41637 MARGARITA RD STE 100
TEMECULA, CA 92591
Effective as of 01-JUL-23

**ULIBARRI, MATTHEW, OD**
Provider ID: N/A
41637 MARGARITA RD STE 100
TEMECULA, CA 92591
Effective as of 01-JAN-22

**OTOLARYNGOLOGY**

**GIAMMANCO, PIERRE, MD**
Provider ID: N/A
27455 TIERRA ALTA WAY STE A
TEMECULA, CA 92590
Effective as of 01-SEP-22

**TINT, DERRICK, MD**
Provider ID: N/A
40285 WINCHESTER RD STE 104
TEMECULA, CA 92591
Effective as of 01-AUG-21

**PHYSICAL MEDICINE / REHABILITATION**

**AILINANI, HARY, MD**
Provider ID: N/A
27699 JEFFERSON AVE STE 201
TEMECULA, CA 92590
Effective as of 01-MAY-21

**CHEN, HAMILTON, MD**
Provider ID: N/A
27450 YNEZ RD STE 128
TEMECULA, CA 92591
Effective as of 01-MAR-24

**PHYSICIANS ASSISTANT**

**ASHIER, SAURABH, PA**
Provider ID: N/A
31573 RANCHO PUEBLO RD STE 210
TEMECULA, CA 92592
Effective as of 01-AUG-22
C1. 网络提供者名单
专科护理医生

Temecula, CA 92592
Effective as of 01-JUL-23

ASHIER, SAURABH, PA
Provider ID: N/A
31573 Rancho Pueblo Rd STE 210
Temecula, CA 92592
Effective as of 01-JUL-23

BAKER, ROBERT, PA
Provider ID: N/A
27699 Jefferson Ave STE 201
Temecula, CA 92590
Effective as of 01-MAR-24

BASIN, NATALIE, PA
Provider ID: N/A
31515 Rancho Pueblo Rd STE 102
Temecula, CA 92592
Teleservice
Effective as of 01-AUG-23

CAGATAY, HARRIER, PA
Provider ID: N/A
27699 Jefferson Ave STE 201
Temecula, CA 92590
Effective as of 01-AUG-20

FELIX, FRANCISCO, PA
Provider ID: N/A
27699 Jefferson Ave STE 201
Temecula, CA 92590
Effective as of 01-AUG-23

LYNCH, GREGORY, PA
Provider ID: N/A
31150 Temecula Pkwy STE 104
Temecula, CA 92592
Effective as of 01-OCT-20

MITCHELL, PAUL, PA
Provider ID: N/A
27699 Jefferson Ave STE 201
Temecula, CA 92590
Effective as of 01-JUN-18

ROWAN, RYAN, PA
Provider ID: N/A
44054 Margarita Rd STE 1
Temecula, CA 92592
Effective as of 01-MAR-23

PODIATRIST

NEGRON, RICARDO, DPM
Provider ID: N/A
41840 Enterprise Cir N
Temecula, CA 92590
Effective as of 01-JUL-21

PSYCHIATRY

ANDERSEN, CLAIRE, MD
Provider ID: N/A
41840 Enterprise Cir N
Temecula, CA 92590
C1. 网络提供者名单
专科护理医生

Effective as of 01-DEC-20

ANDERSEN, CLAIRE, MD
Provider ID: N/A
41840 ENTERPRISE CIR N
TEMECULA, CA 92590
Effective as of 01-DEC-20

JAKKULA, JAGAN, MD†
Provider ID: N/A
29645 RANCHO
CALIFORNIA RD STE 213
TEMECULA, CA 92591
Effective as of 01-NOV-23

JAKKULA, JAGAN, MD†
Provider ID: N/A
29645 RANCHO
CALIFORNIA RD STE 213
TEMECULA, CA 92591
Effective as of 01-SEP-23

JAKKULA, JAGAN, MD†
Provider ID: N/A
29645 RANCHO
CALIFORNIA RD STE 213
TEMECULA, CA 92591
Effective as of 01-SEP-23

KANUKUNTLA, TULASI, MD†
Provider ID: N/A
29645 RANCHO
CALIFORNIA RD STE 213
TEMECULA, CA 92591
Effective as of 01-DEC-23

PHAM, ALISE, DO
Provider ID: N/A
44045 MARGARITA RD STE 106
TEMECULA, CA 92592
Effective as of 01-DEC-23

PHAM, ALISE, DO
Provider ID: N/A
44045 MARGARITA RD STE 106
TEMECULA, CA 92592
Effective as of 01-DEC-23

PUCHAKAYALA, NANDITA, MD†
Provider ID: N/A
29645 RANCHO
CALIFORNIA RD STE 213
TEMECULA, CA 92591
Effective as of 01-SEP-23

PUCHAKAYALA, NANDITA, MD†
Provider ID: N/A
29645 RANCHO
CALIFORNIA RD STE 213
TEMECULA, CA 92591
Effective as of 01-SEP-23

PERSAUD, PRIA, MD
Provider ID: N/A
41840 ENTERPRISE CIR N
TEMECULA, CA 92590
Effective as of 01-SEP-23

PERSAUD, PRIA, MD
Provider ID: N/A
41840 ENTERPRISE CIR N
TEMECULA, CA 92590
Effective as of 01-SEP-23

PERSAUD, PRIA, MD
Provider ID: N/A
41840 ENTERPRISE CIR N
TEMECULA, CA 92590
Effective as of 01-SEP-23
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>ID</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andersen, Claire, MD</td>
<td>N/A</td>
<td>41840 Enterprise Cir N Temecula, CA 92590</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td>Thode, Laura, PsyD</td>
<td>N/A</td>
<td>31720 Temecula Pkwy Ste 200 Temecula, CA 92592</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>Thode, Laura, PsyD</td>
<td>N/A</td>
<td>41840 Enterprise Cir N Temecula, CA 92590</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>Thode, Laura, PsyD</td>
<td>N/A</td>
<td>31720 Temecula Pkwy Ste 200 Temecula, CA 92592</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>Werner, Kristine, PhD</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 201 Temecula, CA 92590</td>
<td>01-MAY-18</td>
</tr>
<tr>
<td>Waddad, Hassan, MD²</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 204 Temecula, CA 92590</td>
<td>01-APR-22</td>
</tr>
<tr>
<td>Waddad, Hassan, MD²</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 204 Temecula, CA 92590</td>
<td>01-MAY-18</td>
</tr>
<tr>
<td>Waddad, Hassan, MD²</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 204 Temecula, CA 92590</td>
<td>01-APR-22</td>
</tr>
<tr>
<td>Waddad, Hassan, MD²</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 204 Temecula, CA 92590</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>Vega, Ricardo, MD†</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 204 Temecula, CA 92590</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>Vega, Ricardo, MD†</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 204 Temecula, CA 92590</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>Vega, Ricardo, MD†</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 204 Temecula, CA 92590</td>
<td>01-AUG-22</td>
</tr>
</tbody>
</table>

**PSYCHIATRY CHILD**

**ANDERSEN, CLAIRE, MD**  
Provider ID: N/A  
41840 Enterprise Cir N  
Temecula, CA 92590  
Effective as of 01-DEC-20

**PSYCHOLOGIST**

**THODE, LAURA, PSYD**  
Provider ID: N/A  
31720 Temecula Pkwy Ste 200  
Temecula, CA 92592  
Effective as of 01-MAR-24

**PULMONARY DISEASES**

**CHUA, WILLY, MD**  
Provider ID: N/A  
44605 Avenida De  
Misiones Ste 206  
Temecula, CA 92592  
Effective as of 01-APR-22

**WERNER, KRISTINE, PhD**  
Provider ID: N/A  
27699 Jefferson Ave Ste 201  
Temecula, CA 92590  
Effective as of 01-MAY-18

**WOODWORTH, JENNIFER, PSYD**  
Provider ID: N/A  
41840 Enterprise Cir N  
Temecula, CA 92590  
Effective as of 01-MAY-18

**WOODWORTH, JENNIFER, PSYD**  
Provider ID: N/A  
41840 Enterprise Cir N  
Temecula, CA 92590  
Effective as of 01-JAN-21

**WOODWORTH, JENNIFER, PSYD**  
Provider ID: N/A  
43385 Business Park Dr Ste 110  
Temecula, CA 92590  
Effective as of 01-JAN-21

**WOODWORTH, JENNIFER, PSYD**  
Provider ID: N/A  
43385 Business Park Dr Ste 110  
Temecula, CA 92590  
Effective as of 01-JAN-21

**WOODWORTH, JENNIFER, PSYD**  
Provider ID: N/A  
41840 Enterprise Cir N  
Temecula, CA 92590  
Effective as of 01-JAN-21

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>ID</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andersen, Claire, MD</td>
<td>N/A</td>
<td>41840 Enterprise Cir N Temecula, CA 92590</td>
<td>01-DEC-20</td>
</tr>
<tr>
<td>Thode, Laura, PsyD</td>
<td>N/A</td>
<td>31720 Temecula Pkwy Ste 200 Temecula, CA 92592</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>Thode, Laura, PsyD</td>
<td>N/A</td>
<td>41840 Enterprise Cir N Temecula, CA 92590</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>Thode, Laura, PsyD</td>
<td>N/A</td>
<td>31720 Temecula Pkwy Ste 200 Temecula, CA 92592</td>
<td>01-MAR-24</td>
</tr>
<tr>
<td>Werner, Kristine, PhD</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 201 Temecula, CA 92590</td>
<td>01-MAY-18</td>
</tr>
<tr>
<td>Waddad, Hassan, MD²</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 204 Temecula, CA 92590</td>
<td>01-APR-22</td>
</tr>
<tr>
<td>Waddad, Hassan, MD²</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 204 Temecula, CA 92590</td>
<td>01-MAY-18</td>
</tr>
<tr>
<td>Waddad, Hassan, MD²</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 204 Temecula, CA 92590</td>
<td>01-APR-22</td>
</tr>
<tr>
<td>Waddad, Hassan, MD²</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 204 Temecula, CA 92590</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>Vega, Ricardo, MD†</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 204 Temecula, CA 92590</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>Vega, Ricardo, MD†</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 204 Temecula, CA 92590</td>
<td>01-AUG-22</td>
</tr>
<tr>
<td>Vega, Ricardo, MD†</td>
<td>N/A</td>
<td>27699 Jefferson Ave Ste 204 Temecula, CA 92590</td>
<td>01-AUG-22</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>AGENA, CYAN, PT</td>
<td>27699 JEFFERSON AVE STE 202</td>
<td>01-NOV-21</td>
</tr>
<tr>
<td>N/A</td>
<td>ATKINS, WILLIAM, PT</td>
<td>27699 JEFFERSON AVE STE 202</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>N/A</td>
<td>ATKINS, WILLIAM, PT</td>
<td>27699 JEFFERSON AVE STE 202</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>N/A</td>
<td>BRYANS, BRIANNA, PT†</td>
<td>29645 RANCHO CALIFORNIA RD</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>N/A</td>
<td>BRYANS, BRIANNA, PT†</td>
<td>29645 RANCHO CALIFORNIA RD</td>
<td>01-JAN-22</td>
</tr>
<tr>
<td>N/A</td>
<td>BURUEL, KAYLA, PT</td>
<td>27699 JEFFERSON AVE STE 202</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>N/A</td>
<td>BURUEL, KAYLA, PT</td>
<td>27699 JEFFERSON AVE STE 202</td>
<td>01-SEP-23</td>
</tr>
<tr>
<td>N/A</td>
<td>ESTELLE, KIRA, PT</td>
<td>31515 RANCHO PUEBLO RD STE 101</td>
<td>01-MAY-23</td>
</tr>
<tr>
<td>N/A</td>
<td>HANSON, ADRIENNE, PT</td>
<td>31515 RANCHO PUEBLO RD STE 101</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>N/A</td>
<td>HANSON, ADRIENNE, PT</td>
<td>31515 RANCHO PUEBLO RD STE 101</td>
<td>01-JUL-23</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单

专科护理医生

- **ROLTSCH, IAN, PT**
  - Provider ID: N/A
  - 31515 RANCHO PUEBLO RD STE 101
    TEMECULA, CA 92592
  - Effective as of 01-JUL-23

- **HANSON, ADRIENNE, PT**
  - Provider ID: N/A
  - 31515 RANCHO PUEBLO RD STE 101
    TEMECULA, CA 92592
  - Effective as of 01-JUL-23

- **HORN, TREVOR, PT**
  - Provider ID: N/A
  - 31515 RANCHO PUEBLO RD STE 101
    TEMECULA, CA 92592
  - Effective as of 01-APR-20

- **ROLTSCH, IAN, PT**
  - Provider ID: N/A
  - 27699 JEFFERSON AVE STE 202
    TEMECULA, CA 92590
  - Effective as of 01-JUL-23

- **SIVA, ANDREW, PT**
  - Provider ID: N/A
  - 27699 JEFFERSON AVE STE 202
    TEMECULA, CA 92590
  - Effective as of 01-APR-20

- **HORN, TREVOR, PT†**
  - Provider ID: N/A
  - 31515 RANCHO PUEBLO RD STE 101
    TEMECULA, CA 92592
  - Effective as of 01-APR-20

- **ROLTSCH, IAN, PT**
  - Provider ID: N/A
  - 27699 JEFFERSON AVE STE 202
    TEMECULA, CA 92590
  - Effective as of 01-MAY-23

- **HORN, TREVOR, PT†**
  - Provider ID: N/A
  - 31515 RANCHO PUEBLO RD STE 101
    TEMECULA, CA 92592
  - Effective as of 01-APR-20

- **SABIN, SCOTT, PT†**
  - Provider ID: N/A
  - 31515 RANCHO PUEBLO RD STE 101
    TEMECULA, CA 92592
  - Effective as of 01-FEB-19

- **HORN, TREVOR, PT†**
  - Provider ID: N/A
  - 27699 JEFFERSON AVE STE 202
    TEMECULA, CA 92590
  - Effective as of 01-APR-20

- **ROLTSCH, IAN, PT**
  - Provider ID: N/A
  - 27699 JEFFERSON AVE STE 202
    TEMECULA, CA 92590
  - Effective as of 01-MAY-23

- **SIVA, ANDREW, PT†**
  - Provider ID: N/A
  - 27699 JEFFERSON AVE STE 202
    TEMECULA, CA 92590
  - Effective as of 01-MAY-23

- **HORN, TREVOR, PT†**
  - Provider ID: N/A
  - 27699 JEFFERSON AVE STE 202
    TEMECULA, CA 92590
  - Effective as of 01-FEB-19

- **SABIN, SCOTT, PT†**
  - Provider ID: N/A
  - 31515 RANCHO PUEBLO RD STE 101
    TEMECULA, CA 92592
  - Effective as of 01-MAY-23

- **HORN, TREVOR, PT†**
  - Provider ID: N/A
  - 27699 JEFFERSON AVE STE 202
    TEMECULA, CA 92590
  - Effective as of 01-MAY-23

- **SIVA, ANDREW, PT†**
  - Provider ID: N/A
  - 27699 JEFFERSON AVE STE 202
    TEMECULA, CA 92590
  - Effective as of 01-MAY-23

- **HORN, TREVOR, PT†**
  - Provider ID: N/A
  - 27699 JEFFERSON AVE STE 202
    TEMECULA, CA 92590
  - Effective as of 01-APR-20

- **SIVA, ANDREW, PT†**
  - Provider ID: N/A
  - 27699 JEFFERSON AVE STE 202
    TEMECULA, CA 92590
  - Effective as of 01-APR-20

- **SIVA, ANDREW, PT†**
  - Provider ID: N/A
  - 29645 RANCHO CALIFORNIA RD STE 4
    TEMECULA, CA 92591
  - Effective as of 01-NOV-21

- **SIVA, ANDREW, PT†**
  - Provider ID: N/A
  - 29645 RANCHO CALIFORNIA RD STE 234
    TEMECULA, CA 92591
  - Effective as of 01-NOV-21

- **SIVA, ANDREW, PT†**
  - Provider ID: N/A
  - 29645 RANCHO CALIFORNIA RD STE 4
    TEMECULA, CA 92591
  - Effective as of 01-NOV-21

- **SIVA, ANDREW, PT†**
  - Provider ID: N/A
  - 29645 RANCHO CALIFORNIA RD STE 234
    TEMECULA, CA 92591
  - Effective as of 01-NOV-21

- **SIVA, ANDREW, PT†**
  - Provider ID: N/A
  - 29645 RANCHO CALIFORNIA RD STE 4
    TEMECULA, CA 92591
  - Effective as of 01-NOV-21

- **SIVA, ANDREW, PT†**
  - Provider ID: N/A
  - 31515 RANCHO PUEBLO RD STE 101
    TEMECULA, CA 92592
  - Effective as of 01-JUN-21
C1. 网络提供者名单

专科护理医生

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIZCARRA, DAVID, PT²</td>
<td>N/A</td>
<td>29645 RANCHO CALIFORNIA RD STE 234</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td>01-JUN-20</td>
</tr>
<tr>
<td>RAMASWAMY, DHARMARAJAN, MD²</td>
<td>N/A</td>
<td>31515 RANCHO PUEBLO RD STE 203</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td>TRIVEDI, JANKI, MD²</td>
<td>N/A</td>
<td>31515 RANCHO PUEBLO RD STE 203</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td>ODORAN, KAYLA, SP</td>
<td>N/A</td>
<td>40764 WINCHESTER RD STE 590</td>
<td>TEMECULA, CA</td>
<td>92591</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>ODORAN, KAYLA, SP</td>
<td>N/A</td>
<td>40764 WINCHESTER RD STE 590</td>
<td>TEMECULA, CA</td>
<td>92591</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>WIRTH, LAURA, SP</td>
<td>N/A</td>
<td>40764 WINCHESTER RD STE 590</td>
<td>TEMECULA, CA</td>
<td>92591</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>PHILLPOTTS, MARC, MD²</td>
<td>N/A</td>
<td>31515 RANCHO PUEBLO RD STE 203</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td>01-JUL-21</td>
</tr>
<tr>
<td>RHEUMATOLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AL HARASH, ABDALHAMID, MD²</td>
<td>N/A</td>
<td>31565 RANCHO PUEBLO RD STE 205</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>MEHTA, AMAL, MD²</td>
<td>N/A</td>
<td>31515 RANCHO PUEBLO RD STE 203</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td>MEHTA, AMAL, MD²</td>
<td>N/A</td>
<td>31515 RANCHO PUEBLO RD STE 203</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td>01-JUN-22</td>
</tr>
<tr>
<td>MEHTA, CHANDRAKANT, MD²</td>
<td>N/A</td>
<td>31565 RANCHO PUEBLO RD STE 205</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td>MEHTA, CHANDRAKANT, MD²</td>
<td>N/A</td>
<td>31515 RANCHO PUEBLO RD STE 203</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td>01-SEP-18</td>
</tr>
<tr>
<td>MEHTA, CHANDRAKANT, MD²</td>
<td>N/A</td>
<td>31565 RANCHO PUEBLO RD STE 205</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td>01-JUL-23</td>
</tr>
<tr>
<td>MEHTA, AMAL, MD²</td>
<td>N/A</td>
<td>31515 RANCHO PUEBLO RD STE 203</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td>01-SEP-18</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

TEMECULA, CA 92591
Effective as of 01-JUN-22

WIRTH, LAURA, SP
Provider ID: N/A
40764 WINCHESTER RD
STE 590
TEMECULA, CA 92591
Effective as of 01-JUN-22

Surgery Colon
Surgery

GORSKI, TITO, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-22

BARRERA, KAYLENE, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-23

ESSIEN, FRANCIS, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-APR-22

ESSIEN, FRANCIS, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-15

ESSIEN, FRANCIS, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-16

ESSIEN, FRANCIS, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-15

Essential care
GORSKI, TITO, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-MAY-22

BARRERA, KAYLENE, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-MAY-22

CORDERO, RAYMUND, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-22

CORDERO, RAYMUND, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-16

CORDERO, RAYMUND, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-15

CORDERO, RAYMUND, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-15

CORDERO, RAYMUND, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-15

CORDERO, RAYMUND, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-15

CORDERO, RAYMUND, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-15

BARRERA, KAYLENE, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-MAY-22

CORDERO, RAYMUND, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-22

BARRERA, KAYLENE, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-23

ESSIEN, FRANCIS, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-APR-22

ESSIEN, FRANCIS, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-15

ESSIEN, FRANCIS, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-16

ESSIEN, FRANCIS, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-15
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-22

GORSKI, TITO, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-22

GORSKI, YARA, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-22

GORSKI, YARA, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-16

GORSKI, TITO, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-16

GORSKI, TITO, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-APR-22

JOHNSON, HEGE, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-22

MAC, OLIVIA, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-22

NAFIU, BOLAJI, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-19

NAFIU, BOLAJI, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-22

NAFIU, BOLAJI, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-20

NOURI, SARVENAZ, MD†
Provider ID: N/A
31625 DE PORTOLA RD STE 101

ROGHANI, REZA, MD
Provider ID: N/A
40949 WINCHESTER RD
TEMECULA, CA 92591
Effective as of 01-MAR-23

SHAPER, EMANUEL, MD
Provider ID: N/A
31625 DE PORTOLA RD STE 101
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WANG, NAN, MD</td>
<td>N/A</td>
<td>31573 RANCHO PUEBLO RD STE 210</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td></td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>GORSKI, YARA, MD</td>
<td>N/A</td>
<td>31537 RANCHO PUEBLO RD STE 202</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td></td>
<td>01-JUN-15</td>
</tr>
<tr>
<td>TIU, BRIAN, MD</td>
<td>N/A</td>
<td>31537 RANCHO PUEBLO RD STE 202</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td></td>
<td>01-SEP-22</td>
</tr>
<tr>
<td>VU, STEVE, MD</td>
<td>N/A</td>
<td>27699 JEFFERSON AVE STE 305</td>
<td>TEMECULA, CA</td>
<td>92590</td>
<td></td>
<td>01-AUG-18</td>
</tr>
<tr>
<td>WANG, XIUJIE, MD</td>
<td>N/A</td>
<td>31537 RANCHO PUEBLO RD STE 202</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td></td>
<td>01-MAR-20</td>
</tr>
<tr>
<td>WANG, NAN, MD</td>
<td>N/A</td>
<td>31573 RANCHO PUEBLO RD STE 210</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td></td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>WANG, XIUJIE, MD</td>
<td>N/A</td>
<td>31537 RANCHO PUEBLO RD STE 202</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td></td>
<td>01-SEP-19</td>
</tr>
<tr>
<td>WANG, XIUJIE, MD</td>
<td>N/A</td>
<td>31537 RANCHO PUEBLO RD STE 202</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td></td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>SURGERY GENERAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VASCULAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GORSKI, YARA, MD</td>
<td>N/A</td>
<td>31537 RANCHO PUEBLO RD STE 202</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td></td>
<td>01-MAY-22</td>
</tr>
<tr>
<td>KARMUR, AMIT, DO</td>
<td>N/A</td>
<td>31537 RANCHO PUEBLO RD STE 202</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td></td>
<td>01-MAY-22</td>
</tr>
<tr>
<td>GORSKI, YARA, MD</td>
<td>N/A</td>
<td>31537 RANCHO PUEBLO RD STE 210</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td></td>
<td>01-DEC-21</td>
</tr>
<tr>
<td>GORSKI, YARA, MD</td>
<td>N/A</td>
<td>31537 RANCHO PUEBLO RD STE 210</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td></td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>GREWAL, PRABHJOT, MD</td>
<td>N/A</td>
<td>27290 MADISON AVE STE 102</td>
<td>TEMECULA, CA</td>
<td>92590</td>
<td></td>
<td>01-JUN-20</td>
</tr>
<tr>
<td>KARMUR, AMIT, DO</td>
<td>N/A</td>
<td>27290 MADISON AVE STE 102</td>
<td>TEMECULA, CA</td>
<td>92590</td>
<td></td>
<td>01-JUN-20</td>
</tr>
<tr>
<td>GREWAL, PRABHJOT, MD</td>
<td>N/A</td>
<td>27290 MADISON AVE STE 102</td>
<td>TEMECULA, CA</td>
<td>92590</td>
<td></td>
<td>01-NOV-20</td>
</tr>
<tr>
<td>NAFIU, BOLAJI, MD</td>
<td>N/A</td>
<td>31537 RANCHO PUEBLO</td>
<td></td>
<td></td>
<td></td>
<td>01-AUG-16</td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

WANG, XIUJIE, MD
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-MAY-22

NAFIU, BOLAJI, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-21

TIU, BRIAN, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-MAY-22

TIU, BRIAN, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-MAY-22

WANG, XIUJIE, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-OCT-20

WANG, XIUJIE, MD†
Provider ID: N/A
31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-OCT-20

SURGERY HAND

KIM, KEVIN, DO
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-MAY-22

MONEYHON, MICHAEL, MD
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-FEB-23

MONEYHON, MICHAEL, MD
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-FEB-23

MONEYHON, MICHAEL, MD
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-FEB-23

TRAN, TUAN, MD
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-APR-23

TRAN, TUAN, MD
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-APR-23

TRAN, TUAN, MD
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-APR-23

TRAN, TUAN, MD
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-APR-23
**C1. 网络提供者名单**

**专科护理医生**

**Surgery Orthopedic**

**ABITBOL, JEAN JACQUES, MD**
Provider ID: N/A
28975 OLD TOWN FRONT ST STE 200
TEMECULA, CA 92590
Effective as of 01-FEB-23

**AMERI, BIJAN, DO**
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-JUN-22

**AMERI, BIJAN, DO**
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-FEB-23

**BIAMA, RICHARD, MD**
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-FEB-23

**BIAMA, RICHARD, MD**
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-FEB-23

**FOSTER, ANDREW DAVID, MD**
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-FEB-23

**FOSTER, ANDREW DAVID, MD**
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-FEB-23

**FOSTER, ANDREW DAVID, MD**
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-FEB-23

**FOSTER, ANDREW DAVID, MD**
Provider ID: N/A
28780 SINGLE OAK DR STE 270
TEMECULA, CA 92590
Effective as of 01-FEB-23

**FRENCH, MICHAEL, DO**
Provider ID: N/A
40949 WINCHESTER RD
TEMECULA, CA 92591
Effective as of 01-JUL-21

**FRENCH, MICHAEL, DO**
Provider ID: N/A
40949 WINCHESTER RD
TEMECULA, CA 92591
Effective as of 01-OCT-22

**FRENCH, MICHAEL, DO**
Provider ID: N/A
40949 WINCHESTER RD
TEMECULA, CA 92591
Effective as of 01-DEC-22

**ELLIS, JOHN, MD**
Provider ID: N/A
40949 WINCHESTER RD
TEMECULA, CA 92591
Effective as of 01-SEP-22

**ELLIS, JOHN, MD**
Provider ID: N/A
40949 WINCHESTER RD
TEMECULA, CA 92591
Effective as of 01-JUL-23

**ELLIS, JOHN, MD**
Provider ID: N/A
40949 WINCHESTER RD
TEMECULA, CA 92591
Effective as of 01-JUN-21

**KELLEY, STEVEN, MD**
Provider ID: N/A
40949 WINCHESTER RD
TEMECULA, CA 92591
Effective as of 01-FEB-23
<table>
<thead>
<tr>
<th>Network Provider Name</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KELLEY, STEVEN, MD</strong></td>
<td>Effective as of 01-DEC-22, 01-JUL-23, 01-FEB-23</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>40949 WINCHESTER RD TEMECULA, CA 92591</td>
</tr>
<tr>
<td><strong>LUNA, MARIO, MD</strong></td>
<td>Effective as of 01-JUL-16, 01-JUL-20, 01-SEP-22</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>28780 SINGLE OAK DR STE 270 TEMECULA, CA 92590*</td>
</tr>
<tr>
<td><strong>MARGER, MICHAEL, MD</strong></td>
<td>Effective as of 01-SEP-22</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>27455 TIERRA ALTA WAY STE A TEMECULA, CA 92590</td>
</tr>
<tr>
<td><strong>RICKERT, ALEXANDER, MD</strong></td>
<td>Effective as of 01-FEB-23</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>28780 SINGLE OAK DR STE 270 TEMECULA, CA 92590</td>
</tr>
<tr>
<td><strong>ROBINSON, MATTHEW, DO</strong></td>
<td>Effective as of 01-JUN-21</td>
</tr>
<tr>
<td>Provider ID: N/A</td>
<td>40949 WINCHESTER RD TEMECULA, CA 92591</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>ID</th>
<th>Address</th>
<th>City, State</th>
<th>Zip</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROBINSON, MATTHEW, DO</td>
<td>DO</td>
<td>N/A</td>
<td>40949 WINCHESTER RD</td>
<td>TEMECULA, CA</td>
<td>92591</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>ROBINSON, MATTHEW, DO</td>
<td>DO</td>
<td>N/A</td>
<td>40949 WINCHESTER RD</td>
<td>TEMECULA, CA</td>
<td>92591</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>ROGHANI, REZA, MD</td>
<td>MD</td>
<td>N/A</td>
<td>40949 WINCHESTER RD</td>
<td>TEMECULA, CA</td>
<td>92591</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>ROGHANI, REZA, MD</td>
<td>MD</td>
<td>N/A</td>
<td>40949 WINCHESTER RD</td>
<td>TEMECULA, CA</td>
<td>92591</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>ROGHANI, REZA, MD</td>
<td>MD</td>
<td>N/A</td>
<td>40949 WINCHESTER RD</td>
<td>TEMECULA, CA</td>
<td>92591</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>ROGHANI, REZA, MD</td>
<td>MD</td>
<td>N/A</td>
<td>40949 WINCHESTER RD</td>
<td>TEMECULA, CA</td>
<td>92591</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>ROSENBERG, GARY, DO</td>
<td>DO</td>
<td>N/A</td>
<td>28780 SINGLE OAK DR STE 270</td>
<td>TEMECULA, CA</td>
<td>92590</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>ROSENBERG, GARY, DO</td>
<td>DO</td>
<td>N/A</td>
<td>28780 SINGLE OAK DR STE 270</td>
<td>TEMECULA, CA</td>
<td>92590</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>ROGHANI, REZA, MD</td>
<td>MD</td>
<td>N/A</td>
<td>31170 TEMECULA PKWY STE 100</td>
<td>TEMECULA, CA</td>
<td>92592</td>
<td>01-OCT-22</td>
</tr>
<tr>
<td>ROSENBERG, GARY, DO</td>
<td>DO</td>
<td>N/A</td>
<td>28780 SINGLE OAK DR STE 270</td>
<td>TEMECULA, CA</td>
<td>92590</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>ROSENBERG, GARY, DO</td>
<td>DO</td>
<td>N/A</td>
<td>28780 SINGLE OAK DR STE 270</td>
<td>TEMECULA, CA</td>
<td>92590</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>ROWSHAN, KASRA, MD</td>
<td>MD</td>
<td>N/A</td>
<td>40949 WINCHESTER RD</td>
<td>TEMECULA, CA</td>
<td>92591</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>ROWSHAN, KASRA, MD</td>
<td>MD</td>
<td>N/A</td>
<td>40949 WINCHESTER RD</td>
<td>TEMECULA, CA</td>
<td>92591</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>ROWSHAN, KASRA, MD</td>
<td>MD</td>
<td>N/A</td>
<td>40949 WINCHESTER RD</td>
<td>TEMECULA, CA</td>
<td>92591</td>
<td>01-AUG-23</td>
</tr>
<tr>
<td>UPPAL, GURVINDER, MD</td>
<td>MD</td>
<td>N/A</td>
<td>28780 SINGLE OAK DR STE 270</td>
<td>TEMECULA, CA</td>
<td>92590</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>UPPAL, GURVINDER, MD</td>
<td>MD</td>
<td>N/A</td>
<td>28780 SINGLE OAK DR STE 270</td>
<td>TEMECULA, CA</td>
<td>92590</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>Provider</td>
<td>Address</td>
<td>Effective As Of</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>---------</td>
<td>----------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UPPAL, GURVINDER, MD</strong></td>
<td>28780 SINGLE OAK DR STE 270, TEMECULA, CA 92590</td>
<td>01-FEB-23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VU, STEVE, MD</strong></td>
<td>27699 JEFFERSON AVE STE 305, TEMECULA, CA 92590</td>
<td>01-JUN-23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SURGERY PLASTIC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHAO, JAMES, MD</strong></td>
<td>27699 JEFFERSON AVE STE 201, TEMECULA, CA 92590</td>
<td>01-APR-20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MUDGE, BRADLEY, MD</strong></td>
<td>44605 AVENIDA DE MISSIONES STE 202, TEMECULA, CA 92592</td>
<td>01-OCT-19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BANSAL, NEERAJ, MD</strong></td>
<td>31573 RANCHO PUEBLO RD STE 210, TEMECULA, CA 92592</td>
<td>01-MAY-23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RASI, ALFREDO, MD</strong></td>
<td>31573 RANCHO PUEBLO RD STE 210, TEMECULA, CA 92592</td>
<td>01-APR-23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TALANKI, VARUN, MD</strong></td>
<td>31565 RANCHO PUEBLO RD STE 205, TEMECULA, CA 92592</td>
<td>01-MAY-22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FAMILY PRACTICE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RAY, ANNE, MD</strong></td>
<td>31951 DOVE CANYON DR, TRABUCO CANYON, CA 92679</td>
<td>01-DEC-23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CERTIFIED REGISTERED NURSE MIDWIFE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ALLEN, ANNE, CRNM</strong></td>
<td>28477 LIZARD ROCKS RD, VALLEY CENTER, CA 92082</td>
<td>01-JUL-22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ONEILL, THERESE, CRNM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C1. 网络提供者名单**

**专科护理医生**
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Effective as of 01-NOV-23

FAMILY PRACTICE

CASTANER, ZALYA, MD
Provider ID: N/A
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Effective as of 01-FEB-24

AGUEY, OMAR, PA
Provider ID: N/A
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Effective as of 01-DEC-20

WICKWARE, TRACY, PA
Provider ID: N/A
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Effective as of 01-FEB-24

PATEL, JITENBHAI, MD
Provider ID: N/A
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Effective as of 01-FEB-24

PATEL, RAKESH, MD
Provider ID: N/A
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Effective as of 01-FEB-24

SCHULTZ, JAMES, MD
Provider ID: N/A
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Effective as of 01-FEB-24

AGUEY, OMAR, PA
Provider ID: N/A
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Effective as of 01-FEB-24

MCHENRY, KATHRYN, DO
Provider ID: N/A
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Effective as of 01-FEB-24

ZIERING, ROBERT, MD
Provider ID: N/A
2067 W VISTA WAY STE 140
VISTA, CA 92083
Effective as of 01-JUL-01

ZIERING, ROBERT, MD
Provider ID: N/A
2067 W VISTA WAY STE 140
VISTA, CA 92083
Effective as of 01-AUG-20

CARDIAC
ELECTROPHYSIOLOGY

BUI, HANH, MD
Provider ID: N/A
906 SYCAMORE AVE STE 104
VISTA, CA 92081
Effective as of 01-MAY-23

VOLPP, HEATHER, MD
Provider ID: N/A
2067 W VISTA WAY
VISTA, CA 92083
Effective as of 01-MAR-14

BUI, HANH, MD
Provider ID: N/A
906 SYCAMORE AVE STE 104
VISTA, CA 92081
Effective as of 01-MAY-23

ALLERGY IMMUNOLOGY

VOLPP, HEATHER, MD
Provider ID: N/A
2067 W VISTA WAY
VISTA, CA 92083
Effective as of 01-SEP-21

ZIERING, ROBERT, MD
Provider ID: N/A
2067 W VISTA WAY STE 140
VISTA, CA 92083
Effective as of 01-JUL-22

DO, HULBERT, MD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22

CARDIOVASCULAR
DISEASE

DO, HULBERT, MD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22
### C1. 网络提供者名单

#### 专科护理医生

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Provider Name</th>
<th>Effective As Of</th>
<th>Address</th>
<th>Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>MOUSSAVIAN, MEHRAN, DO†</td>
<td>01-OCT-21</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>MOUSSAVIAN, MEHRAN, DO†</td>
<td>01-OCT-21</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>PARIKH, MILIND, DO†</td>
<td>01-OCT-21</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>PARKS, MONICA, MD</td>
<td>01-JAN-24</td>
<td>906 SYCAMORE AVE STE 104 VISTA, CA 92081</td>
<td>Teleservice</td>
</tr>
<tr>
<td>N/A</td>
<td>BAEK, KILHYO, NP</td>
<td>01-FEB-24</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>BAEK, KILHYO, NP</td>
<td>01-FEB-24</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>BAEZ, ELIZABETH, NP</td>
<td>01-JAN-24</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>BATES, TYLER, NP</td>
<td>01-MAR-23</td>
<td>204 S SANTA FE AVE VISTA, CA 92084</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>BJORNSON, MICHELE, NP</td>
<td>01-JAN-24</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td></td>
</tr>
</tbody>
</table>

#### Certified Acupuncturist

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Provider Name</th>
<th>Effective As Of</th>
<th>Address</th>
<th>Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>SCARLETT, YVONNE, LAC</td>
<td>01-JAN-24</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td></td>
</tr>
</tbody>
</table>

#### Certified Nurse

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Provider Name</th>
<th>Effective As Of</th>
<th>Address</th>
<th>Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>CHILAKA, SAMUEL, NP</td>
<td>01-MAY-21</td>
<td>950 CIVIC CENTER DR STE A VISTA, CA 92083</td>
<td>Teleservice</td>
</tr>
<tr>
<td>N/A</td>
<td>CHATHAM, OLIVIA, NP†</td>
<td>01-NOV-22</td>
<td>950 CIVIC CENTER DR STE A VISTA, CA 92083</td>
<td>Teleservice</td>
</tr>
<tr>
<td>N/A</td>
<td>CHATHAM, OLIVIA, NP†</td>
<td>01-MAY-21</td>
<td>950 CIVIC CENTER DR STE A VISTA, CA 92083</td>
<td>Teleservice</td>
</tr>
<tr>
<td>N/A</td>
<td>BJORNSON, MICHELE, NP</td>
<td>01-JAN-24</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Provider ID: N/A</td>
<td>Address</td>
<td>Effective as of:</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------</td>
<td>---------------------------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>Chilaka, Samuel, NP</td>
<td></td>
<td>1000 Vale Terrace Dr</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>Christy, Tyler, NPF</td>
<td></td>
<td>105 Durian St Ste A</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>Christy, Tyler, NPF</td>
<td></td>
<td>134 Grapevine Rd</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>Cory, Allison, NP</td>
<td></td>
<td>1000 Vale Terrace Dr</td>
<td>01-JAN-21</td>
<td></td>
</tr>
<tr>
<td>Cory, Allison, NP</td>
<td></td>
<td>204 S Santa Fe Ave</td>
<td>01-MAY-21</td>
<td></td>
</tr>
<tr>
<td>Dekkers-O’Hare, Ingrid, NP²</td>
<td></td>
<td>1000 Vale Terrace Dr</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>Do, Jackie, NP</td>
<td></td>
<td>134 Grapevine Rd</td>
<td>01-JAN-21</td>
<td></td>
</tr>
<tr>
<td>Eklund, Bonnie, NP²</td>
<td></td>
<td>134 Grapevine Rd</td>
<td>01-APR-24</td>
<td></td>
</tr>
<tr>
<td>Halgedahl, Yi, NP</td>
<td></td>
<td>1000 Vale Terrace Dr</td>
<td>01-OCT-21</td>
<td></td>
</tr>
<tr>
<td>Kaye, Alyson, NP</td>
<td></td>
<td>1000 Vale Terrace Dr</td>
<td>01-JAN-24</td>
<td></td>
</tr>
</tbody>
</table>
KAYE, ALYSON, NP
Provider ID: N/A
105 DURIAN ST
VISTA, CA 92083
Effective as of 01-FEB-24

KELLEHER, BRIDGET, NP
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-APR-24

KELLEHER, BRIDGET, NP
Provider ID: N/A
105 DURIAN ST STE B
VISTA, CA 92083
Effective as of 01-FEB-24

KELLEHER, BRIDGET, NP
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-APR-24

KESSLER, JENNIFER, NP
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-DEC-23

KORMANIK, PATRICIA, NP²
Provider ID: N/A
910 SYCAMORE AVE STE 102
VISTA, CA 92081
Effective as of 01-JUL-21

MERRITT, MARISA, NP
Provider ID: N/A
204 S SANTA FE AVE
VISTA, CA 92084
Teleservice
Effective as of 01-AUG-22

NAVA, PETER, NP
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-24

NAVA, PETER, NP
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-JAN-24

NICHOLAS, ESTELA, NP
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-21

PATEMAN, CAROLYN, NP
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-21

PATEMAN, CAROLYN, NP
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-JAN-24

PRITZKER, JOELY, NP
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-FEB-24

PRITZKER, JOELY, NP
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-24

ROSS, BRIDGET, NPF
Provider ID: N/A
204 S SANTA FE AVE
VISTA, CA 92084
Teleservice
Effective as of 01-OCT-22

SCHAEPE, RHODORA, NP
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-MAR-24

SERRATO, ANTHONY, NP
Provider ID: N/A
906 SYCAMORE AVE STE 104
VISTA, CA 92081
Effective as of 01-MAY-23

SHAHBAZ, LINNAE, NPF
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-MAR-24

SRILASAK, MICHELE, NP²
Provider ID: N/A
910 SYCAMORE AVE STE 102
VISTA, CA 92081
Effective as of 01-JUL-21

TABARANZA, PHOEBE, NPF
Provider ID: N/A
204 S SANTA FE AVE
VISTA, CA 92084
Teleservice
Effective as of 01-OCT-22

WAGNER, TASIA, NP
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-APR-24

WAGNER, TASIA, NP
Provider ID: N/A
204 S SANTA FE AVE
VISTA, CA 92084
Teleservice
Effective as of 01-OCT-22

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
CERTIFIED REGISTERED
NURSE MIDWIFE

GUIDI, CASEY, CRNM
Provider ID: N/A

WAGNER, TASIA, NP
Provider ID: N/A

WILLIAMS, JINA, NP
Provider ID: N/A

WINDHAM, SUZONNE, NP
Provider ID: N/A

YCASAS, EMILY, NP
Provider ID: N/A

YCASAS, EMILY, NP
Provider ID: N/A

CHIROPRACTOR

CORTEZ, JAIME, DC²
Provider ID: N/A

OLSON, ROBERT, DC
Provider ID: N/A

DERMATOLOGY

GRUSHCHAK, SOLOMIYA, MD
Provider ID: N/A
VISTA, CA 92081
Effective as of 01-JAN-24

GRUSHCHAK, SOLOMIYA, MD
Provider ID: N/A
1934 VIA CTR STE B
VISTA, CA 92081
Effective as of 01-JAN-24

HENDERSON, GREGORY, MD†
Provider ID: N/A
1934 VIA CTR STE B
VISTA, CA 92081
Effective as of 01-SEP-21

HENDERSON, GREGORY, MD†
Provider ID: N/A
2395 S MELROSE DR
VISTA, CA 92081
Effective as of 01-AUG-21

STEIN, ALEXANDER, MD
Provider ID: N/A
2067 W VISTA WAY
VISTA, CA 92083
Effective as of 01-JUL-23

EMERGENCY MEDICINE

ZIMMERMAN, DAVID, MD
Provider ID: N/A
145 THUNDER DR
VISTA, CA 92083
Effective as of 01-MAY-24

FAMILY PRACTICE

DONNELL, MARTI, MD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-NOV-23

DONNELL, MARTI, MD
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-NOV-23

HIKES, RYAN, MD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-AUG-22

MARTINEZ, LESLY, MD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-APR-23

MARTINEZ, LESLY, MD
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-APR-23

PUDOL, CHRISTOPHER, DO
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Teleservice
Effective as of 01-MAR-24

PUDOL, CHRISTOPHER, DO
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Teleservice
Effective as of 01-MAR-24

TRAN, DAO, DO
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-21

TRAN, DAO, DO
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-MAY-23

VIDAL, MONICA, DO†
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-AUG-22

VIDAL, MONICA, DO†
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-AUG-22

TANUS, DEBORAH, DO
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-NOV-23

WALKER, BRADLEY, MD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-NOV-23

ANDREY, JEFFREY, MD†
Provider ID: N/A
910 SYCAMORE AVE STE 102
VISTA, CA 92081
Effective as of 01-MAY-23

ESKANDER, RAMEZ, MD†
Provider ID: N/A
910 SYCAMORE AVE STE 102
VISTA, CA 92081
Effective as of 01-MAY-23

HEMATOLOGY / ONCOLOGY
2067 W VISTA WAY STE 295
VISTA, CA 92083
Effective as of 01-APR-23

ANDREY, JEFFREY, MD†
Provider ID: N/A
2067 W VISTA WAY STE 295
VISTA, CA 92083
Effective as of 01-SEP-22

BASERI, BABAK, MD†
Provider ID: N/A
2067 W VISTA WAY STE 295
VISTA, CA 92083
Effective as of 01-APR-23

BASERI, BABAK, MD†
Provider ID: N/A
2067 W VISTA WAY STE 295
VISTA, CA 92083
Effective as of 01-JUL-23

BASERI, BABAK, MD
Provider ID: N/A
2067 W VISTA WAY STE 295
VISTA, CA 92083
Effective as of 01-JUL-22

MARJON, PHILIP, MD†
Provider ID: N/A
2067 W VISTA WAY STE 295
VISTA, CA 92083
Effective as of 01-APR-24

MARJON, PHILIP, MD†
Provider ID: N/A
2067 W VISTA WAY STE 295
VISTA, CA 92083
Effective as of 01-SEP-22

PARSI, HOOMAN, MD
Provider ID: N/A
2067 W VISTA WAY STE 295
VISTA, CA 92083
Effective as of 01-JUL-23

SARWARI, NAWID, MD
Provider ID: N/A
2067 W VISTA WAY STE 295
VISTA, CA 92083
Effective as of 01-JUL-21

HOSPITALIST MD/DO
LOPEZ, SANDRA, MD†
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-24

INTERNAL MEDICINE
BAUTISTA, JENNIFER, MD
Provider ID: N/A
2067 W VISTA WAY STE 160
VISTA, CA 92083
Effective as of 01-FEB-23

INTERVENTIONAL CARDIOLOGY
BUI, HANH, MD
Provider ID: N/A
906 SYCAMORE AVE STE 104
VISTA, CA 92081
Teleservice
Effective as of 01-JAN-24

DO, HULBERT, MD†
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-24

KABRA, ASHISH, MD
Provider ID: N/A
906 SYCAMORE AVE STE 104
VISTA, CA 92081
Effective as of 01-JAN-24

MOUSSAVIAN, MEHRAN, DO†
Provider ID: N/A
910 SYCAMORE AVE STE 102
VISTA, CA 92081
Effective as of 01-JUL-21

HOSPICE AND PALLIATIVE MEDICINE
RUBENZIK, TAMARA, MD†
Provider ID: N/A
910 SYCAMORE AVE STE 102
VISTA, CA 92081
Effective as of 01-JUL-23
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Practice Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>CRUZ, VANESSA, LCSW</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JUL-22</td>
</tr>
<tr>
<td>N/A</td>
<td>CRUZ, VANESSA, LCSW</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>N/A</td>
<td>CRUZ, VANESSA, LCSW</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-21</td>
</tr>
<tr>
<td>N/A</td>
<td>DOUGHERTY, CHRISTINE, LCSW</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>N/A</td>
<td>DOUGHERTY, CHRISTINE, LCSW</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>GODINEZ, BRENDA, LCSW</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>GODINEZ, BRENDA, LCSW</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>SANCHEZ, ADRIANA, LCSW</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>SANCHEZ, ADRIANA, LCSW</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>MENDEZ, ADRIANA, LCSW</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>MENDEZ, ADRIANA, LCSW</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>NEVILLE, MARGARET, LCSW</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>NEVILLE, MARGARET, LCSW</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>NEVILLE, MARGARET, LCSW</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>NEVILLE, MARGARET, LCSW</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>NEVILLE, MARGARET, LCSW</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>NEVILLE, MARGARET, LCSW</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-JAN-24</td>
</tr>
</tbody>
</table>

**LICENSED CLINICAL SOCIAL WORKER**

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Practice Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>ACOSTA, AZUCENA, LCSW</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>ACOSTA, AZUCENA, LCSW</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>CRUZ, VANESSA, LCSW</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>GODINEZ, BRENDA, LCSW</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>SANCHEZ, ADRIANA, LCSW</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>N/A</td>
<td>SANCHEZ, ADRIANA, LCSW</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-JAN-24</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMITH, SONYA, LCSW</td>
<td>Specialist Care Provider</td>
<td>N/A</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>WILSON, CARLENE, LCSW</td>
<td>Specialist Care Provider</td>
<td>N/A</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>ZAPPONE, ALIDA, LCSW</td>
<td>Specialist Care Provider</td>
<td>N/A</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>ZAPPONE, ALIDA, LCSW</td>
<td>Marriage &amp; Family Therapist</td>
<td>N/A</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>GROVE, VICKI, MFT</td>
<td>Specialist Care Provider</td>
<td>N/A</td>
<td>2385 S MELROSE DR VISTA, CA 92081</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>MEYERHOF, Greta, MFT</td>
<td>Specialist Care Provider</td>
<td>N/A</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>MEYERHOF, Greta, MFT</td>
<td>Specialist Care Provider</td>
<td>N/A</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>OBSTETRICS / GYNECOLOGY</td>
<td>Specialist Care Provider</td>
<td>N/A</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
<td></td>
</tr>
<tr>
<td>ARRIETA, IRIS, MD</td>
<td>Specialist Care Provider</td>
<td>N/A</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-OCT-21</td>
<td></td>
</tr>
<tr>
<td>ARRIETA, IRIS, MD</td>
<td>Specialist Care Provider</td>
<td>N/A</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JUL-22</td>
<td></td>
</tr>
<tr>
<td>ARRIETA, IRIS, MD</td>
<td>Specialist Care Provider</td>
<td>N/A</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JUL-22</td>
<td></td>
</tr>
<tr>
<td>BINDER, PRATIBHA, MD</td>
<td>Specialist Care Provider</td>
<td>N/A</td>
<td>910 SYCAMORE AVE STE 102 VISTA, CA 92081</td>
<td>01-OCT-21</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUN-23

QUAN, MARIA, MD†
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-24

LEON, JOSUE, MD†
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-24

LEON, JOSUE, MD†
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-24

LEONARD, LISA, MD†
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22

LEONARD, LISA, MD†
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22

LEONARD, LISA, MD†
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-OCT-21

LOPEZ, SANDRA, MD†
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-24

MAZAREI, RAHELE, DO
Provider ID: N/A
2067 W VISTA WAY STE 200
VISTA, CA 92083
Effective as of 01-SEP-21

STEPHENS, BENJAMIN, MD
Provider ID: N/A
2067 W VISTA WAY STE 120
VISTA, CA 92083
Effective as of 01-JUL-23

ZAVERI, MAULIK, MD†
Provider ID: N/A
2067 W VISTA WAY STE 120
VISTA, CA 92083
Effective as of 01-MAR-14

ZAVERTI, MAULIK, MD†
Provider ID: N/A
2067 W VISTA WAY STE 120
VISTA, CA 92083
Effective as of 01-FEB-21
C1. 网络提供者名单
专科护理医生

Effective as of 01-SEP-21

**OPTOMETRIST**

AZIMI, SHERRI, OD†
Provider ID: N/A
2067 W VISTA WAY STE 120
VISTA, CA 92083
Effective as of 01-JAN-21

BLOOMBERG, DAVID, OD†
Provider ID: N/A
2067 W VISTA WAY STE 120
VISTA, CA 92083
Effective as of 01-JAN-21

GARDNER, KRISTA, OD†
Provider ID: N/A
2067 W VISTA WAY STE 120
VISTA, CA 92083
Effective as of 01-JAN-21

GEE, JENNIFER, OD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-OCT-21

GEE, JENNIFER, OD
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-SEP-22

GEE, JENNIFER, OD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22

KASAI, SARAH, OD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22

KIM, MICHAEL, OD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22

MORA, WENDY, OD
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-JUL-22

MORA, WENDY, OD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22

MORA, WENDY, OD
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-JUL-22

KOUCHAK, YASMIN, OD†
Provider ID: N/A
2067 W VISTA WAY STE 120
VISTA, CA 92083
Teleservice
Effective as of 01-JUL-23

MORA, WENDY, OD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22

RICH, RYAN, OD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22

RICH, RYAN, OD
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-JUL-22

RICH, RYAN, OD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

RICH, RYAN, OD
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-JAN-24

TAM, EMILY, OD
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-JAN-24

TAM, EMILY, OD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-SEP-22

TAM, EMILY, OD
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-JUL-22

TANG, ASHLEY, OD†
Provider ID: N/A
2067 W VISTA WAY STE 120
VISTA, CA 92083
Teleservice
Effective as of 01-NOV-21

TRAN, JESSICA, OD
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22

WEAVER, APRIL, PA
Provider ID: N/A
134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-OCT-21

OTOLARYNGOLOGY

BERRY, JULIE, MD†
Provider ID: N/A
2023 W VISTA WAY STE J
VISTA, CA 92083
Effective as of 01-AUG-06

KUSHNARYOV, ANTON, MD†
Provider ID: N/A
2023 W VISTA WAY STE J
VISTA, CA 92083
Effective as of 01-OCT-17

KUPEK, ROBERT, PA
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-24

LEPARD, KRISTINA, PA
Provider ID: N/A
204 S SANTA FE AVE
VISTA, CA 92084
Teleservice
Effective as of 01-MAR-23

THEPVONGSA, MELISSA, PA
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-24

WALLACE, STEPHANIE, PA
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-21

WEAVER, APRIL, PA
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-OCT-21

PODIATRIST

GLASSER, DANIEL, DPM
Provider ID: N/A
1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-24
<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Address</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MILLER, JULIE, DPM</td>
<td>N/A</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>MILLER, JULIE, DPM</td>
<td>N/A</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>MILLER, JULIE, DPM</td>
<td>N/A</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>PREVENTATIVE MEDICINE GENERAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEPORTO, TANYA, MD</td>
<td>N/A</td>
<td>204 S SANTA FE AVE VISTA, CA 92084</td>
<td>01-MAY-21</td>
</tr>
<tr>
<td>PSYCHIATRY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BELL, JENNIFER, DO</td>
<td>N/A</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>BELL, JENNIFER, DO</td>
<td>N/A</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>BELL, JENNIFER, DO</td>
<td>N/A</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>CHRISTIANSON, WARREN, DO</td>
<td>N/A</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>CHRISTIANSON, WARREN, DO</td>
<td>N/A</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-APR-24</td>
</tr>
<tr>
<td>CHRISTIANSON, WARREN, DO</td>
<td>N/A</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>PATEL, MITESH, MD</td>
<td>N/A</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>PATEL, MITESH, MD</td>
<td>N/A</td>
<td>134 GRAPEVINE RD VISTA, CA 92083</td>
<td>01-AUG-21</td>
</tr>
<tr>
<td>PATEL, MITESH, MD</td>
<td>N/A</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>PUBLIC HEALTH PREVENTATIVE MEDICINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WALKER, BRADLEY, MD</td>
<td>N/A</td>
<td>1000 VALE TERRACE DR VISTA, CA 92084</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>PULMONARY DISEASES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSING, ANDREW, MD</td>
<td>N/A</td>
<td>2067 W VISTA WAY STE 160 VISTA, CA 92083</td>
<td>01-FEB-23</td>
</tr>
<tr>
<td>HSING, ANDREW, MD</td>
<td>N/A</td>
<td>2067 W VISTA WAY STE 160 VISTA, CA 92083</td>
<td>01-JAN-24</td>
</tr>
<tr>
<td>MAGANA, MARISA, MD</td>
<td>N/A</td>
<td>2067 W VISTA WAY STE 160 VISTA, CA 92083</td>
<td>01-FEB-24</td>
</tr>
<tr>
<td>PINO, ALEJANDRO, MD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C1. 网络提供者名单
专科护理医生

Provider ID: N/A
2067 W VISTA WAY STE 160
VISTA, CA 92083
Effective as of 01-FEB-23

ZHANG, MICHELLE, MD
Provider ID: N/A
2067 W VISTA WAY STE D
VISTA, CA 92083
Effective as of 01-SEP-23

RADIOLOGY DIAGNOSTIC

PATEL, NIKHIL, MD
Provider ID: N/A
906 SYCAMORE AVE STE 100
VISTA, CA 92081
Effective as of 01-DEC-23

REGISTERED PHYSICAL THERAPIST

AMBROSE, CHRISTOPHER, PT
Provider ID: N/A
2067 W VISTA WAY STE 185
VISTA, CA 92083
Effective as of 01-JAN-21

BOUCHARD, REID, PT
Provider ID: N/A
1958 VIA CTR
VISTA, CA 92081
Teleservice
Effective as of 01-OCT-21

BOUTELLE, DAVID, PT
Provider ID: N/A
2067 W VISTA WAY STE 185
VISTA, CA 92083
Effective as of 01-FEB-24

BOUTELLE, BARBARA, PT
Provider ID: N/A
2067 W VISTA WAY STE 185
VISTA, CA 92083

Effective as of 01-JAN-24

DOULL, MATTHEW, PT
Provider ID: N/A
1958 VIA CTR
VISTA, CA 92081
Teleservice
Effective as of 01-JUN-23

GARBER, MARC, PT
Provider ID: N/A
1958 VIA CTR
VISTA, CA 92081
Teleservice
Effective as of 01-OCT-21

RHEUMATOLOGY

ANSARI, RASHAD, MD†
Provider ID: N/A
2023 W VISTA WAY STE J
VISTA, CA 92083
Effective as of 01-JUL-22

BEJKO, ETLEVA, MD†
Provider ID: N/A
2023 W VISTA WAY STE H
VISTA, CA 92083
Teleservice
Effective as of 01-OCT-21

BRION, PAUL, MD†
Provider ID: N/A
2023 W VISTA WAY STE H
VISTA, CA 92083
Teleservice
Effective as of 01-SEP-21

ANSARI, RASHAD, MD†
Provider ID: N/A
2023 W VISTA WAY STE J
VISTA, CA 92083
Effective as of 01-JUL-22

BEJKO, ETLEVA, MD†
Provider ID: N/A
2023 W VISTA WAY STE H
VISTA, CA 92083
Teleservice
Effective as of 01-DEC-21

BRION, PAUL, MD†
Provider ID: N/A
2023 W VISTA WAY STE H
VISTA, CA 92083
Teleservice
Effective as of 01-DEC-21

ARMANI, AVA, MD†
Provider ID: N/A
910 SYCAMORE AVE STE 102
VISTA, CA 92081
Effective as of 01-JUL-21

GROVE, JAY, MD†
Provider ID: N/A
2385 S MELROSE DR
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Effective as of 01-MAR-21

**CHIROPRACTOR**

ADAMS, CONRAD, LAC  
Provider ID: N/A  
32475 CLINTON KEITH RD  
STE 108  
WILDOMAR, CA 92595  
Effective as of 01-MAR-23

**GASTROENTEROLOGY**

CHANGCHIEN, ERIC, MD²  
Provider ID: N/A  
36243 INLAND VALLEY DR  
STE 280  
WILDOMAR, CA 92595  
Effective as of 01-MAR-19

**INTERNAL MEDICINE**

CHANG, DAVID, MD²  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-MAY-15

CHANG, DAVID, MD²  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-MAR-19

NANDI, SHANKHA, DO²  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-JUN-15

NANDI, SHANKHA, DO²  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-JUN-15

WANG, WENG-LIH, MD†  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-OCT-19

YU, JERRY, MD²  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-MAR-23

YU, JERRY, MD²  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-OCT-19

YU, JERRY, MD²  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

YU, JERRY, MD²  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

YU, JERRY, MD²  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

YU, JERRY, MD²  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

YU, JERRY, MD²  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

YU, JERRY, MD²  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

YU, JERRY, MD²  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

**LICENSED CLINICAL SOCIAL WORKER**

JONES, VALORIA, LCSW†  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

JONES, VALORIA, LCSW†  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

**INTERNAL MEDICINE**

CRITICAL CARE MEDICINE

JAFFE, GILAD, MD  
Provider ID: N/A  
36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
Effective as of 01-SEP-23

PATEL, SAGAR, MD†  
Provider ID: N/A  
36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
Effective as of 01-AUG-21

**LICENSED CLINICAL SOCIAL WORKER**

JONES, VALORIA, LCSW†  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

JONES, VALORIA, LCSW†  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

JONES, VALORIA, LCSW†  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

JONES, VALORIA, LCSW
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-23

NEPHROLOGY

CHANG, DAVID, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595
Effective as of 01-DEC-23

CHANG, DAVID, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 308
WILDOMAR, CA 92595
Effective as of 01-MAY-23

CHANG, DAVID, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595
Effective as of 01-DEC-23

CHANG, DAVID, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 308
WILDOMAR, CA 92595
Effective as of 01-MAY-09

CHANG, DAVID, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595
Effective as of 01-MAY-15

LAC, PETER, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595
Effective as of 01-DEC-23

LAC, PETER, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595
Effective as of 01-DEC-23

LAC, PETER, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595
Effective as of 01-DEC-23

LAC, PETER, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595
Effective as of 01-DEC-23
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective As Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>NANDI, SHANKHA, DO</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO</td>
<td>N/A</td>
<td>STE 307, WILDOMAR, CA 92595</td>
<td></td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO‡</td>
<td>N/A</td>
<td>STE 308, WILDOMAR, CA 92595</td>
<td></td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO‡</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-JUN-23</td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO‡</td>
<td>N/A</td>
<td>STE 308, WILDOMAR, CA 92595</td>
<td></td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO‡</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-JUN-15</td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO‡</td>
<td>N/A</td>
<td>STE 308, WILDOMAR, CA 92595</td>
<td></td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO‡</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-JUN-15</td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO‡</td>
<td>N/A</td>
<td>STE 308, WILDOMAR, CA 92595</td>
<td></td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO‡</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-MAY-15</td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO‡</td>
<td>N/A</td>
<td>STE 308, WILDOMAR, CA 92595</td>
<td></td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO‡</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-MAY-09</td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO‡</td>
<td>N/A</td>
<td>STE 308, WILDOMAR, CA 92595</td>
<td></td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO‡</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td>NANDI, SHANKHA, DO‡</td>
<td>N/A</td>
<td>STE 308, WILDOMAR, CA 92595</td>
<td></td>
</tr>
<tr>
<td>LAC, PETER, MD</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>LAC, PETER, MD</td>
<td>N/A</td>
<td>STE 307, WILDOMAR, CA 92595</td>
<td></td>
</tr>
<tr>
<td>LAC, PETER, MD‡</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-DEC-23</td>
</tr>
<tr>
<td>LAC, PETER, MD‡</td>
<td>N/A</td>
<td>STE 308, WILDOMAR, CA 92595</td>
<td></td>
</tr>
<tr>
<td>LAC, PETER, MD‡</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-AUG-20</td>
</tr>
<tr>
<td>WANG, WENG-LIH, MD†</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-JUN-15</td>
</tr>
<tr>
<td>WANG, WENG-LIH, MD†</td>
<td>N/A</td>
<td>STE 308, WILDOMAR, CA 92595</td>
<td></td>
</tr>
<tr>
<td>WANG, WENG-LIH, MD†</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-JAN-20</td>
</tr>
<tr>
<td>WANG, WENG-LIH, MD†</td>
<td>N/A</td>
<td>STE 308, WILDOMAR, CA 92595</td>
<td></td>
</tr>
<tr>
<td>WANG, WENG-LIH, MD†</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-MAY-15</td>
</tr>
<tr>
<td>WANG, WENG-LIH, MD†</td>
<td>N/A</td>
<td>STE 308, WILDOMAR, CA 92595</td>
<td></td>
</tr>
<tr>
<td>WANG, WENG-LIH, MD†</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-MAY-09</td>
</tr>
<tr>
<td>WANG, WENG-LIH, MD†</td>
<td>N/A</td>
<td>STE 308, WILDOMAR, CA 92595</td>
<td></td>
</tr>
<tr>
<td>WANG, WENG-LIH, MD†</td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR</td>
<td>01-MAR-21</td>
</tr>
<tr>
<td>WANG, WENG-LIH, MD†</td>
<td>N/A</td>
<td>STE 308, WILDOMAR, CA 92595</td>
<td></td>
</tr>
</tbody>
</table>
Effective as of 01-MAY-15

WANG, WENG-LIH, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595
Effective as of 01-DEC-23

WANG, WENG-LIH, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595
Effective as of 01-JUL-22

WANG, WENG-LIH, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595
Effective as of 01-DEC-23

YU, JERRY, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595
Effective as of 01-JUL-22

PSYCHIATRY

JAKKULA, JAGAN, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

JAKKULA, JAGAN, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

JAKKULA, JAGAN, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

JAKKULA, JAGAN, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

JAKKULA, JAGAN, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

JAKKULA, JAGAN, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

JAKKULA, JAGAN, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

JAKKULA, JAGAN, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

JAKKULA, JAGAN, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

KANUKUNTLA, TULASI, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

KANUKUNTLA, TULASI, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

KANUKUNTLA, TULASI, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

KANUKUNTLA, TULASI, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

KANUKUNTLA, TULASI, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

PUCHAKAYALA, NANDITA, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

PUCHAKAYALA, NANDITA, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

PUCHAKAYALA, NANDITA, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

PUCHAKAYALA, NANDITA, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JUL-22

769
C1. 网络提供者名单
专科护理医生

WILDOMAR, CA 92595
Effective as of 01-AUG-22

PUCHAKAYALA, NANDITA, MD²
Provider ID: N/A
36320 INLAND VALLEY DR
STE 300
WILDOMAR, CA 92595
Effective as of 01-AUG-22

PUCHAKAYALA, NANDITA, MD²
Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-SEP-23

PUCHAKAYALA, NANDITA, MD²
Provider ID: N/A
36320 INLAND VALLEY DR
STE 300
WILDOMAR, CA 92595
Effective as of 01-AUG-22

RADIATION ONCOLOGY

CHUNG, ARTHUR, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 207
WILDOMAR, CA 92595
Effective as of 01-JUN-23

CHUNG, ARTHUR, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 207
WILDOMAR, CA 92595
Effective as of 01-JUN-23

CHUNG, ARTHUR, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 207
WILDOMAR, CA 92595
Effective as of 01-DEC-23

KANG, JOSEPH, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 207
WILDOMAR, CA 92595
Effective as of 01-SEP-14

KANG, JOSEPH, MD
Provider ID: N/A
36450 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-14

KANG, JOSEPH, MD
Provider ID: N/A
36450 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-14

KANG, JOSEPH, MD
Provider ID: N/A
36450 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-14

PULMONARY DISEASES

KUMAR, AVNEE, MD
Provider ID: N/A
36485 INLAND VALLEY DR
WILDOMAR, CA 92595
Effective as of 01-JUL-23

SURI, RAJAT, MD²
Provider ID: N/A
36320 INLAND VALLEY DR
STE 207
WILDOMAR, CA 92595
Effective as of 01-SEP-23

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

MERLO, CLIFFORD, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 207
WILDOMAR, CA 92595
Effective as of 01-JUN-23

REGISTERED DIETITIAN / NUTRITIONIST

ATTOBRA, TATIANA, RD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 301
WILDOMAR, CA 92595
Effective as of 01-DEC-22

REGISTERED PHYSICAL THERAPIST

ALY, DILYANA, PT†
Provider ID: N/A
36243 INLAND VALLEY DR
STE 110
WILDOMAR, CA 92595
Effective as of 01-JUL-19

SPEECH PATHOLOGIST

WIRTH, LAURA, SP
Provider ID: N/A
36330 HIDDEN SPRINGS RD STE E
WILDOMAR, CA 92595
Effective as of 01-JUN-22

Surgery Colon Surgery

GORSKI, TITO, MD†
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-MAR-19

GORSKI, TITO, MD†
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-MAR-19
Effective as of 01-MAY-22

GORSKI, TITO, MD†
Provider ID: N/A
36320 INLAND VALLEY DR STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-16

GORSKI, TITO, MD†
Provider ID: N/A
36320 INLAND VALLEY DR STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-16

SURGERY GENERAL

AHMED, MOHAMED, MD†
Provider ID: N/A
36320 INLAND VALLEY DR STE 101A
WILDOMAR, CA 92595
Effective as of 01-OCT-22

AHMED, MOHAMED, MD†
Provider ID: N/A
36320 INLAND VALLEY DR STE 101A
WILDOMAR, CA 92595
Effective as of 01-DEC-21

AHMED, MOHAMED, MD†
Provider ID: N/A
36320 INLAND VALLEY DR STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAY-23

ATCHISON, MARVIN, MD†
Provider ID: N/A
36320 INLAND VALLEY DR STE 101A
WILDOMAR, CA 92595
Effective as of 01-JUL-21

ATCHISON, MARVIN, MD†
Provider ID: N/A
36320 INLAND VALLEY DR STE 101A
WILDOMAR, CA 92595
Effective as of 01-JUL-21

ATCHISON, MARVIN, MD†
Provider ID: N/A
36320 INLAND VALLEY DR STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAY-22

ATCHISON, MARVIN, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
WILDOMAR, CA 92595
Effective as of 01-APR-20

ATCHISON, MARVIN, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
WILDOMAR, CA 92595
Effective as of 01-JUL-21

ATCHISON, MARVIN, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
WILDOMAR, CA 92595
Effective as of 01-MAR-20

ATCHISON, MARVIN, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
WILDOMAR, CA 92595
Effective as of 01-MAY-22

ATCHISON, MARVIN, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
WILDOMAR, CA 92595
Effective as of 01-APR-20

ATCHISON, MARVIN, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
WILDOMAR, CA 92595
Effective as of 01-MAR-20

ATCHISON, MARVIN, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD STE 202
WILDOMAR, CA 92595
Effective as of 01-MAY-22
C1. 网络提供者名单
专科护理医生

ATCHISON, MARVIN, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD
STE 202
WILDOMAR, CA 92595
Effective as of 01-DEC-20

ATCHISON, MARVIN, MD†
Provider ID: N/A
31537 RANCHO PUEBLO RD
STE 202
WILDOMAR, CA 92595
Effective as of 01-DEC-21

BARRERA, KAYLENE, MD†
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-APR-22

BARRERA, KAYLENE, MD†
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-22

CORDERO, RAYMUND, MD†
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-16

CORDERO, RAYMUND, MD†
Provider ID: N/A
36485 INLAND VALLEY DR
WILDOMAR, CA 92595
Effective as of 01-SEP-22

CORDERO, RAYMUND, MD†
Provider ID: N/A
36243 INLAND VALLEY DR
STE 280
WILDOMAR, CA 92595
Effective as of 01-SEP-22

DADA, STEPHEN, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-DEC-23

DADA, STEPHEN, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-DEC-23

DADA, STEPHEN, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-MAR-24

DEARING, DAVID, MD†
Provider ID: N/A
36591 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-MAY-19

ESSIEN, FRANCIS, MD†
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-22

ESSIEN, FRANCIS, MD†
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-16

ESSIEN, FRANCIS, MD†
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-NOV-23
C1. 网络提供者名单
专科护理医生

- **ESSIEN, FRANCIS, MD†**
  - Provider ID: N/A
  - 36320 INLAND VALLEY DR
    - STE 101
    - WILDOMAR, CA 92595
  - Effective as of 01-SEP-16

- **GORSKI, YARA, MD†**
  - Provider ID: N/A
  - 36320 INLAND VALLEY DR
    - STE 101A
    - WILDOMAR, CA 92595
  - Effective as of 01-APR-22

- **ESSIEN, FRANCIS, MD†**
  - Provider ID: N/A
  - 36320 INLAND VALLEY DR
    - STE 101
    - WILDOMAR, CA 92595
  - Effective as of 01-MAY-22

- **GORSKI, TITO, MD†**
  - Provider ID: N/A
  - 36320 INLAND VALLEY DR
    - STE 101
    - WILDOMAR, CA 92595
  - Effective as of 01-SEP-16

- **JOHNSON, HEGE, MD†**
  - Provider ID: N/A
  - 36320 INLAND VALLEY DR
    - STE 101
    - WILDOMAR, CA 92595
  - Effective as of 01-SEP-16

- **GORSKI, TITO, MD†**
  - Provider ID: N/A
  - 36320 INLAND VALLEY DR
    - STE 101
    - WILDOMAR, CA 92595
  - Effective as of 01-SEP-16

- **JOHNSON, HEGE, MD†**
  - Provider ID: N/A
  - 36320 INLAND VALLEY DR
    - STE 101
    - WILDOMAR, CA 92595
  - Effective as of 01-SEP-16

- **HUSTED, JOHN, MD†**
  - Provider ID: N/A
  - 36320 INLAND VALLEY DR
    - STE 101A
    - WILDOMAR, CA 92595
  - Effective as of 01-MAY-22

- **JOHNSON, HEGE, MD†**
  - Provider ID: N/A
  - 36320 INLAND VALLEY DR
    - STE 101A
    - WILDOMAR, CA 92595
  - Effective as of 01-APR-22

- **JOHNSON, HEGE, MD†**
  - Provider ID: N/A
  - 36320 INLAND VALLEY DR
    - STE 101A
    - WILDOMAR, CA 92595
  - Effective as of 01-MAY-22
C1. 网络提供者名单
专科护理医生

WILDOMAR, CA 92595
Effective as of 01-MAR-19

KARMUR, AMIT, DO
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-JAN-22

KARMUR, AMIT, DO
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-22

KARMUR, AMIT, DO
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-DEC-22

LEE, JENNY, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAR-19

MAC, OLIVIA, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAR-19

MAC, OLIVIA, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAR-23

MAC, OLIVIA, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-JAN-23

MAC, OLIVIA, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-DEC-23

NOURI, SARVENAZ, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-FEB-23

NOURI, SARVENAZ, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-NOV-22

NOURI, SARVENAZ, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-DEC-23

TIU, BRIAN, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-22

TIU, BRIAN, MD
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-AUG-18
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WANG, XIUJIE, MD†</strong></td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td><strong>WANG, XIUJIE, MD†</strong></td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595</td>
<td>Effective as of 01-SEP-19</td>
</tr>
<tr>
<td><strong>WANG, XIUJIE, MD†</strong></td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595</td>
<td>Effective as of 01-MAR-20</td>
</tr>
<tr>
<td><strong>GORSKI, YARA, MD†</strong></td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595</td>
<td>Effective as of 01-MAY-22</td>
</tr>
<tr>
<td><strong>GORSKI, YARA, MD†</strong></td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595</td>
<td>Effective as of 01-DEC-21</td>
</tr>
<tr>
<td><strong>GORSKI, YARA, MD†</strong></td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595</td>
<td>Effective as of 01-MAY-22</td>
</tr>
<tr>
<td><strong>GORSKI, YARA, MD†</strong></td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595</td>
<td>Effective as of 01-MAY-22</td>
</tr>
<tr>
<td><strong>GORSKI, YARA, MD†</strong></td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595</td>
<td>Effective as of 01-SEP-16</td>
</tr>
<tr>
<td><strong>GORSKI, YARA, MD†</strong></td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595</td>
<td>Effective as of 01-SEP-16</td>
</tr>
<tr>
<td><strong>GORSKI, YARA, MD†</strong></td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595</td>
<td>Effective as of 01-SEP-16</td>
</tr>
<tr>
<td><strong>NAFIU, BOLAJI, MD†</strong></td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595</td>
<td>Effective as of 01-MAY-22</td>
</tr>
<tr>
<td><strong>TIU, BRIAN, MD†</strong></td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR STE 101 WILDOMAR, CA 92595</td>
<td>Effective as of 01-MAY-22</td>
</tr>
<tr>
<td><strong>TIU, BRIAN, MD†</strong></td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR STE 101 WILDOMAR, CA 92595</td>
<td>Effective as of 01-MAY-22</td>
</tr>
<tr>
<td><strong>TIU, BRIAN, MD†</strong></td>
<td>N/A</td>
<td>36320 INLAND VALLEY DR STE 101 WILDOMAR, CA 92595</td>
<td>Effective as of 01-SEP-16</td>
</tr>
</tbody>
</table>

*Your PCP's physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.*

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C1. 网络提供者名单
专科护理医生

Effective as of 01-MAY-19

TIU, BRIAN, MD†
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-APR-22

TIU, BRIAN, MD†
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-APR-22

WANG, XIUJIE, MD†
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-OCT-20

WANG, XIUJIE, MD†
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-OCT-20

WANG, XIUJIE, MD†
Provider ID: N/A
36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAY-22

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C3. 专业护理机构 (SNF)

REHAB CTR
- 900 SANTA FE DR
  ENCINITAS, CA 92024
  (760) 753-6423
  Effective as of 01-DEC-12

ESCONDIDO CARE CENTER
- 421 E MISSION AVE
  ESCONDIDO, CA 92025
  (760) 747-0430
  Effective as of 01-MAY-13

LIFE CARE CENTER OF ESCONDIDO
- 1980 FELICITA RD
  ESCONDIDO, CA 92025
  (760) 741-6109
  Effective as of 01-JAN-12

PALOMAR HEIGHTS CARE CTR
- 1260 E OHIO AVE
  ESCONDIDO, CA 92027
  (760) 746-1100
  Effective as of 01-JAN-12

PALOMAR VISTA HEALTHCARE CTR
- 201 N FIG ST
  ESCONDIDO, CA 92025
  (760) 746-0303
  Effective as of 01-NOV-11

REDWOOD TERRACE
- 710 W 13TH AVE
  ESCONDIDO, CA 92025
  (760) 291-2736
  Effective as of 01-NOV-17

VALLE VISTA POST ACUTE
- 1025 W 2ND AVE
  ESCONDIDO, CA 92025
  (760) 745-1842
  Effective as of 01-DEC-12

FALLBROOK SKILLED NURSING
- 325 POTTER ST
  FALLBROOK, CA 92028
  (760) 728-2330
  Effective as of 01-FEB-20

DEVONSHIRE CARE CENTER
- 1350 E DEVONSHIRE AVE
  HEMET, CA 92544
  (951) 925-2571
  Effective as of 01-JAN-12

HEMET GLOBAL MEDICAL CENTER
- 1117 E DEVONSHIRE AVE
  HEMET, CA 92543
  (951) 652-2811
  Effective as of 01-JAN-20

MANORCARE HEALTH SERVICES HEMET
- 1717 W STETSON AVE
  HEMET, CA 92545
  (951) 925-9171
  Effective as of 01-JAN-12

RAMONA REHAB AND POST ACUTE CTR
- 485 W JOHNSTON AVE
  HEMET, CA 92543
  (951) 652-0011
  Effective as of 15-APR-19

SAN JACINTO HEALTHCARE
- 275 N SAN JACINTO ST
  HEMET, CA 92543
  (951) 658-9441
  Effective as of 01-MAR-13

THE VILLAGE HEALTHCARE CENTER
- 2400 W ACACIA AVE
  HEMET, CA 92545
  (951) 766-5116
  Effective as of 01-JAN-12

LA JOLLA NURSING AND REHAB CTR
- 2552 TORREY PINES RD
  LA JOLLA, CA 92037
  (858) 453-5810
  Effective as of 01-DEC-12

THE COVE AT LA JOLLA
- 7160 FAY AVE
  LA JOLLA, CA 92037
  (858) 459-4361
  Effective as of 01-NOV-19

ARBOR HILLS NURSING CENTER
- 7800 PARKWAY DR
  LA MESA, CA 91942
  (619) 460-2330
  Effective as of 01-DEC-20

COMMUNITY CARE CENTER
- 8665 LA MESA BLVD
  LA MESA, CA 91942
  (619) 465-0702
  Effective as of 01-APR-16

COUNTRY MANOR LA MESA HEALTHCARE CENTER
- 5696 LAKE MURRAY BLVD
  LA MESA, CA 91942
  (619) 460-7871
  Effective as of 01-AUG-14

GROSSMONT POST ACUTE CARE
- 8787 CENTER DR
  LA MESA, CA 91942
  (619) 460-4444
  Effective as of 01-NOV-19

LA MESA HEALTHCARE CTR
- 3780 MASSACHUSETTS AVE
  LA MESA, CA 91941
  (619) 465-1313
  Effective as of 01-OCT-11

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
C3. 专业护理机构 (SNF)

PARKWAY HILLS NURSING & REHAB
7760 PARKWAY DR
LA MESA, CA 91942
(619) 469-0124
Effective as of 01-APR-20

LAGUNA HILLS HEALTH AND REHAB CTR
24452 HEALTH CENTER DR
LAGUNA HILLS, CA 92653
(949) 837-8000
Effective as of 01-APR-18

PALM TERRACE HLTHCARE AND REHAB CTR
24962 CALLE ARAGON
LAGUNA WOODS, CA 92637
(949) 587-9000
Effective as of 01-APR-18

FREEDOM VILLAGE HEALTHCARE CTR
23442 EL TORO RD
LAKE FOREST, CA 92630
(949) 472-8353
Effective as of 01-JAN-12

LAKE FOREST NURSING CENTER
25652 OLD TRABUCO RD
LAKE FOREST, CA 92630
(949) 380-9380
Effective as of 01-JAN-12

BELLA VISTA HEALTH CENTER
7922 PALM ST
LEMON GROVE, CA 91945
(619) 644-1000
Effective as of 01-SEP-13

LEMON GROVE CARE AND REHAB CTR
8351 BROADWAY
LEMON GROVE, CA 91945
(619) 463-0294
Effective as of 01-NOV-11

MURRIETA HEALTH AND REHABILITATION CENTER
24100 MONROE AVE
MURRIETA, CA 92562
(951) 600-4640
Effective as of 01-JAN-12

CASTLE MANOR NURSING AND REHABILITATION CTR
541 S V AVE
NATIONAL CITY, CA 91950
(619) 791-7900
Effective as of 01-DEC-20

FRIENDSHIP MANOR NURSING AND REHABILITATION CTR
902 EUCLID AVE
NATIONAL CITY, CA 91950
(619) 791-7700
Effective as of 01-DEC-20

PARADISE VALLEY HEALTHCARE CENTER
2575 E 8TH ST
NATIONAL CITY, CA 91950
(619) 470-6700
Effective as of 01-OCT-20

WINDSOR GARDENS CONV CTR OF SAN DIEGO
220 E 24TH ST
NATIONAL CITY, CA 91950
(619) 474-6741
Effective as of 01-JAN-12

LA PALOMA HEALTHCARE CTR
3232 THUNDER DR
OCEANSIDE, CA 92056
(760) 724-2193
Effective as of 01-OCT-11

BOULDER CREEK POST ACUTE
12696 MONTE VISTA RD
POWAY, CA 92064
(858) 487-6242
Effective as of 01-APR-20

POWAY HEALTHCARE CENTER
15632 POMERADO RD
POWAY, CA 92064
(858) 485-5153
Effective as of 01-OCT-11

THE VILLAS AT POWAY
15615 POMERADO RD
POWAY, CA 92064
(858) 613-4545
Effective as of 01-JAN-12

VILLA MONTE VISTA
12696 MONTE VISTA RD
POWAY, CA 92064
(858) 487-6242
Effective as of 01-JAN-12

ARROYO VISTA NURSING CTR
3022 45TH ST
SAN DIEGO, CA 92105
(619) 283-5855
Effective as of 01-OCT-11

BRIGHTON PLACE SAN DIEGO
1350 EUCLID AVE
SAN DIEGO, CA 92105
(619) 263-2166
Effective as of 01-JAN-12

CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR
11895 AVENUE OF INDUSTRY
SAN DIEGO, CA 92128
(858) 673-0101
Effective as of 01-NOV-11

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
C3. 专业护理机构 (SNF)

Effective as of 01-JAN-12

TEMECULA HEALTHCARE CENTER

44280 CAMPANULA WAY
TEMECULA, CA 92592
☎ (951) 466-0200
Effective as of 02-MAR-22

LA FUENTE POST ACUTE

247 E BOBIER DR
VISTA, CA 92084
☎ (760) 945-3033
Effective as of 01-DEC-21

LIFE CARE CENTER OF VISTA

304 N MELROSE DR
VISTA, CA 92083
☎ (760) 724-8222
Effective as of 01-JAN-12

RANCHO VISTA

760 E BOBIER DR
VISTA, CA 92084
☎ (760) 941-1480
Effective as of 01-FEB-13

VISTA HEALTHCARE CENTER

247 E BOBIER DR
VISTA, CA 92084
☎ (760) 945-3033
Effective as of 01-OCT-13

VISTA KNOLL SPECIALIZED CARE FACILITY

2000 WESTWOOD RD
VISTA, CA 92083
☎ (760) 630-2273
Effective as of 01-NOV-11
D. Blue Shield Promise Medi-Cal 网络提供者名单

<table>
<thead>
<tr>
<th>ALPINE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE</strong></td>
</tr>
<tr>
<td>Provider ID: 517802</td>
</tr>
<tr>
<td>1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103</td>
</tr>
<tr>
<td>Phone: 619-445-6200</td>
</tr>
<tr>
<td>After Hours Phone: 619-445-6200</td>
</tr>
<tr>
<td>License Number: 20A17296</td>
</tr>
<tr>
<td>NPI: 1598122871</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
</tr>
<tr>
<td>☑ Site English Spoken: Yes</td>
</tr>
<tr>
<td>☑ Cultural Competency: No</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>☑ Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE</td>
</tr>
<tr>
<td>Website: <a href="http://www.mtnhealth.org">www.mtnhealth.org</a></td>
</tr>
</tbody>
</table>

| **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**  |
| Provider ID: 517802  |
| 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103  |
| Phone: 619-662-4100  |
| After Hours Phone: 619-662-4100  |
| License Number: 90000681  |
| NPI: 1598122871  |
| Accepting New Patients: Yes  |
| ☑ Site English Spoken: Yes  |
| ☑ Cultural Competency: No  |
| American Sign Language (ASL): N  |
| ☑ Accessibility: CONTACT PROVIDER  |
| Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE  |
| Website: www.mtnhealth.org  |

| **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**  |
| Provider ID: 517802  |
| 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103  |
| Phone: 619-662-4100  |
| After Hours Phone: 619-662-4100  |
| License Number: A158569  |
| NPI: 1598122871  |
| Accepting New Patients: Yes  |
| ☑ Site English Spoken: Yes  |
| ☑ Cultural Competency: No  |
| American Sign Language (ASL): N  |
| ☑ Accessibility: CONTACT PROVIDER  |
| Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE  |
| Website: www.mtnhealth.org  |

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
☐ American Sign Language (ASL): No
☐ Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE
Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE
Provider ID: 517802
☐ 1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
☐ Phone: 619-662-4100
☐ After Hours Phone: 619-662-4100
License Number: NP95006360
NPI: 1598122871
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
☐ American Sign Language (ASL): No
☐ Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE
Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE
Provider ID: 517802
☐ 1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
☐ Phone: 619-662-4100
☐ After Hours Phone: 619-662-4100
License Number: PA20490
NPI: 1598122871
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
☐ American Sign Language (ASL): No
☐ Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE
Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE
Provider ID: 517802
☐ 1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
☐ Phone: 619-662-4100
☐ After Hours Phone: 619-662-4100
License Number: PA52347
NPI: 1598122871
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
☐ American Sign Language (ASL): No
☐ Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE
Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE
Provider ID: 517802
☐ 1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
☐ Phone: 619-662-4100
☐ After Hours Phone: 619-662-4100
License Number: C172036
NPI: 1598122871
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
☐ American Sign Language (ASL): No
☐ Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE
Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE
Provider ID: 517802
☐ 1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
☐ Phone: 619-662-4100
☐ After Hours Phone: 619-662-4100
License Number: DC28335
NPI: 1598122871
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
☐ American Sign Language (ASL): No
☐ Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE
Website: www.mtnhealth.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

FAMILY MEDICINE
Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE
Provider ID: 517802
1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Phone: (619) 662-4100
Fax: (619) 320-3347
After Hours Phone: (619) 662-4100
License Number: 090000681
NPI: 1770124315
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Site Languages(s) Spoken: 
Arabic, Norwegian, Spanish, Swedish
Cultural Competency: N
Hours: M-F
8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.mtnhealth.org

License Number: A131678
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: N/A

TRUECARE
Provider ID: 480120
1295 CARLSBAD VILLAGE DR, STE 100
CARLSBAD, CA 92008-1950
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: A49273
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: N/A

TRUECARE
Provider ID: 480120
1295 CARLSBAD VILLAGE DR, STE 100
CARLSBAD, CA 92008-1950
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: A93248
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: N/A

TRUECARE
Provider ID: 480120
1295 CARLSBAD VILLAGE DR, STE 100
CARLSBAD, CA 92008-1950
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: PA53036
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: N/A
### TRUECARE
**Provider ID:** 480120

- **Address:** 1295 CARLSBAD VILLAGE DR, STE 100, CARLSBAD, CA 92008-1950
- **Phone:** 760-736-6767
- **Fax:** 760-720-7204
- **After Hours Phone:** 760-736-6767
- **License Number:** 80000630
- **NPI:** 1598122871
- **Accepting New Patients:** Yes
- **Site English Spoken:** Yes
- **Cultural Competency:** No
- **American Sign Language (ASL):** No
- **Accessibility:** CONTACT PROVIDER
- **Medical Group/IPA:** TRUECARE
- **Website:** N/A

### TRUECARE
**Provider ID:** 480120

- **Address:** 1295 CARLSBAD VILLAGE DR, STE 100, CARLSBAD, CA 92008-1950
- **Phone:** 760-736-6767
- **Fax:** 760-720-7204
- **After Hours Phone:** 760-736-6767
- **License Number:** 80000630
- **NPI:** 1598122871
- **Accepting New Patients:** Yes
- **Site English Spoken:** Yes
- **Cultural Competency:** No
- **American Sign Language (ASL):** No
- **Accessibility:** CONTACT PROVIDER
- **Medical Group/IPA:** TRUECARE
- **Website:** N/A

### TRUECARE
**Provider ID:** 480120

- **Address:** 1295 CARLSBAD VILLAGE DR, STE 100, CARLSBAD, CA 92008-1950
- **Phone:** 760-736-6767
- **Fax:** 760-720-7204
- **After Hours Phone:** 760-736-6767
- **License Number:** 80000630
- **NPI:** 1598122871
- **Accepting New Patients:** Yes
- **Site English Spoken:** Yes
- **Cultural Competency:** No
- **American Sign Language (ASL):** No
- **Accessibility:** CONTACT PROVIDER
- **Medical Group/IPA:** CHULA VISTA FAMILY HLTH CTR
- **Website:** N/A

### CHULA VISTA FAMILY HLTH CTR
**Provider ID:** 206355

- **Address:** 251 LANDIS AVE, CHULA VISTA, CA 91910-2628
- **Phone:** 619-515-2500
- **After Hours Phone:** 619-515-2500
- **License Number:** NP10943
- **NPI:** 1134155377
- **Accepting New Patients:** Yes
- **Site English Spoken:** Yes
- **Site Languages(s) Spoken:** Spanish
- **Cultural Competency:** No
- **American Sign Language (ASL):** No
- **Accessibility:** CONTACT PROVIDER
- **Medical Group/IPA:** CHULA VISTA FAMILY HLTH CTR
- **Website:** www.fhcsd.org

### CHULA VISTA FAMILY HLTH CTR
**Provider ID:** 206355

- **Address:** 251 LANDIS AVE
### D. Blue Shield Promise Medi-Cal 网络提供者名单

#### D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>CHULA VISTA, CA 91910-2628</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phone:</strong> 619-515-2500</td>
</tr>
<tr>
<td><strong>After Hours Phone:</strong> 619-515-2500</td>
</tr>
<tr>
<td><strong>License Number:</strong> NP23687</td>
</tr>
<tr>
<td><strong>NPI:</strong> 1134155377</td>
</tr>
<tr>
<td><strong>Accepting New Patients:</strong> Yes</td>
</tr>
<tr>
<td><strong>Site English Spoken:</strong> Yes</td>
</tr>
<tr>
<td><strong>Site Languages(s) Spoken:</strong> Spanish</td>
</tr>
<tr>
<td><strong>Cultural Competency:</strong> No</td>
</tr>
<tr>
<td><strong>American Sign Language (ASL):</strong> N</td>
</tr>
<tr>
<td><strong>Accessibility:</strong> CONTACT PROVIDER</td>
</tr>
<tr>
<td><strong>Medical Group/IPA:</strong> CHULA VISTA FAMILY HLTH CTR</td>
</tr>
<tr>
<td><strong>Website:</strong> <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
</tbody>
</table>

#### CHULA VISTA FAMILY HLTH CTR

<table>
<thead>
<tr>
<th>Provider ID: 206355</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>251 LANDIS AVE</strong></td>
</tr>
<tr>
<td>CHULA VISTA, CA 91910-2628</td>
</tr>
<tr>
<td><strong>Phone:</strong> 619-515-2500</td>
</tr>
<tr>
<td><strong>After Hours Phone:</strong> 619-515-2500</td>
</tr>
<tr>
<td><strong>License Number:</strong> NP95001705</td>
</tr>
<tr>
<td><strong>NPI:</strong> 1134155377</td>
</tr>
<tr>
<td><strong>Accepting New Patients:</strong> Yes</td>
</tr>
<tr>
<td><strong>Site English Spoken:</strong> Yes</td>
</tr>
<tr>
<td><strong>Site Languages(s) Spoken:</strong> Spanish</td>
</tr>
<tr>
<td><strong>Cultural Competency:</strong> No</td>
</tr>
<tr>
<td><strong>American Sign Language (ASL):</strong> N</td>
</tr>
<tr>
<td><strong>Accessibility:</strong> CONTACT PROVIDER</td>
</tr>
<tr>
<td><strong>Medical Group/IPA:</strong> CHULA VISTA FAMILY HLTH CTR</td>
</tr>
<tr>
<td><strong>Website:</strong> <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
</tbody>
</table>

#### CHULA VISTA FAMILY HLTH CTR

<table>
<thead>
<tr>
<th>Provider ID: 206355</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>251 LANDIS AVE</strong></td>
</tr>
<tr>
<td>CHULA VISTA, CA 91910-2628</td>
</tr>
<tr>
<td><strong>Phone:</strong> 619-515-2500</td>
</tr>
<tr>
<td><strong>After Hours Phone:</strong> 619-515-2500</td>
</tr>
<tr>
<td><strong>License Number:</strong> NP95013978</td>
</tr>
<tr>
<td><strong>NPI:</strong> 1134155377</td>
</tr>
<tr>
<td><strong>Accepting New Patients:</strong> Yes</td>
</tr>
<tr>
<td><strong>Site English Spoken:</strong> Yes</td>
</tr>
<tr>
<td><strong>Site Languages(s) Spoken:</strong> Spanish</td>
</tr>
<tr>
<td><strong>Cultural Competency:</strong> No</td>
</tr>
<tr>
<td><strong>American Sign Language (ASL):</strong> N</td>
</tr>
<tr>
<td><strong>Accessibility:</strong> CONTACT PROVIDER</td>
</tr>
<tr>
<td><strong>Medical Group/IPA:</strong> CHULA VISTA FAMILY HLTH CTR</td>
</tr>
<tr>
<td><strong>Website:</strong> <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
</tbody>
</table>

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

---

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR

Website: www.fhcsd.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
☒ 251 LANDIS AVE
CHULA VISTA, CA
91910-2628
zellik Phone: 619-515-2500
☒ After Hours Phone: 619-515-2500
License Number: PT294245
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
☒ 251 LANDIS AVE
CHULA VISTA, CA
91910-2628
zellik Phone: 619-515-2500
☒ After Hours Phone: 619-515-2500
License Number: PT295173
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
☒ 251 LANDIS AVE
CHULA VISTA, CA
91910-2628
zellik Phone: 619-515-2500
☒ After Hours Phone: 619-515-2500
License Number: PT295173
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
Phone: 619-515-2500
After Hours Phone: 619-515-2500
License Number: PT37189
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
252 LANDIS AVE
CHULA VISTA, CA 91910-2628
Phone: 619-515-2500
After Hours Phone: 619-515-2500
License Number: A116680
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
Phone: 619-515-2500
Fax: 619-397-1161
After Hours Phone: 619-515-2500

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
Phone: 619-515-2500
After Hours Phone: 619-515-2500
License Number: 20A11535
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
Phone: 619-515-2500
After Hours Phone: 619-515-2500
License Number: 20A14919
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
Phone: 619-515-2500
After Hours Phone: 619-515-2500
License Number: A108228
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
Phone: 619-515-2500
After Hours Phone: 619-515-2500
License Number: A113001
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
Phone: 619-515-2500
After Hours Phone: 619-515-2500
License Number: A118095
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

CHULA VISTA, CA
91910-2628

📞 Phone: 619-515-2500
📞 After Hours Phone: 619-515-2500
License Number: A148014
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

📞 Phone: 619-515-2500
📞 After Hours Phone: 619-515-2500
License Number: A154298
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

📞 Phone: 619-515-2500
📞 After Hours Phone: 619-515-2500
License Number: A163464
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

📞 Phone: 619-515-2500
📞 After Hours Phone: 619-515-2500
License Number: A177698
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

NPI: 1134155377
Accepting New Patients: Yes
❑ Site English Spoken: Yes
❑ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
❑ Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
_website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
饺 251 LANDIS AVE
CHULA VISTA, CA 91910-2628
饺 Phone: 619-515-2500
饺 After Hours Phone: 619-515-2500
License Number: A178499
NPI: 1134155377
Accepting New Patients: Yes
❑ Site English Spoken: Yes
❑ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
❑ Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
_website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
饺 251 LANDIS AVE
CHULA VISTA, CA 91910-2628
饺 Phone: 619-515-2500
饺 After Hours Phone: 619-515-2500
License Number: A72005
NPI: 1134155377
Accepting New Patients: Yes
❑ Site English Spoken: Yes
❑ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
❑ Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
_website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
饺 251 LANDIS AVE
CHULA VISTA, CA 91910-2628
饺 Phone: 619-515-2500
饺 After Hours Phone: 619-515-2500
License Number: A78355
NPI: 1134155377
Accepting New Patients: Yes
❑ Site English Spoken: Yes
❑ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
❑ Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
_website: www.fhcsd.org

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
饺 251 LANDIS AVE
CHULA VISTA, CA 91910-2628
饺 Phone: 619-515-2500
饺 After Hours Phone: 619-515-2500
License Number: A73172
NPI: 1134155377
Accepting New Patients: Yes
❑ Site English Spoken: Yes
❑ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
❑ Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
_website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
饺 251 LANDIS AVE
CHULA VISTA, CA 91910-2628
饺 Phone: 619-515-2500
饺 After Hours Phone: 619-515-2500
License Number: A78355
NPI: 1134155377
Accepting New Patients: Yes
❑ Site English Spoken: Yes
❑ Site Languages(s) Spoken: Spanish
Cultural Competency: No
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
Phone: 619-515-2500
After Hours Phone: 619-515-2500
License Number: C174771
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
Phone: 619-515-2500
After Hours Phone: 619-515-2500
License Number: DPM4819
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
Phone: 619-515-2500
After Hours Phone: 619-515-2500
License Number: NM792
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Website: www.fhcsd.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: 20A11087
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: 20A13225
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: 20A19485
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: 20A9060
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A106103
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A11893
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A115598
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A115699
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A115598
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A115598
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>City, State</th>
<th>Phone</th>
<th>After Hours Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>427322</td>
<td>678 3RD AVE, CHULA VISTA, CA 91910-5736</td>
<td></td>
<td>619-662-4100</td>
<td>619-662-4100</td>
</tr>
<tr>
<td>427322</td>
<td>678 3RD AVE, CHULA VISTA, CA 91910-5736</td>
<td></td>
<td>619-662-4100</td>
<td>619-662-4100</td>
</tr>
<tr>
<td>427322</td>
<td>678 3RD AVE, CHULA VISTA, CA 91910-5736</td>
<td></td>
<td>619-662-4100</td>
<td>619-662-4100</td>
</tr>
<tr>
<td>427322</td>
<td>678 3RD AVE, CHULA VISTA, CA 91910-5736</td>
<td></td>
<td>619-662-4100</td>
<td>619-662-4100</td>
</tr>
<tr>
<td>427322</td>
<td>678 3RD AVE, CHULA VISTA, CA 91910-5736</td>
<td></td>
<td>619-662-4100</td>
<td>619-662-4100</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

---

Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA
91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A127706
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA
91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A138474
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA
91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A159831
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA
91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A163183
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA
91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A177922
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA
91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A40061
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA
91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A40473
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA
91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A41486
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A47906
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A56153
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A66903
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A69264
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A69638
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

799
### SAN YSIDRO HEALTH CHULA VISTA

**Provider ID:** 427322

- **Phone:** 619-662-4100
- **After Hours Phone:** 619-662-4100
- **License Number:** A87650
- **NPI:** 1598122871
- **Accepting New Patients:** Yes
- **Site English Spoken:** Yes
- **Cultural Competency:** No
- **American Sign Language (ASL):** No
- **Accessibility:** CONTACT PROVIDER

**Medical Group/IPA:** SAN YSIDRO HEALTH CHULA VISTA

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

---

### CHULA VISTA, CA

**Location:** 91910-5736

- **Provider ID:** 482034

**CHULA VISTA PEDIATRICS**

- **Phone:** 619-662-4100
- **After Hours Phone:** 619-662-4100
- **License Number:** A80185
- **NPI:** 1598122871
- **Accepting New Patients:** Yes
- **Site English Spoken:** Yes
- **Cultural Competency:** No
- **American Sign Language (ASL):** No
- **Accessibility:** CONTACT PROVIDER

**Medical Group/IPA:** CHULA VISTA PEDIATRICS

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

---

### CHULA VISTA, CA

**Location:** 91911-1353

- **Provider ID:** 482034

**CHULA VISTA PEDIATRICS**

- **Phone:** 619-662-4100
- **After Hours Phone:** 619-662-4100
- **License Number:** A49591
- **NPI:** 1598122871
- **Accepting New Patients:** Yes
- **Site English Spoken:** Yes
- **Cultural Competency:** No
- **American Sign Language (ASL):** No
- **Accessibility:** CONTACT PROVIDER

**Medical Group/IPA:** CHULA VISTA PEDIATRICS

**Website:** [www.ihapsocal.org](http://www.ihapsocal.org)
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

CHULA VISTA, CA
91911-1353
Phone: 619-662-4100
Fax: 619-662-4196
After Hours Phone: 619-662-4100
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA PEDIATRICS
Website: www.ihpsocal.org

FAMILY HLTH CTR SAN DIEGO-RICE FAM HC
Provider ID: 417641
352 L ST
CHULA VISTA, CA
91911-1208
Phone: 619-515-2325
After Hours Phone: 619-515-2325
License Number: PA19306
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-RICE FAM HC
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-RICE FAM HC
Provider ID: 417641
352 L ST
CHULA VISTA, CA
91911-1208
Phone: 619-515-2325
After Hours Phone: 619-515-2325
License Number: 550002305
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-RICE FAM HC
Website: www.fhcsd.org

FAMILY HLTH CTR SAN OTAY FAMILY HEALTH CLINIC
Provider ID: 314546
1637 3RD AVE STE H
CHULA VISTA, CA
91911-5823
Phone: 619-205-1360
After Hours Phone: 619-515-2325
License Number: A95959
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-RICE FAM HC
Website: www.fhcsd.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Fax</th>
<th>License Number</th>
<th>NPI</th>
<th>Accepting New Patients</th>
<th>Site English Spoken</th>
<th>Cultural Competency</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility: CONTACT PROVIDER</th>
<th>Medical Group/IPA:</th>
<th>Website:</th>
</tr>
</thead>
<tbody>
<tr>
<td>314546</td>
<td>1637 3RD AVE STE H</td>
<td>619-205-1376</td>
<td>619-205-1376</td>
<td>619-662-4100</td>
<td>A179598</td>
<td>1598122871</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>OTAY</td>
<td><a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
</tr>
<tr>
<td></td>
<td>CHULA VISTA, CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FAMILY HEALTH CLINIC</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>314546</td>
<td>1637 3RD AVE STE H</td>
<td>619-662-4100</td>
<td>619-662-4100</td>
<td>619-336-2323</td>
<td>A93785</td>
<td>1598122871</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>OTAY</td>
<td><a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
</tr>
<tr>
<td></td>
<td>CHULA VISTA, CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FAMILY HEALTH CLINIC</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>427322</td>
<td>678 3RD AVE</td>
<td>619-662-4100</td>
<td>619-662-4100</td>
<td></td>
<td>DC20760</td>
<td>1598122871</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>SAN YSIDRO</td>
<td><a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
</tr>
<tr>
<td></td>
<td>CHULA VISTA, CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HEALTH CHULA VISTA</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

802
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: DC31963
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: DDS102880
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: DC33295
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: DPM2930
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: G57243
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
Phone: 619-662-4100
After Hours Phone: 619-662-4100
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- **SAN YSIDRO HEALTH CHULA VISTA**
  - Provider ID: 427322
  - 678 3RD AVE
  - CHULA VISTA, CA
  - 91910-5736
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: NP12112
  - NPI: 1598122871
  - Site English Spoken: Yes
  - Site English Spoken: Yes
  - Accepting New Patients: Yes
  - Site English Spoken: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
  - Website: www.ihpsocal.org

- **SAN YSIDRO HEALTH CHULA VISTA**
  - Provider ID: 427322
  - 678 3RD AVE
  - CHULA VISTA, CA
  - 91910-5736
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: G950751
  - NPI: 1598122871
  - Site English Spoken: Yes
  - Site English Spoken: Yes
  - Accepting New Patients: Yes
  - Site English Spoken: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
  - Website: www.ihpsocal.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

**VISTA**
Provider ID: 427322
- 678 3RD AVE
  CHULA VISTA, CA 91910-5736
- Phone: 619-662-4100
- After Hours Phone: 619-662-4100
- License Number: PA54404
- NPI: 1598122871
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
- Website: www.ihpsocal.org

**SAN YSIDRO HEALTH CHULA VISTA**
Provider ID: 427322
- 678 3RD AVE
  CHULA VISTA, CA 91910-5736
- Phone: 619-662-4100
- After Hours Phone: 619-662-4100
- License Number: SP18192
- NPI: 1598122871
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA
- Website: www.ihpsocal.org

**CHULA VISTA PEDIATRICS**
Provider ID: 482034
- 855 3RD AVE STE 2200
  CHULA VISTA, CA 91911
- Phone: (619) 662-4100
- Fax: (619) 662-4196
- After Hours Phone: (619) 662-4100
- NPI: 1326486861
- Accepting New Patients: Yes
- Min/Max Age: 0\150
- Site English Spoken: Y
- Cultural Competency: N
- Hours: M-F 9:00AM-4:00PM
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: IHP of Southern Cal-PHP
- Website: www.ihpsocal.org

**FAMILY HLTH CTR SAN DIEGO-RICE FAM HC**
Provider ID: 417641
- 352 L ST
  CHULA VISTA, CA 91911
- Phone: (619) 515-2325
- Fax: (619) 420-0660
- After Hours Phone: (619) 515-2325
- Hours: M-F 8:00AM-5:00PM
- SA 8:00AM-4:00PM

American Sign Language (ASL):
- N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: IHP of Southern Cal-PHP
- Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

License Number: 550002305
NPI: 1083959464
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hours: M-F
8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
Website: www.fhcsd.org
Email: chantalt@fhcsd.org

EL CAJON

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185267
165 S 1ST ST
EL CAJON, CA 92019-4795
Phone: 619-269-1262
After Hours Phone: 619-269-1262
License Number: C55979
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185267
165 S 1ST ST
EL CAJON, CA 92019-4795
Phone: 619-312-0347
After Hours Phone: 619-312-0347
License Number: 20A6433
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185267
165 S 1ST ST
EL CAJON, CA 92019-4795
Phone: 619-312-0347
After Hours Phone: 619-312-0347
License Number: A123929
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

CHULA VISTA FAMILY HLTH CTR
Provider ID: 206355
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
Fax: (619) 397-1161
After Hours Phone: (619) 515-2500
NPI: 1346480837
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185267
165 S 1ST ST
EL CAJON, CA 92019-4795
Phone: 619-312-0347
After Hours Phone: 619-312-0347
License Number: 20A14222
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185267
165 S 1ST ST
EL CAJON, CA 92019-4795
Phone: 619-312-0347
After Hours Phone: 619-312-0347
License Number: A123929
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

- **LA MAESTRA FAMILY CLINIC INC**
  - Provider ID: 185267
  - 165 S 1ST ST
  - EL CAJON, CA 92019-4795
  - Phone: 619-312-0347
  - After Hours Phone: 619-312-0347
  - License Number: A68184
  - NPI: 1609849074
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
  - Website: www.lamaestra.org

- **LA MAESTRA FAMILY CLINIC INC**
  - Provider ID: 185267
  - 165 S 1ST ST
  - EL CAJON, CA 92019-4795
  - Phone: 619-312-0348
  - After Hours Phone: 619-312-0348
  - License Number: G45632
  - NPI: 1609849074
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
  - Website: www.lamaestra.org

- **SAN YSIDRO HEALTH EL CAJON**
  - Provider ID: 569910
  - 875 EL CAJON BLVD
  - EL CAJON, CA 92020-5714
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: 20A10964
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Site Languages(s) Spoken: Spanish, Tagalog
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON
  - Website: N/A

- **SAN YSIDRO HEALTH EL CAJON**
  - Provider ID: 569910
  - 875 EL CAJON BLVD
  - EL CAJON, CA 92020-5714
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: 1598122871
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Site Languages(s) Spoken: Spanish, Tagalog
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON
  - Website: N/A
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

SAN YSIDRO HEALTH EL CAJON
Provider ID: 569910
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A101773
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON
Website: N/A

SAN YSIDRO HEALTH EL CAJON
Provider ID: 569910
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A120584
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON
Website: N/A

SAN YSIDRO HEALTH EL CAJON
Provider ID: 569910
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A131365
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON
Website: N/A

SAN YSIDRO HEALTH EL CAJON
Provider ID: 569910
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A127706
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 569910</td>
<td>875 EL CAJON BLVD EL CAJON, CA 92020-5714</td>
</tr>
<tr>
<td>Phone: 619-662-4100</td>
<td>After Hours Phone: 619-662-4100</td>
</tr>
<tr>
<td>License Number: A134995 NPI: 1598122871</td>
<td></td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Spanish, Tagalog</td>
<td>Cultural Competency: No</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 569910</td>
<td>875 EL CAJON BLVD EL CAJON, CA 92020-5714</td>
</tr>
<tr>
<td>Phone: 619-662-4100</td>
<td>After Hours Phone: 619-662-4100</td>
</tr>
<tr>
<td>License Number: A47906 NPI: 1598122871</td>
<td></td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Spanish, Tagalog</td>
<td>Cultural Competency: No</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 569910</td>
<td>875 EL CAJON BLVD EL CAJON, CA 92020-5714</td>
</tr>
<tr>
<td>Phone: 619-662-4100</td>
<td>After Hours Phone: 619-662-4100</td>
</tr>
<tr>
<td>License Number: A79338 NPI: 1598122871</td>
<td></td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Spanish, Tagalog</td>
<td>Cultural Competency: No</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>自然语言信息</th>
</tr>
</thead>
<tbody>
<tr>
<td>619-662-4100</td>
</tr>
<tr>
<td>License Number: A96002</td>
</tr>
<tr>
<td>NPI: 1598122871</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Spanish, Tagalog</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
<tr>
<td><strong>SAN YSIDRO HEALTH EL CAJON</strong></td>
</tr>
<tr>
<td>Provider ID: 569910</td>
</tr>
<tr>
<td>☑ 875 EL CAJON BLVD</td>
</tr>
<tr>
<td>☑ EL CAJON, CA 92020-5714</td>
</tr>
<tr>
<td>☑ Phone: 619-662-4100</td>
</tr>
<tr>
<td>☑ After Hours Phone: 619-662-4100</td>
</tr>
<tr>
<td>License Number: G43179</td>
</tr>
<tr>
<td>NPI: 1598122871</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Spanish, Tagalog</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

**SAN YSIDRO HEALTH EL CAJON**
Provider ID: 569910
☑ 875 EL CAJON BLVD
☑ EL CAJON, CA 92020-5714
☑ Phone: 619-662-4100
☑ After Hours Phone: 619-662-4100
License Number: NP95012943
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON
Website: N/A

**SAN YSIDRO HEALTH EL CAJON**
Provider ID: 569910
☑ 875 EL CAJON BLVD
☑ EL CAJON, CA 92020-5714
☑ Phone: 619-662-4100
☑ After Hours Phone: 619-662-4100
License Number: PT40025
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

**SAN YSIDRO HEALTH EL CAJON**
Provider ID: 569910

- Address: 875 EL CAJON BLVD
  EL CAJON, CA 92020-5714
- Phone: 619-662-4100
- After Hours Phone: 619-662-4100
- License Number: PT42665
- NPI: 1598122871
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**LA MAESTRA CHC EL CAJON BROADWAY**
Provider ID: 418501

- Address: 1032 BROADWAY
  EL CAJON, CA 92021-7416
- Phone: 619-795-5991
- After Hours Phone: 619-795-5991
- License Number: 20A14222
- NPI: 1609849074
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**LA MAESTRA CHC EL CAJON BROADWAY**
Provider ID: 418501

- Address: 1032 BROADWAY
  EL CAJON, CA 92021-7416
- Phone: 619-795-5991
- After Hours Phone: 619-795-5991
- License Number: A123929
- NPI: 1609849074
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**LA MAESTRA CHC EL CAJON BROADWAY**
Provider ID: 418501

- Address: 1032 BROADWAY
  EL CAJON, CA 92021-7416
- Phone: 619-795-5991
- After Hours Phone: 619-795-5991
- License Number: A160760
- NPI: 1609849074
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- After Hours Phone: 619-795-5991
  License Number: G50634
  NPI: 1609849074
  Accepting New Patients: Yes
  Site English Spoken: Yes
  Cultural Competency: No
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Medical Group/IPA: LA MAESTRA CHC EL CAJON BROADWAY
  Website: www.lamaestra.org

LA MAESTRA CHC EL CAJON BROADWAY
Provider ID: 418501
1032 BROADWAY
EL CAJON, CA 92021-7416
Phone: 619-795-5991
After Hours Phone: 619-795-5991
License Number: PA21625
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA CHC EL CAJON BROADWAY
Website: www.lamaestra.org

LA MAESTRA CHC EL CAJON BROADWAY
Provider ID: 418501
1032 BROADWAY
EL CAJON, CA 92021-7416
Phone: 619-795-5991
After Hours Phone: 619-795-5991
License Number: PA58466
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA CHC EL CAJON BROADWAY
Website: www.lamaestra.org

LA MAESTRA CHC EL CAJON BROADWAY
Provider ID: 418501
1032 BROADWAY
EL CAJON, CA 92021-7416
Phone: 619-795-5991
Fax: 619-795-5992
After Hours Phone: 619-795-5991
License Number: 550003567
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA CHC EL CAJON BROADWAY
Website: www.lamaestra.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
526 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: A163464
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA CHC EL CAJON BROADWAY
Website: www.lamaestra.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

- PROVIDER
  Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
  Website: www.fhcsd.org

- CHASE AVENUE FAMILY HEALTH CTRS INC
  Provider ID: 206354
  1111 W CHASE AVE
  EL CAJON, CA 92020-5710
  Phone: 619-515-2499
  After Hours Phone: 619-515-2499
  License Number: 20A13700
  NPI: 1134155377
  Accepting New Patients: Yes
  Site English Spoken: Yes
  Site Languages(s) Spoken: Spanish
  Cultural Competency: No
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Medical Group/IPA: CHASE AVENUE FAMILY HEALTH CTRS INC
  Website: www.fhcsd.org

- CHASE AVENUE FAMILY HEALTH CTRS INC
  Provider ID: 206354
  1111 W CHASE AVE
  EL CAJON, CA 92020-5710
  Phone: 619-515-2499
  After Hours Phone: 619-515-2499
  License Number: A138887
  NPI: 1134155377
  Accepting New Patients: Yes
  Site English Spoken: Yes
  Site Languages(s) Spoken: Spanish
  Cultural Competency: No
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Medical Group/IPA: CHASE AVENUE FAMILY HEALTH CTRS INC
  Website: www.fhcsd.org

- CHASE AVENUE FAMILY HEALTH CTRS INC
  Provider ID: 206354
  1111 W CHASE AVE
  EL CAJON, CA 92020-5710
  Phone: 619-515-2499
  After Hours Phone: 619-515-2499
  License Number: DC33150
  NPI: 1134155377
  Accepting New Patients: Yes
  Site English Spoken: Yes
  Site Languages(s) Spoken: Spanish
  Cultural Competency: No
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Medical Group/IPA: CHASE AVENUE FAMILY HEALTH CTRS INC
  Website: www.fhcsd.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

CHASE AVENUE FAMILY HEALTH CTRS INC
Provider ID: 206354
1111 W CHASE AVE
EL CAJON, CA 92020-5710
Phone: 619-515-2499
After Hours Phone: 619-515-2499
License Number: NP95007253
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHASE AVENUE FAMILY HEALTH CTRS INC
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: PT293536
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

CHASE AVENUE FAMILY HEALTH CTRS INC
Provider ID: 206354
1111 W CHASE AVE
EL CAJON, CA 92020-5710
Phone: 619-515-2499
Fax: 619-593-7164
After Hours Phone: 619-515-2499
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHASE AVENUE FAMILY HEALTH CTRS INC
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: 20A13745
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: 20A13060
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: 20A14919
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: A107093
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: A108228
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: A113001
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: 20A7241
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

815
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- **FAMILY HLTH CTR SAN DIEGO-EL CAJON**
  - Provider ID: 418340
  - Phone: 619-515-2498
  - After Hours Phone: 619-515-2498
  - 525 E MAIN ST
  - EL CAJON, CA 92020-4007
  - License Number: A114181
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
  - Website: www.fhcsd.org

- **FAMILY HLTH CTR SAN DIEGO-EL CAJON**
  - Provider ID: 418340
  - Phone: 619-515-2498
  - After Hours Phone: 619-515-2498
  - 525 E MAIN ST
  - EL CAJON, CA 92020-4007
  - License Number: A118095
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
  - Website: www.fhcsd.org

- **FAMILY HLTH CTR SAN DIEGO-EL CAJON**
  - Provider ID: 418340
  - Phone: 619-515-2498
  - After Hours Phone: 619-515-2498
  - 525 E MAIN ST
  - EL CAJON, CA 92020-4007
  - License Number: A118095
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
  - Website: www.fhcsd.org

- **FAMILY HLTH CTR SAN DIEGO-EL CAJON**
  - Provider ID: 418340
  - Phone: 619-515-2498
  - After Hours Phone: 619-515-2498
  - 525 E MAIN ST
  - EL CAJON, CA 92020-4007
  - License Number: A118095
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
  - Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: A144974
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: A147976
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: A148014
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: A152462
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: A154298
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: A164859
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: A178499
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: A72005
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: A68463
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

<table>
<thead>
<tr>
<th>D1. 联邦认证合格的健康诊所</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AFER HOURS PHONE:</strong> 619-515-2498</td>
</tr>
<tr>
<td><strong>LICENSE NUMBER:</strong> DC33150</td>
</tr>
<tr>
<td><strong>NPI:</strong> 1134155377</td>
</tr>
<tr>
<td><strong>ACCEPTING NEW PATIENTS:</strong> Yes</td>
</tr>
<tr>
<td><strong>SITE ENGLISH SPOKEN:</strong> Yes</td>
</tr>
<tr>
<td><strong>CULTURAL COMPETENCY:</strong> No</td>
</tr>
<tr>
<td><strong>AMERICAN SIGN LANGUAGE (ASL):</strong> N</td>
</tr>
<tr>
<td><strong>ACCESSIBILITY:</strong> CONTACT PROVIDER</td>
</tr>
<tr>
<td><strong>MEDICAL GROUP/IPA:</strong> FAMILY HLTH CTR SAN DIEGO-EL CAJON</td>
</tr>
<tr>
<td><strong>WEBSITE:</strong> <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
</tbody>
</table>

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

Provider ID: 418340

- 525 E MAIN ST
- EL CAJON, CA 92020-4007
- Phone: 619-515-2498
- After Hours Phone: 619-515-2498
- License Number: DC33869
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
- Website: www.fhcsd.org

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

Provider ID: 418340

- 525 E MAIN ST
- EL CAJON, CA 92020-4007
- Phone: 619-515-2498
- After Hours Phone: 619-515-2498
- License Number: G78814
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
- Website: www.fhcsd.org

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

Provider ID: 418340

- 525 E MAIN ST
- EL CAJON, CA 92020-4007
- Phone: 619-515-2498
- After Hours Phone: 619-515-2498
- License Number: DPM5661
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
- Website: www.fhcsd.org

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

Provider ID: 418340

- 525 E MAIN ST
- EL CAJON, CA 92020-4007
- Phone: 619-515-2498
- After Hours Phone: 619-515-2498
- License Number: C174771
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
- Website: www.fhcsd.org

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

Provider ID: 418340

- 525 E MAIN ST
- EL CAJON, CA 92020-4007
- Phone: 619-515-2498
- After Hours Phone: 619-515-2498
- License Number: A83390
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
- Website: www.fhcsd.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
FAMILY HLTH CTR SAN
DIEGO-EL CAJON
Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: NM1721
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN
DIEGO-EL CAJON
Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: NP95000205
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN
DIEGO-EL CAJON
Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: NP95009180
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN
DIEGO-EL CAJON
Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: NP95009292
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>License Number</th>
<th>NPI</th>
<th>Accepting New Patients</th>
<th>Site English Spoken</th>
<th>Cultural Competency</th>
<th>American Sign Language (ASL):</th>
</tr>
</thead>
<tbody>
<tr>
<td>418340</td>
<td>525 E MAIN ST EL CAJON, CA 92020-4007</td>
<td>619-515-2498</td>
<td>619-515-2498</td>
<td>NP95013978</td>
<td>1134155377</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>418340</td>
<td>525 E MAIN ST EL CAJON, CA 92020-4007</td>
<td>619-515-2498</td>
<td>619-515-2498</td>
<td>PA20396</td>
<td>1134155377</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>418340</td>
<td>525 E MAIN ST EL CAJON, CA 92020-4007</td>
<td>619-515-2498</td>
<td>619-515-2498</td>
<td>PT292482</td>
<td>1134155377</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: RN810863
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: 550003553
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
License Number: 20A19473
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2499
After Hours Phone: 619-515-2499
License Number: RN428876
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
Fax: 619-269-0191
After Hours Phone: 619-515-2498
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2498
After Hours Phone: 619-515-2498
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
Phone: 619-515-2499
After Hours Phone: 619-515-2499
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON
Website: www.fhcsd.org

822
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Website: www.fhcsd.org

CENTRO MEDICO EL CAJON
Provider ID: 478971
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
Phone: 619-401-0404
After Hours Phone: 619-401-0404
License Number: A151547
NPI: 1134144165
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CENTRO MEDICO EL CAJON
Website: N/A

CENTRO MEDICO EL CAJON
Provider ID: 478971
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
Phone: 619-401-0404
After Hours Phone: 619-401-0404
License Number: A98486
NPI: 1134144165
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CENTRO MEDICO EL CAJON
Website: N/A

CENTRO MEDICO EL CAJON
Provider ID: 478971
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
Phone: 619-401-0404
After Hours Phone: 619-401-0404
License Number: G52812
NPI: 1134144165
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CENTRO MEDICO EL CAJON
Website: N/A

CENTRO MEDICO EL CAJON
Provider ID: 478971
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
Phone: 619-873-8940
After Hours Phone: 619-873-8940
License Number: 20A11733
NPI: 1134144165
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CENTRO MEDICO EL CAJON
Website: N/A

CENTRO MEDICO EL CAJON
Provider ID: 478971
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
Phone: 619-401-0404
After Hours Phone: 619-401-0404
License Number: NP95001710
NPI: 1134144165
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: CENTRO MEDICO EL CAJON
Website: N/A
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>License Number</th>
<th>NPI</th>
<th>Accepting New Patients</th>
<th>Site English Spoken</th>
<th>Cultural Competency</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Medical Group/IPA</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRO MEDICO EL CAJON</td>
<td>478971</td>
<td>133 W MAIN ST STE 100 EL CAJON, CA 92020-3325</td>
<td>619-873-8940</td>
<td>619-873-8940</td>
<td>A113241</td>
<td>1134144165</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>CENTRO MEDICO EL CAJON</td>
<td>N/A</td>
</tr>
<tr>
<td>CENTRO MEDICO EL CAJON</td>
<td>478971</td>
<td>133 W MAIN ST STE 100 EL CAJON, CA 92020-3325</td>
<td>619-873-8940</td>
<td>619-873-8940</td>
<td>A114674</td>
<td>1134144165</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>CENTRO MEDICO EL CAJON</td>
<td>N/A</td>
</tr>
<tr>
<td>CENTRO MEDICO EL CAJON</td>
<td>478971</td>
<td>133 W MAIN ST STE 100 EL CAJON, CA 92020-3325</td>
<td>619-873-8940</td>
<td>619-873-8940</td>
<td>A113241</td>
<td>1134144165</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>CENTRO MEDICO EL CAJON</td>
<td>N/A</td>
</tr>
<tr>
<td>CENTRO MEDICO EL CAJON</td>
<td>478971</td>
<td>133 W MAIN ST STE 100 EL CAJON, CA 92020-3325</td>
<td>619-873-8940</td>
<td>619-873-8940</td>
<td>A114674</td>
<td>1134144165</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>CENTRO MEDICO EL CAJON</td>
<td>N/A</td>
</tr>
<tr>
<td>CENTRO MEDICO EL CAJON</td>
<td>478971</td>
<td>133 W MAIN ST STE 100 EL CAJON, CA 92020-3325</td>
<td>619-873-8940</td>
<td>619-873-8940</td>
<td>A113241</td>
<td>1134144165</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>CENTRO MEDICO EL CAJON</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

License Number: 550003553
NPI: 1932561198
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
Website: www.fhcsd.org
Email: janellek@fhcsd.org

LA MAESTRA CHC EL CAJON
BROADWAY
Provider ID: 418501
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
Fax: (619) 795-5992
After Hours Phone: (619) 795-5991
License Number: 550003567
NPI: 1134590086
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: Y
Hours: M-F
8:30AM-5:30PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Borrego Community Health Foundation
Website: www.borregohealth.org
Email: iselaochoa@borregohealth.org

CENTRO MEDICO EL CAJON
Provider ID: 478971
133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 873-8940
Fax: (619) 401-0522
After Hours Phone: (619) 873-8940
License Number: 550000430
NPI: 1154480069
Accepting New Patients: Yes
Min/Max Age: 0\999
Site English Spoken: Y
Cultural Competency: Y
Hours: SU-SA
8:00AM-8:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: La Maestra Family Clinic
Website: www.lamaestra.org

SAN YSIDRO HEALTH EL CAJON
Provider ID: 569910
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 785-3356
After Hours Phone: (619) 662-4100
License Number: 550002514
NPI: 1568845741
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.syhealth.org

CHASE AVENUE FAMILY HEALTH CTRS INC
Provider ID: 206354
1111 W CHASE AVE
EL CAJON, CA 92020
Phone: (619) 515-2499
Fax: (619) 593-7164
After Hours Phone: (619) 515-2499
NPI: 1104861681
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
Website: www.fhcsd.org
Email: jaquelinc@fhcsd.org

LA MAESTRA FAMILY CLINIC INC
825
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

**Provider ID: 185267**
165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 312-0347
Fax: (619) 749-5480
After Hours Phone: (619) 312-0347
NPI: 1336353721
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: Y
Hours: M-TU 8:00AM-5:00PM
TH-F 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: La Maestra Family Clinic
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org

**TRUECARE**
Provider ID: 480243
1130 2ND ST
ENCINITAS, CA 92024-5008
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: DC29074
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: N/A

**ENCINITAS**

**TRUECARE**
Provider ID: 480243
1130 2ND ST
ENCINITAS, CA 92024-5008
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: DC29074
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: N/A

**TRUECARE**
Provider ID: 480243
1130 2ND ST
ENCINITAS, CA 92024-5008
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: DC29074
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: N/A

**TRUECARE**
Provider ID: 480243
1130 2ND ST
ENCINITAS, CA 92024-5008
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: DC29074
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: N/A

**TRUERCARE**
Provider ID: 480243
1130 2ND ST
ENCINITAS, CA 92024-5008
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: DC29074
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: N/A

**TRUECARE**
Provider ID: 480243
1130 2ND ST
ENCINITAS, CA 92024-5008
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: DC29074
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

TRUECARE
Provider ID: 480243
1130 2ND ST
ENCINITAS, CA 92024-5008
Phone: 760-753-7842
After Hours Phone: 760-753-7842
License Number: A116562
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: N/A

TRUECARE
Provider ID: 480243
1130 2ND ST
ENCINITAS, CA 92024-5008
Phone: 760-753-7842
Fax: 760-736-8740
After Hours Phone: 760-753-7842
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: N/A

TRUECARE
Provider ID: 480243
1130 2ND ST
ENCINITAS, CA 92024-5008
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: 80000638
NPI: 1245246917
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: N/A

TRUECARE
Provider ID: 480243
1130 2ND ST
ENCINITAS, CA 92024-5008
Phone: (760) 753-7842
Fax: (760) 736-8740
After Hours Phone: (760) 753-7842
License Number: 080000638
NPI: 1245246917
Accepting New Patients: Yes
Site English Spoken: Y
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Website: N/A

ESCONDIDO

SAN YSIDRO HEALTH
ESCONDIDO FAMILY
MEDICINE
Provider ID: 588941
704 E GRAND AVE
ESCONDIDO, CA
92025-4405
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: C171064
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE
Website: N/A

SAN YSIDRO HEALTH
ESCONDIDO FAMILY
MEDICINE
Provider ID: 588941
704 E GRAND AVE
ESCONDIDO, CA
92025-4405
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: NP95005999
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE
Website: N/A

SAN YSIDRO HEALTH
ESCONDIDO FAMILY
MEDICINE
Provider ID: 588941
704 E GRAND AVE
ESCONDIDO, CA
92025-4405
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: PA20490
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE
Website: N/A

SAN YSIDRO HEALTH
ESCONDIDO FAMILY
MEDICINE
Provider ID: 588941
704 E GRAND AVE
ESCONDIDO, CA
92025-4405
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: NP95006360
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

ESCONDIDO FAMILY MEDICINE
Provider ID: 588941
704 E GRAND AVE
ESCONDIDO, CA 92025-4405
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: PA52347
NPI: 1598122871
Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE
Website: N/A

NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL
Provider ID: 424775
426 N DATE ST
ESCONDIDO, CA 92025-3409
Phone: 760-690-5900
After Hours Phone: 760-690-5900
License Number: A56054
NPI: 1598122871
Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Medical Group/IPA: NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL
Website: N/A

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE
Provider ID: 588941
704 E GRAND AVE
ESCONDIDO, CA 92025-4405
Phone: 619-662-4100
Fax: 619-662-7952
After Hours Phone: 619-662-4100
NPI: 1598122871
Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE
Website: N/A

NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL
Provider ID: 424775
426 N DATE ST
ESCONDIDO, CA 92025-3409
Phone: 760-690-5900
After Hours Phone: 760-690-5900
License Number: A67626
NPI: 1598122871
Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Medical Group/IPA: NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL
Website: N/A

NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL
Provider ID: 424775
426 N DATE ST
ESCONDIDO, CA 92025-3409
Phone: 760-690-5900
After Hours Phone: 760-690-5900
License Number: A62467
NPI: 1598122871
Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Medical Group/IPA: NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL
Website: N/A
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

Provider ID: 424775
426 N DATE ST
ESCONDIDO, CA
92025-3409
Phone: 760-690-5900
After Hours Phone: 760-690-5900
License Number: G83438
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
HEALTHCARE PEDIATRICS AND PRENATAL
Website: N/A

NEIGHBORHOOD
HEALTHCARE PEDIATRICS AND PRENATAL
Provider ID: 424775
426 N DATE ST
ESCONDIDO, CA
92025-3409
Phone: 760-690-5900
Fax: 360-462-2747
After Hours Phone: 760-690-5900
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
HEALTHCARE PEDIATRICS AND PRENATAL
Website: N/A

NEIGHBORHOOD
HEALTHCARE PEDIATRICS AND PRENATAL
Provider ID: 424775
426 N DATE ST
ESCONDIDO, CA
92025-3409
Phone: 760-690-5900
After Hours Phone: 760-690-5900
License Number: 550000511
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
HEALTHCARE PEDIATRICS AND PRENATAL
Website: www.ihpsocal.org

NEIGHBORHOOD
HEALTHCARE PEDS AND PRENATAL
Provider ID: 206266
425 N DATE ST
ESCONDIDO, CA
92025-3413
Phone: 760-520-8340
After Hours Phone: 760-520-8340
License Number: A56054
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
HEALTHCARE PEDS AND PRENATAL
Website: www.ihpsocal.org

830
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

PRENATAL
Provider ID: 206266
425 N DATE ST
ESCONDIDO, CA 92025-3413
Phone: 760-520-8340
After Hours Phone: 760-520-8340
License Number: A67626
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL
Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL
Provider ID: 206266
425 N DATE ST
ESCONDIDO, CA 92025-3413
Phone: 760-520-8340
Fax: 360-462-2752
After Hours Phone: 760-520-8340
License Number: A67626
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL
Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY
Provider ID: 206271
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
Phone: 760-737-6900
After Hours Phone: 760-737-6900
License Number: A120348
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY
Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY
Provider ID: 206271
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
Phone: 760-737-6900
After Hours Phone: 760-737-6900
License Number: A140398
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY
Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY
Provider ID: 206271
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
Phone: 760-737-6900
After Hours Phone: 760-737-6900
License Number: A139490
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY
Website: N/A
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

PARKWAY
Provider ID: 206271
728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052
Phone: 760-737-6900
After Hours Phone: 760-737-6900
License Number: A145349
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY
Website: N/A

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY
Provider ID: 206271
728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052
Phone: 760-737-6900
After Hours Phone: 760-737-6900
License Number: A94128
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY
Website: N/A

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY
Provider ID: 206271
728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052
Phone: 760-737-6900
After Hours Phone: 760-737-6900
License Number: G61829
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY
Website: N/A

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY
Provider ID: 206271
728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052
Phone: 760-737-6900
After Hours Phone: 760-737-6900
License Number: DPM5260
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY
Website: N/A
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

PARKWAY
Provider ID: 206271
728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052
Phone: 760-737-6900
After Hours Phone: 760-737-6900
License Number: NP8169
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
HEALTHCARE VALLEY PARKWAY
Website: N/A

NEIGHBORHOOD
HEALTHCARE VALLEY PARKWAY
Provider ID: 206271
728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052
Phone: 760-737-6900
Fax: 360-462-2748
After Hours Phone: 760-737-6900
License Number: 80000158
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
HEALTHCARE VALLEY PARKWAY
Website: www.ihpsocal.org

NEIGHBORHOOD
HEALTHCARE GRAND AVE
Provider ID: 206269
1001 E GRAND AVE
ESCONDIDO, CA
92025-4604
Phone: 760-520-8200
After Hours Phone: 760-520-8200
License Number: A101773
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
HEALTHCARE GRAND AVE
Website: www.ihpsocal.org

NEIGHBORHOOD
HEALTHCARE GRAND AVE
Provider ID: 206269
1001 E GRAND AVE
ESCONDIDO, CA
92025-4604
Phone: 760-520-8200
After Hours Phone: 760-520-8200
License Number: A161074
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
HEALTHCARE GRAND AVE
Website: www.ihpsocal.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>92025-4604</th>
<th>Phone: 760-520-8200</th>
</tr>
</thead>
<tbody>
<tr>
<td>92025-4604</td>
<td>After Hours Phone: 760-520-8200</td>
</tr>
</tbody>
</table>

License Number: A94128
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD

HEALTHCARE GRAND AVE
Provider ID: 206269
1001 E GRAND AVE
ESCONDIDO, CA
92025-4604
Phone: 760-520-8200
Fax: 360-462-2749
After Hours Phone: 760-520-8200
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD

NEIGHBORHOOD
HEALTHCARE GRAND AVE
Provider ID: 206269
1001 E GRAND AVE
ESCONDIDO, CA
92025-4604
Phone: 760-520-8200
Fax: 360-462-2749
After Hours Phone: 760-520-8200
License Number: 80000397
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD

HEALTHCARE GRAND AVE
Provider ID: 206269
1001 E GRAND AVE
ESCONDIDO, CA
92025-4604
Phone: 760-520-8200
Fax: 360-462-2749
After Hours Phone: 760-520-8200
License Number: 80000483
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D1. 联邦认证合格的健康诊所

Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
HEALTHCARE GRAND AVE  
 Website: www.ihpsocal.org

NEIGHBORHOOD
HEALTHCARE ESCONDIDO
Provider ID: 206270  
 460 N ELM ST  
  ESCONDIDO, CA  
  92025-3002  
 Phone: 760-520-8100  
 After Hours Phone: 760-520-8100
License Number: 20A14292  
 NPI: 1598122871
Accepting New Patients: Yes
 Site English Spoken: Yes
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
HEALTHCARE ESCONDIDO  
 Website: www.ihpsocal.org

NEIGHBORHOOD
HEALTHCARE ESCONDIDO
Provider ID: 206270
 460 N ELM ST  
  ESCONDIDO, CA  
  92025-3002  
 Phone: 760-520-8100  
 After Hours Phone: 760-520-8100
License Number: A109655
NPI: 1598122871
Accepting New Patients: Yes
 Site English Spoken: Yes
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
HEALTHCARE ESCONDIDO  
 Website: www.ihpsocal.org

NEIGHBORHOOD
HEALTHCARE ESCONDIDO
Provider ID: 206270
 460 N ELM ST  
  ESCONDIDO, CA  
  92025-3002  
 Phone: 760-520-8100  
 After Hours Phone: 760-520-8100
License Number: A120771
NPI: 1598122871
Accepting New Patients: Yes
 Site English Spoken: Yes
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
HEALTHCARE ESCONDIDO  
 Website: www.ihpsocal.org

835
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

NEIGHBORHOOD HEALTHCARE ESCONDIDO
Provider ID: 206270
460 N ELM ST
ESCONDIDO, CA
92025-3002
Phone: 760-520-8100
After Hours Phone: 760-520-8100
License Number: A139490
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO
Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE ESCONDIDO
Provider ID: 206270
460 N ELM ST
ESCONDIDO, CA
92025-3002
Phone: 760-520-8100
After Hours Phone: 760-520-8100
License Number: A159727
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO
Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE ESCONDIDO
Provider ID: 206270
460 N ELM ST
ESCONDIDO, CA
92025-3002
Phone: 760-520-8100
After Hours Phone: 760-520-8100
License Number: A45413
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO
Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE ESCONDIDO
Provider ID: 206270
460 N ELM ST
ESCONDIDO, CA
92025-3002
Phone: 760-520-8100
After Hours Phone: 760-520-8100
License Number: A61751
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO
Website: www.ihpsocal.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID: 206270</th>
<th>460 N ELM ST ESCONDIDO, CA 92025-3002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 760-520-8100</td>
<td>After Hours Phone: 760-520-8100</td>
</tr>
<tr>
<td>License Number: A94128</td>
<td>NPI: 1598122871</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO</td>
</tr>
<tr>
<td>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
<td>Provider ID: 206270</td>
</tr>
<tr>
<td>Phone: 760-520-8100</td>
<td>After Hours Phone: 760-520-8100</td>
</tr>
<tr>
<td>License Number: A94128</td>
<td>NPI: 1598122871</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO</td>
</tr>
<tr>
<td>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
<td>Provider ID: 206270</td>
</tr>
<tr>
<td>Phone: 760-520-8100</td>
<td>After Hours Phone: 760-520-8100</td>
</tr>
<tr>
<td>License Number: DC12036</td>
<td>NPI: 1598122871</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO</td>
</tr>
<tr>
<td>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
<td>Provider ID: 206270</td>
</tr>
<tr>
<td>Phone: 760-520-8100</td>
<td>After Hours Phone: 760-520-8100</td>
</tr>
<tr>
<td>License Number: G61829</td>
<td>NPI: 1598122871</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO</td>
</tr>
<tr>
<td>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
<td></td>
</tr>
</tbody>
</table>
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

NEIGHBORHOOD HEALTHCARE ESCONDIDO
 Provider ID: 206270
460 N ELM ST
ESCONDIDO, CA 92025-3002
Phone: 760-520-8100
Fax: 360-466-2745
After Hours Phone: 760-520-8100
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO
Website: www.ihpsocal.org

CENTRO MEDICO ESCONDIDO
 Provider ID: 419344
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025
Phone: (760) 871-0606
Fax: (858) 634-6918
After Hours Phone: (760) 871-0606
License Number: 550001260
NPI: 1023349883
Accepting New Patients: Yes
Min/Max Age: 0-999
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-8:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDATION
Website: N
Email: iselaachoa@borregohealth.org

NEIGHBORHOOD HEALTHCARE ESCONDIDO
 Provider ID: 206270
460 N ELM ST
ESCONDIDO, CA 92025-3002
Phone: 760-520-8100
Fax: 360-466-2745
After Hours Phone: 760-520-8100
License Number: 80000397
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO
Website: www.ihpsocal.org

After Hours Phone: (760) 520-8100
License Number: 080000397
NPI: 1598703647
Accepting New Patients: Yes
Min/Max Age: 0-150
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL
 Provider ID: 206266
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
Fax: (360) 462-2752
After Hours Phone: (760) 520-8340
NPI: 1265618185
Accepting New Patients: Yes
Min/Max Age: 0-21
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

**NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY**

Provider ID: 206271

- 728 E VALLEY PKWY
- ESCONDIDO, CA 92025
- Phone: (760) 737-6900
- Fax: (360) 462-2748
- After Hours Phone: (760) 737-6900

License Number: 080000158
NPI: 1720264641

- Accepting New Patients: Yes
- Min/Max Age: 0\150
- Site English Spoken: Y
- Cultural Competency: N
- Hours: M-TU 8:00AM-5:00PM
- W 9:00AM-5:00PM
- TH-F 8:00AM-5:00PM

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of Southern Cal-PHP

Website: N/A

**ESCONDIDO FAMILY HEALTH CENTER**

Provider ID: 652372

- 128 N BROADWAY
- ESCONDIDO, CA 92025
- Phone: (619) 515-2474
- After Hours Phone: (619) 515-2474

License Number: 550002865
NPI: 1417640491

- Accepting New Patients: Yes
- Min/Max Age: 0\999
- Site English Spoken: Y
- Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of Southern Cal-PHP

Website: N/A

**NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PREGNATAL**

Provider ID: 424775

- 426 N DATE ST
- ESCONDIDO, CA 92025
- Phone: (760) 690-5900
- Fax: (360) 462-2747
- After Hours Phone: (760) 690-5900

License Number: 550000511
NPI: 1437335353

- Accepting New Patients: Yes
- Min/Max Age: 0\150
- Site English Spoken: Y
- Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of Southern Cal-PHP

Website: N/A

**SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE**

Provider ID: 588941

- 704 E GRAND AVE
- ESCONDIDO, CA 92025
- Phone: (619) 662-4100
- Fax: (619) 662-7952
- After Hours Phone: (619) 662-4100

NPI: 1801438239

- Accepting New Patients: Yes
- Min/Max Age: 0\120
- Site English Spoken: Y
- Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of Southern Cal-PHP

Website: N/A

**FALLBROOK**

**VISTA COMMUNITY CLINIC**

Provider ID: 624122

- 321 E ALVARADO ST
- FALLBROOK, CA 92028-2912
- Phone: 760-723-6200
- After Hours Phone: 760-723-6200

License Number: NP95003447
NPI: 1598122871

- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: VISTA COMMUNITY CLINIC

Website: www.vistacommunityclinic.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

FALLBROOK FAMILY HLTH CTR
Provider ID: 183910
1328 S MISSION RD
FALLBROOK, CA 92028-4006
Phone: 760-451-4720
Fax: 760-451-4700
After Hours Phone: 760-451-4720
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FALLBROOK FAMILY HLTH CTR
Website: N/A

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FALLBROOK FAMILY HLTH CTR
Website: N/A

FALLBROOK FAMILY HLTH CTR
Provider ID: 183910
1328 S MISSION RD
FALLBROOK, CA 92028-4006
Phone: 760-451-4770
After Hours Phone: 760-451-4770
License Number: A169529
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FALLBROOK FAMILY HLTH CTR
Website: N/A

FALLBROOK FAMILY HLTH CTR
Provider ID: 183910
1328 S MISSION RD
FALLBROOK, CA 92028-4006
Phone: (760) 451-4720
Fax: (760) 451-4700
After Hours Phone: (760) 451-4720
License Number: 080000150
NPI: 1982756086
Accepting New Patients: Yes
Min/Max Age: 0 \ 999
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FALLBROOK FAMILY HLTH CTR
Website: N/A

VISTA COMMUNITY CLINIC
Provider ID: 624122
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 0800000002

Hours: M-F
8:00AM-5:00PM
SA 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.vistacommunityclinic.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

**VISTA COMMUNITY CLINIC**
Provider ID: 624122
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 550003781
NPI: 1316501562
Accepting New Patients: No
Min/Max Age: 0\999
Site English Spoken: Y
Cultural Competency: Y
Hours: M 8:00AM-4:00PM
TU 8:00AM-0:30PM
W-TH 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**
Provider ID: 624122
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 550004110
NPI: 1851300123
Accepting New Patients: No
Min/Max Age: 0\999
Site English Spoken: Y
Cultural Competency: Y
Hours: M 8:00AM-4:00PM
TU 8:00AM-0:30PM
W-TH 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**
Provider ID: 624122
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 550004110
NPI: 1649662719
Accepting New Patients: No
Min/Max Age: 0\999
Site English Spoken: Y
Cultural Competency: Y
Hours: M 8:00AM-4:00PM
TU 8:00AM-0:30PM
W-TH 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.vistacommunityclinic.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

VISTA COMMUNITY CLINIC
Provider ID: 624122
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 080000002
NPI: 1851300123
Accepting New Patients: No
Min/Max Age: 0|999
_site English Spoken: Y
Cultural Competency: Y
Hours: M 8:00AM-4:00PM
TU 8:00AM-0:30PM
W-TH 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 624122
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 550003781
NPI: 1649662719
Accepting New Patients: Yes
Min/Max Age: 0|999
Site English Spoken: Y
Cultural Competency: Y
Hours: M 8:00AM-4:00PM
TU 8:00AM-0:30PM
W-TH 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 624122
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 080000002
NPI: 1649662719
Accepting New Patients: No
Min/Max Age: 0\999
Site English Spoken: Y
Cultural Competency: Y
Hours: M 8:00AM-4:00PM
TU 8:00AM-0:30PM
W-TH 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.vistacommunityclinic.org

IMPERIAL BEACH HEALTH CENTER
Provider ID: 179678
949 PALM AVE
IMPERIAL BEACH, CA 91932-1503
Phone: 619-429-3733
After Hours Phone: 619-429-3733
License Number: A66830
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IMPERIAL BEACH HEALTH CENTER
Website: www.ihpsocal.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>PROVIDER ID</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>FAX</th>
<th>AFTER HOURS PHONE</th>
<th>LICENSE NUMBER</th>
<th>NPI</th>
<th>ACCEPTING NEW PATIENTS</th>
<th>MIN/Max AGE</th>
<th>SITE ENGLISH SPOKEN</th>
<th>SITE LANGUAGES(S) SPOKEN</th>
<th>CULTURAL COMPETENCY</th>
<th>AMERICAN SIGN LANGUAGE (ASL)</th>
<th>AMERICAN SIGN LANGUAGE (ASL)</th>
<th>ACCESSIBILITY</th>
<th>MEDICAL GROUP/IPA</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPERIAL BEACH HEALTH CENTER</td>
<td>179678</td>
<td>949 PALM AVE, IMPERIAL BEACH, CA 91932</td>
<td>(619) 429-3733</td>
<td>(619) 628-5550</td>
<td>(619) 429-3733</td>
<td>090000119</td>
<td>1790718351</td>
<td>Yes</td>
<td>0\150</td>
<td>Yes</td>
<td>Spanish, Tagalog</td>
<td>Yes</td>
<td>No</td>
<td>CONTACT PROVIDER</td>
<td>CONTACT PROVIDER</td>
<td>IHP of Southern Cal-PHP</td>
<td><a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
</tr>
<tr>
<td>LA MESA PEDIATRICS</td>
<td>480827</td>
<td>8881 FLETCHER PKWY STE 200, LA MESA, CA 91942-3135</td>
<td>619-464-6434</td>
<td>619-464-5109</td>
<td>619-464-6434</td>
<td>C133872</td>
<td>1134144165</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>CONTACT PROVIDER</td>
<td>CONTACT PROVIDER</td>
<td>LA MESA PEDIATRICS</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>LA MESA PEDIATRICS</td>
<td>480827</td>
<td>8881 FLETCHER PKWY STE 200, LA MESA, CA 91942-3135</td>
<td>619-464-6434</td>
<td>619-464-5109</td>
<td>619-464-6434</td>
<td>NP95017921</td>
<td>1134144165</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>CONTACT PROVIDER</td>
<td>CONTACT PROVIDER</td>
<td>LA MESA PEDIATRICS</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>PROVIDER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Number: 20A11733</td>
</tr>
<tr>
<td>NPI: 1134144165</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
</tr>
<tr>
<td>American Sign Language (ASL): No</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Medical Group/IPA: LA MESA PEDIATRICS</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

LA MESA PEDIATRICS

Provider ID: 480827

8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
Phone: 619-464-6434
Fax: 619-464-5109
After Hours Phone: 619-464-6434
License Number: 550000430 |
NPI: 1134144165 |
Accepting New Patients: Yes |
Site English Spoken: Yes |
Cultural Competency: Yes |
American Sign Language (ASL): Yes |
Accessibility: CONTACT PROVIDER |
Medical Group/IPA: LA MESA PEDIATRICS |
Website: N/A

LA MESA PEDIATRICS

Provider ID: 480827

8881 FLETCHER PKWY STE 200
LA MESA, CA 91942
Phone: (619) 464-6434
Fax: (619) 464-5109
After Hours Phone: (619) 464-6434
License Number: 550000430 |
NPI: 1033759311 |
Accepting New Patients: Yes |
Site English Spoken: Yes |
Cultural Competency: Yes |
American Sign Language (ASL): Yes |
Accessibility: CONTACT PROVIDER |
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE LAKESIDE |
Website: www.ihpsocal.org

LA MESA PEDIATRICS

Provider ID: 480827

8881 FLETCHER PKWY STE 200
LA MESA, CA 91942
Phone: 619-464-6434
Fax: 619-464-5109
After Hours Phone: 619-464-6434
License Number: A113241 |
NPI: 1134144165 |
Accepting New Patients: Yes |
Site English Spoken: Yes |
Cultural Competency: No |
American Sign Language (ASL): No |
Accessibility: CONTACT PROVIDER |
Medical Group/IPA: LA MESA PEDIATRICS |
Website: N/A

LA MESA PEDIATRICS

Provider ID: 480827

8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
Phone: 619-464-6434
Fax: 619-464-5109
After Hours Phone: 619-464-6434
License Number: A113241 |
NPI: 1134144165 |
Accepting New Patients: Yes |
Site English Spoken: Yes |
Cultural Competency: No |
American Sign Language (ASL): No |
Accessibility: CONTACT PROVIDER |
Medical Group/IPA: LA MESA PEDIATRICS |
Website: N/A

LA MESA PEDIATRICS

Provider ID: 480827

8881 FLETCHER PKWY STE 200
LA MESA, CA 91942
Phone: 619-464-6434
Fax: 619-464-5109
After Hours Phone: 619-464-6434
License Number: A113241 |
NPI: 1134144165 |
Accepting New Patients: Yes |
Site English Spoken: Yes |
Cultural Competency: No |
American Sign Language (ASL): No |
Accessibility: CONTACT PROVIDER |
Medical Group/IPA: LA MESA PEDIATRICS |
Website: N/A

NEIGHBORHOOD

HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST
LAKESIDE, CA 92040-3120
Phone: 858-218-3000
After Hours Phone: 858-218-3000
License Number: A152372 |
NPI: 1598122871 |
Accepting New Patients: Yes |
Site English Spoken: Yes |
Cultural Competency: No |
American Sign Language (ASL): No |
Accessibility: CONTACT PROVIDER |
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE LAKESIDE |
Website: www.ihpsocal.org

NEIGHBORHOOD

HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST
LAKESIDE, CA 92040-3120
Phone: 858-218-3000
After Hours Phone: 858-218-3000
License Number: A43914 |
NPI: 1598122871 |
Accepting New Patients: Yes |
Site English Spoken: Yes |
Cultural Competency: No |
American Sign Language (ASL): No |
Accessibility: CONTACT PROVIDER |
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE LAKESIDE |
Website: www.ihpsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

NEIGHBORHOOD
HEALTHCARE LAKESIDE
Provider ID: 353843
10039 VINE ST
LAKESIDE, CA 92040-3120
Phone: 858-218-3000
After Hours Phone: 858-218-3000
License Number: A75411
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
NEIGHBORHOOD
HEALTHCARE LAKESIDE
Website: www.ihpsocal.org

NEIGHBORHOOD
HEALTHCARE LAKESIDE
Provider ID: 353843
10039 VINE ST
LAKESIDE, CA 92040-3120
Phone: 858-218-3000
After Hours Phone: 858-218-3000
License Number: A75411
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
NEIGHBORHOOD
HEALTHCARE LAKESIDE
Website: www.ihpsocal.org

NEIGHBORHOOD
HEALTHCARE LAKESIDE
Provider ID: 353843
10039 VINE ST
LAKESIDE, CA 92040-3120
Phone: 858-218-3000
After Hours Phone: 858-218-3000
License Number: A75411
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
NEIGHBORHOOD
HEALTHCARE LAKESIDE
Website: www.ihpsocal.org

LEMON GROVE
LEMON GROVE FAMILY HEALTH CENTER
Provider ID: 419139
7592 BROADWAY
LEMON GROVE, CA 91945-1604
Phone: 619-515-2550
After Hours Phone:
846

D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

D1. 联邦认证合格的健康诊所
846

619-515-2550
License Number: A102060
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
Website: N/A

LEMON GROVE FAMILY HEALTH CENTER
Provider ID: 419139
7592 BROADWAY
LEMON GROVE, CA 91945-1604
Phone: 619-515-2550
After Hours Phone: 619-515-2550
License Number: A102060
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
Website: N/A

LEMON GROVE FAMILY HEALTH CENTER
Provider ID: 419139
7592 BROADWAY
LEMON GROVE, CA 91945-1604
Phone: 619-515-2550
After Hours Phone: 619-515-2550
License Number: A108228
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
Website: N/A

LEMON GROVE FAMILY HEALTH CENTER
Provider ID: 419139
7592 BROADWAY
LEMON GROVE, CA 91945-1604
Phone: 619-515-2550
After Hours Phone: 619-515-2550
License Number: A107323
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
Website: N/A

LEMON GROVE FAMILY HEALTH CENTER
Provider ID: 419139
7592 BROADWAY
LEMON GROVE, CA 91945-1604
Phone: 619-515-2550
After Hours Phone: 619-515-2550
License Number: A113001
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
Website: N/A

LEMON GROVE FAMILY HEALTH CENTER
Provider ID: 419139
7592 BROADWAY
LEMON GROVE, CA 91945-1604
Phone: 619-515-2550
After Hours Phone: 619-515-2550
License Number: A114181
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
Website: N/A

LEMON GROVE FAMILY HEALTH CENTER
Provider ID: 419139
7592 BROADWAY
LEMON GROVE, CA 91945-1604
Phone: 619-515-2550
After Hours Phone: 619-515-2550
License Number: A116680
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
Website: N/A

LEMON GROVE FAMILY HEALTH CENTER
Provider ID: 419139
7592 BROADWAY
LEMON GROVE, CA 91945-1604
Phone: 619-515-2550
After Hours Phone: 619-515-2550
License Number: A118095
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
Website: N/A

LEMON GROVE FAMILY HEALTH CENTER
Provider ID: 419139
7592 BROADWAY
LEMON GROVE, CA 91945-1604
Phone: 619-515-2550
After Hours Phone: 619-515-2550
License Number: A154298
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
Website: N/A

LEMON GROVE FAMILY HEALTH CENTER
Provider ID: 419139
7592 BROADWAY
LEMON GROVE, CA 91945-1604
Phone: 619-515-2550
After Hours Phone: 619-515-2550
License Number: A163464
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
### D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>HEALTH CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 419139</td>
</tr>
<tr>
<td>7592 BROADWAY LEMON GROVE, CA 91945-1604</td>
</tr>
<tr>
<td>Phone: 619-515-2550</td>
</tr>
<tr>
<td>After Hours Phone: 619-515-2550</td>
</tr>
<tr>
<td>License Number: A164859</td>
</tr>
<tr>
<td>NPI: 1134155377</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEMON GROVE FAMILY HEALTH CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 419139</td>
</tr>
<tr>
<td>7592 BROADWAY LEMON GROVE, CA 91945-1604</td>
</tr>
<tr>
<td>Phone: 619-515-2550</td>
</tr>
<tr>
<td>After Hours Phone: 619-515-2550</td>
</tr>
<tr>
<td>License Number: A178499</td>
</tr>
<tr>
<td>NPI: 1134155377</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEMON GROVE FAMILY HEALTH CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 419139</td>
</tr>
<tr>
<td>7592 BROADWAY LEMON GROVE, CA 91945-1604</td>
</tr>
<tr>
<td>Phone: 619-515-2550</td>
</tr>
<tr>
<td>After Hours Phone: 619-515-2550</td>
</tr>
<tr>
<td>License Number: A165925</td>
</tr>
<tr>
<td>NPI: 1134155377</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEMON GROVE FAMILY HEALTH CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 419139</td>
</tr>
<tr>
<td>7592 BROADWAY LEMON GROVE, CA 91945-1604</td>
</tr>
<tr>
<td>Phone: 619-515-2550</td>
</tr>
<tr>
<td>After Hours Phone: 619-515-2550</td>
</tr>
<tr>
<td>License Number: A68463</td>
</tr>
<tr>
<td>NPI: 1134155377</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEMON GROVE FAMILY HEALTH CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 419139</td>
</tr>
<tr>
<td>7592 BROADWAY LEMON GROVE, CA 91945-1604</td>
</tr>
<tr>
<td>Phone: 619-515-2550</td>
</tr>
<tr>
<td>After Hours Phone: 619-515-2550</td>
</tr>
<tr>
<td>License Number: G78814</td>
</tr>
<tr>
<td>NPI: 1134155377</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
</tbody>
</table>
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- **LEMON GROVE FAMILY HEALTH CENTER**
  - Provider ID: 419139
  - 7592 BROADWAY
    LEMON GROVE, CA
    91945-1604
  - Phone: 619-515-2550
  - After Hours Phone: 619-515-2550
  - License Number: 20A11535
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
    Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
  - Website: N/A

- **LEMON GROVE FAMILY HEALTH CENTER**
  - Provider ID: 419139
  - 7592 BROADWAY
    LEMON GROVE, CA
    91945-1604
  - Phone: 619-515-2550
  - After Hours Phone: 619-515-2550
  - License Number: C172318
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
    Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
  - Website: N/A

- **LEMON GROVE FAMILY HEALTH CENTER**
  - Provider ID: 419139
  - 7592 BROADWAY
    LEMON GROVE, CA
    91945-1604
  - Phone: 619-515-2550
  - After Hours Phone: 619-515-2550
  - License Number: NP15444
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
    Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
  - Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

- **LEMON GROVE FAMILY HEALTH CENTER**
  Provider ID: 419139
  - 7592 BROADWAY
  - LEMON GROVE, CA 91945-1604
  - Phone: 619-515-2550
  - After Hours Phone: 619-515-2550
  - License Number: NP95001050
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
  - Website: N/A

- **LEMON GROVE FAMILY HEALTH CENTER**
  Provider ID: 419139
  - 7592 BROADWAY
  - LEMON GROVE, CA 91945-1604
  - Phone: 619-515-2550
  - After Hours Phone: 619-515-2550
  - License Number: NP95009933
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
  - Website: N/A

- **LEMON GROVE FAMILY HEALTH CENTER**
  Provider ID: 419139
  - 7592 BROADWAY
  - LEMON GROVE, CA 91945-1604
  - Phone: 619-515-2550
  - After Hours Phone: 619-515-2550
  - License Number: NP95008782
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
  - Website: N/A

- **LEMON GROVE FAMILY HEALTH CENTER**
  Provider ID: 419139
  - 7592 BROADWAY
  - LEMON GROVE, CA 91945-1604
  - Phone: 619-515-2550
  - After Hours Phone: 619-515-2550
  - License Number: NP95013978
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER
  - Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
# D. Blue Shield Promise Medi-Cal 网络提供者名单
## D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>医疗机构名称</th>
<th>医疗服务语言</th>
<th>NPI</th>
<th>全国健康服务电话/传真</th>
<th>过后电话</th>
<th>许可证号</th>
<th>经验接受</th>
<th>患者年龄</th>
<th>无国界语言</th>
<th>文化竞争力</th>
<th>无障碍：联系提供者</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEMON GROVE FAMILY HEALTH CENTER</td>
<td>N</td>
<td>NPI: 1134155377</td>
<td>Phone: (619) 515-2550</td>
<td>Fax: (619) 825-9577</td>
<td>License Number: 1427282466</td>
<td>Accepting New Patients: Yes</td>
<td>Min/Max Age: 0-150</td>
<td>Site English Spoken: Yes</td>
<td>Cultural Competency: No</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
<td>After Hours Phone: (619) 515-2550</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>医疗机构名称</th>
<th>医疗服务语言</th>
<th>NPI</th>
<th>全国健康服务电话/传真</th>
<th>过后电话</th>
<th>许可证号</th>
<th>经验接受</th>
<th>患者年龄</th>
<th>无国界语言</th>
<th>文化竞争力</th>
<th>无障碍：联系提供者</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEMON GROVE FAMILY HEALTH CENTER</td>
<td>N</td>
<td>NPI: 1134155377</td>
<td>Phone: (619) 515-2550</td>
<td>Fax: (619) 825-9577</td>
<td>License Number: 1609849074</td>
<td>Accepting New Patients: Yes</td>
<td>Min/Max Age: 0-150</td>
<td>Site English Spoken: Yes</td>
<td>Cultural Competency: No</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
<td>After Hours Phone: (619) 515-2550</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>医疗机构名称</th>
<th>医疗服务语言</th>
<th>NPI</th>
<th>全国健康服务电话/传真</th>
<th>过后电话</th>
<th>许可证号</th>
<th>经验接受</th>
<th>患者年龄</th>
<th>无国界语言</th>
<th>文化竞争力</th>
<th>无障碍：联系提供者</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEMON GROVE FAMILY HEALTH CENTER</td>
<td>N</td>
<td>NPI: 1134155377</td>
<td>Phone: (619) 515-2550</td>
<td>Fax: (619) 825-9577</td>
<td>License Number: 550001268</td>
<td>Accepting New Patients: Yes</td>
<td>Min/Max Age: 0-150</td>
<td>Site English Spoken: Yes</td>
<td>Cultural Competency: No</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
<td>After Hours Phone: (619) 515-2550</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>医疗机构名称</th>
<th>医疗服务语言</th>
<th>NPI</th>
<th>全国健康服务电话/传真</th>
<th>过后电话</th>
<th>许可证号</th>
<th>经验接受</th>
<th>患者年龄</th>
<th>无国界语言</th>
<th>文化竞争力</th>
<th>无障碍：联系提供者</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEMON GROVE FAMILY HEALTH CENTER</td>
<td>N</td>
<td>NPI: 1134155377</td>
<td>Phone: (619) 515-2550</td>
<td>Fax: (619) 825-9577</td>
<td>License Number: NP95013257</td>
<td>Accepting New Patients: Yes</td>
<td>Min/Max Age: 0-150</td>
<td>Site English Spoken: Yes</td>
<td>Cultural Competency: No</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
<td>After Hours Phone: (619) 515-2550</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NATIONAL CITY**

<table>
<thead>
<tr>
<th>医疗机构名称</th>
<th>医疗服务语言</th>
<th>NPI</th>
<th>全国健康服务电话/传真</th>
<th>过后电话</th>
<th>许可证号</th>
<th>经验接受</th>
<th>患者年龄</th>
<th>无国界语言</th>
<th>文化竞争力</th>
<th>无障碍：联系提供者</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA MAESTRA FAMILY CLINIC INC</td>
<td>N</td>
<td>NPI: 1609849074</td>
<td>Phone: (619) 434-7308</td>
<td>Fax: (619) 434-7310</td>
<td>License Number: NP95013257</td>
<td>Accepting New Patients: Yes</td>
<td>Min/Max Age: 0-150</td>
<td>Site English Spoken: Yes</td>
<td>Cultural Competency: No</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>After Hours Phone: (619) 434-7308</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### D. Blue Shield Promise Medi-Cal 网络提供者名单

#### D1. 联邦认证合格的健康诊所

| PROVIDER Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC |
| Website: www.lamaestra.org |
| Cultural Competency: No American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC |
| Website: www.lamaestra.org |

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

- 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518
- Phone: 619-564-8765
- After Hours Phone: 619-564-8765
- License Number: NP95009891
- NPI: 1609849074
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
- Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

- 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518
- Phone: 619-434-7308
- After Hours Phone: 619-434-7308
- License Number: 20A6433
- NPI: 1609849074
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
- Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

- 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518
- Phone: 619-280-4213
- After Hours Phone: 619-280-4213
- License Number: A167184
- NPI: 1609849074
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
- Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

- 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518
- Phone: 619-798-3977
- After Hours Phone: 619-798-3977
- License Number: A41375
- NPI: 1609849074
- Accepting New Patients: Yes
- Site English Spoken: Yes

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

- 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518
- Phone: 619-434-7308
- After Hours Phone: 619-434-7308

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D1. 联邦认证合格的健康诊所

91950-1518
Phone: 619-434-7308
After Hours Phone: 619-434-7308
License Number: C55979
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185270
217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518
Phone: 619-434-7308
After Hours Phone: 619-434-7308
License Number: G45632
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

SAN YSIDRO HEALTH SOUTH BAY
Provider ID: 361428
330 E 8TH ST NATIONAL CITY, CA 91950-2312
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A133539
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SOUTH BAY
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SOUTH BAY
Provider ID: 361428
330 E 8TH ST NATIONAL CITY, CA 91950-2312
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: 20A12653
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SOUTH BAY
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SOUTH BAY
Provider ID: 361428
330 E 8TH ST NATIONAL CITY, CA 91950-2312
Phone: 619-662-4100
After Hours Phone: 619-662-4100
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SOUTH BAY
Website: www.ihpsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

YSIDRO HEALTH SOUTH BAY
Website: www.ihpsocal.org

SAN YSIDRO HEALTH PARADISE HILLS
Provider ID: 227418
2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A138534
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Tagalog, Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH PARADISE HILLS
Website: www.ihpsocal.org

SAN YSIDRO HEALTH PARADISE HILLS
Provider ID: 227418
2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A157488
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Tagalog, Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH PARADISE HILLS
Website: www.ihpsocal.org

SAN YSIDRO HEALTH PARADISE HILLS
Provider ID: 227418
2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: G88347
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Tagalog, Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH PARADISE HILLS
Website: www.ihpsocal.org
SAN YSIDRO HEALTH PARADISE HILLS
Provider ID: 227418
2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956
Phone: 619-662-4100 Fax: 619-259-2806
After Hours Phone: 619-662-4100
License Number: 20A11518 NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes Site Languages(s) Spoken: Tagalog, Spanish Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: SAN YSIDRO HEALTH PARADISE HILLS Website: www.ihpsocal.org

SAN YSIDRO HEALTH PARADISE HILLS
Provider ID: 227418
2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956
Phone: 619-662-4100 Fax: 619-259-2807
After Hours Phone: 619-662-4100
License Number: A113624 NPI: 1598122871
Accepting New Patients: Yes Site English Spoken: Yes Site Languages(s) Spoken: Tagalog, Spanish Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: SAN YSIDRO HEALTH PARADISE HILLS Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY
Provider ID: 227418
1136 D AVE NATIONAL CITY, CA 91950-3412
Phone: 619-336-2300 After Hours Phone: 619-336-2300
License Number: A78373 NPI: 1598122871

Website: www.ihpsocal.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY
Provider ID: 227412
1136 D AVE
NATIONAL CITY, CA 91950-3412
Phone: 619-428-4463
After Hours Phone: 619-428-4463
License Number: G71855
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY
Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY
Provider ID: 227412
1136 D AVE
NATIONAL CITY, CA 91950-3412
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A138919
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY
Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY
Provider ID: 227412
1136 D AVE
NATIONAL CITY, CA 91950-3412
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A103218
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY
Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY
Provider ID: 227412
1136 D AVE
NATIONAL CITY, CA 91950-3412
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A165184
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: OPERATION SAMAHAN GRANGER SCHOOL BASED
Website: www.operationssamahan.org

OPERATION SAMAHAN GRANGER SCHOOL BASED
Provider ID: 418302
2101 GRANGER AVE
NATIONAL CITY, CA 91950-6208
Phone: 844-200-2426
After Hours Phone: 844-200-2426
License Number: NP95000203
NPI: 1801907449
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: OPERATION SAMAHAN GRANGER SCHOOL BASED
Website: www.operationsamahan.org

OPERATION SAMAHAN GRANGER SCHOOL BASED
Provider ID: 418302
2101 GRANGER AVE
NATIONAL CITY, CA 91950-6208
Phone: 844-200-2426
Fax: 619-434-8999
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

OPERATION SAMAHAN
GRANGER SCHOOL BASED
Provider ID: 418302
2101 GRANGER AVE
NATIONAL CITY, CA
91950-6208
Phone: 844-200-2426
Fax: 619-434-8999
After Hours Phone:
844-200-2426
License Number: 550002622
NPI: 1801907449
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
OPERATION SAMAHAN
GRANGER SCHOOL BASED
Website: www.operationsamahan.org

OPERATION SAMAHAN - NATIONAL C
Provider ID: 417102
2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410
Phone: 844-200-2426
After Hours Phone:
844-200-2426
License Number: A74777
NPI: 1801907449
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken:
Tagalog, Lao, Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
OPERATION SAMAHAN - NATIONAL C
Website: www.operationsamahan.org

OPERATION SAMAHAN - NATIONAL C
Provider ID: 417102
2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410
Phone: 844-200-2426
After Hours Phone:
844-200-2426
License Number: NP22974
NPI: 1801907449
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken:
Tagalog, Lao, Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
OPERATION SAMAHAN - NATIONAL C
Website: www.operationsamahan.org

OPERATION SAMAHAN - NATIONAL C
Provider ID: 417102
2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410
Phone: 844-200-2426
Fax: 619-474-3919
After Hours Phone: 844-200-2426
NPI: 1801907449
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Tagalog, Lao, Spanish
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: OPERATION SAMAHAN - NATIONAL C
Website: www.operationsamahan.org

SAN YSIDRO HEALTH NATIONAL CITY
Provider ID: 227412
📍 1136 D AVE NATIONAL CITY, CA 91950-3412
📞 Phone: 619-662-4100
📞 After Hours Phone: 619-662-4100
License Number: C55180
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY
Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY
Provider ID: 227412
📍 1136 D AVE NATIONAL CITY, CA 91950-3412
📞 Phone: 619-662-4100
📞 After Hours Phone: 619-662-4100
License Number: C55180
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY
Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY
Provider ID: 227412
📍 1136 D AVE NATIONAL CITY, CA 91950-3412
📞 Phone: 619-662-4100
📞 After Hours Phone: 619-662-4100
License Number: C55180
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY
Website: www.ihpsocal.org

858
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

License Number: A55469  
NPI: 1598122871
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY
Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY
Provider ID: 227412
☐ 1136 D AVE
   NATIONAL CITY, CA 91950-3412
 PhoneNumber: 619-662-4100
Fax: 619-474-3722
☐ After Hours Phone: 619-662-4100
License Number: G46444  
NPI: 1598122871
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY
Website: www.ihpsocal.org

FAMILY HEALTH CTR SD NATIONAL CITY
Provider ID: 418930
☐ 1000 EUCLID AVE
   NATIONAL CITY, CA 91950-3856
 PhoneNumber: 619-515-2399
☐ After Hours Phone: 619-515-2399
License Number: 20A18460  
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY
Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY
Provider ID: 418930
☐ 1000 EUCLID AVE
   NATIONAL CITY, CA 91950-3856
 PhoneNumber: 619-515-2399
☐ After Hours Phone: 619-515-2399
License Number: PA55660  
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY
Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY
Provider ID: 418930
☐ 1000 EUCLID AVE
   NATIONAL CITY, CA 91950-3856
 PhoneNumber: 619-515-2399
☐ After Hours Phone: 619-515-2399
License Number: NP95010663  
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY
Website: www.fhcsd.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY
Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY
Provider ID: 418930
_px_ 1000 EUCLID AVE NATIONAL CITY, CA 91950-3856
☎ Phone: 619-515-2399
Fax: 619-269-0053
✎ After Hours Phone: 619-515-2399
License Number: 550000465
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY
Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY
Provider ID: 418930
_px_ 1000 EUCLID AVE NATIONAL CITY, CA 91950-3856
☎ Phone: 619-515-2399
✎ After Hours Phone: 619-515-2399
License Number: A176878
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY
Website: www.fhcsd.org

SAN YSIDRO HEALTH PARADISE HILLS
Provider ID: 227418
_px_ 2400 E 8TH ST STE A NATIONAL CITY, CA 91950
☎ Phone: (619) 662-4100
Fax: (619) 259-2807
✎ After Hours Phone: (619) 662-4100
License Number: A118227
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Tagalog, Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH PARADISE HILLS
Website: www.ihpsocal.org

SAN YSIDRO HEALTH PARADISE HILLS
Provider ID: 227418
_px_ 2400 E 8TH ST STE A NATIONAL CITY, CA 91950
☎ Phone: (619) 662-4100
Fax: (619) 259-2807
✎ After Hours Phone: (619) 662-4100
License Number: A176878
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Site Languages(s) Spoken: Tagalog, Spanish
Cultural Competency: Y
Hours: M-F 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: syhealth.org/clinics/paradise-hills-family-clinics
| Practice Name                      | Provider ID | Address                        | Phone          | Fax              | After Hours Phone | License Number | NPI            | Accepting New Patients | Min/Max Age | Site English Spoken | Site Languages(s) Spoken | Cultural Competency | Hours                  | Accessibility          | Medical Group/IPA | Website                           | Email                  |
|----------------------------------|-------------|--------------------------------|----------------|------------------|-------------------|-----------------|--------------|-----------------------|--------------|----------------------|--------------------------|----------------------|-------------------|------------------------|------------------------|------------------------|
| **FAMILY HEALTH CTR SD NATIONAL CITY** | 418930      | 1000 EUCLID AVE NATIONAL CITY, CA 91950 | (619) 515-2399 | (619) 269-0053    | (619) 515-2399    | 550000465       | 1417409228 | Yes                   | 0\150       | Y                     | N                        | Y                    | M-F 8:00AM-5:00PM | CONTACT PROVIDER | IHP of Southern Cal-PHP | lucinaj@fhcsd.org   |
| **SAN YSIDRO HEALTH SOUTH BAY**   | 361428      | 330 E 8TH ST NATIONAL CITY, CA 91950 | (619) 662-4100 | (619) 434-3514    | (619) 662-4100    | 1851757215      | 1353030882 | Yes                   | 0\150       | Y                     | Y                        | Y                    | M-F 8:00AM-5:00PM | CONTACT PROVIDER | IHP of Southern Cal-PHP | dinah.pierce@syhealth.org |
| **LA MAESTRA FAMILY CLINIC INC**  | 227412      | 1136 D AVE NATIONAL CITY, CA 91950 | (619) 662-4100 | (619) 474-3722    | (619) 662-4100    | 1003869363       | 1852722083 | Yes                   | 0\150       | Y                     | N                        | Y                    | M-F 8:00AM-5:00PM | CONTACT PROVIDER | Operation Samahan      | www.operationsamahan.org |
| **SAN YSIDRO HEALTH SOUTH BAY**   | 2101 GRANGER AVE NATIONAL CITY, CA 91950 | (844) 200-2426 | (619) 434-8999    | (844) 200-2426    | 1205134517        | 5500026222      | 1336353721 | Yes                   | 0\150       | Y                     | N                        | Y                    | M-F 8:00AM-5:00PM | CONTACT PROVIDER | Operation Samahan      | dinah.pierce@syhealth.org |
| **LA MAESTRA FAMILY CLINIC INC**  | 1336 D AVE NATIONAL CITY, CA 91950 | (619) 662-4100 | (619) 474-3722    | (619) 662-4100    | 1003869363       | 1852722083      | 1336353721 | Yes                   | 0\150       | Y                     | N                        | Y                    | M-F 8:00AM-5:00PM | CONTACT PROVIDER | Operation Samahan      | www.operationsamahan.org |

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: La Maestra Family Clinic

Website: www.lamaestra.org

Email: aschmaltz@lamaestra.org

OCEANSIDE

VISTA COMMUNITY CLINIC
Provider ID: 206341
4700 N RIVER RD
OCEANSIDE, CA 2057-6043
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: 20A8949
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206341
4700 N RIVER RD
OCEANSIDE, CA 2057-6043
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: A149340
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206341
4700 N RIVER RD
OCEANSIDE, CA 2057-6043
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: NP95009284
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistacommunityclinic.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

nityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206341
🌐 4700 N RIVER RD
   OCEANSIDE, CA 2057-6043
Phone: 760-631-5000
Fax: 760-414-3731
📞 After Hours Phone: 760-631-5000
License Number: A130883
NPI: 1598122871
Accepting New Patients: Yes
사이트 영어 사용: Yes
文化竞争力: No
美国手语 (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 402436
🌐 517 N HORNE ST
   OCEANSIDE, CA 92054-2518
Phone: 760-631-5000
📞 After Hours Phone: 760-631-5000
License Number: 20A17371
NPI: 1598122871
Accepting New Patients: Yes
사이트 영어 사용: Yes
文化竞争力: No
美国手语 (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC HORNE STREET
Website: N/A

VISTA COMMUNITY CLINIC
Provider ID: 402436
🌐 517 N HORNE ST
   OCEANSIDE, CA 92054-2518
Phone: 760-631-5000
📞 After Hours Phone: 760-631-5000
License Number: NP95007885
NPI: 1598122871
Accepting New Patients: Yes
사이트 영어 사용: Yes
文化竞争力: No
美国手语 (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC HORNE STREET
Website: N/A

VISTA COMMUNITY CLINIC
Provider ID: 402436
🌐 517 N HORNE ST
   OCEANSIDE, CA 92054-2518
Phone: 760-631-5000
📞 After Hours Phone: 760-631-5000
License Number: NP95006826
NPI: 1598122871
Accepting New Patients: Yes
사이트 영어 사용: Yes
文化竞争力: No
美国手语 (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC HORNE STREET
Website: N/A

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC HORNE STREET
Website: N/A

VISTA COMMUNITY CLINIC HORNE STREET
Provider ID: 402436
517 N HORNE ST
OCEANSIDE, CA 92054-2518
Phone: 760-631-5000
Fax: 760-414-3892
After Hours Phone: 760-631-5000
License Number: 80000745
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: Yes
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC PIER VIEW WAY
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC PIER VIEW WAY
Provider ID: 402434
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
Phone: 760-631-5000
Fax: 760-414-3892
After Hours Phone: 760-631-5000
License Number: 80000510
NPI: 1598122871
Accepting New Patients: No
Site English Spoken: Yes
Cultural Competency: Yes
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC PIER VIEW WAY
Website: www.vistacommunityclinic.org

TRUERCARE
Provider ID: 296476
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: 20A7241
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC PIER VIEW WAY
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206341
4700 N RIVER RD
OCEANSIDE, CA 2057-6043
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: 20A18374
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistacommunityclinic.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 296476
605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: A131678
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 296476
605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: NP95013879
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 296476
605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: 20A15689
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 296476
605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: PA22667
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

865
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

**TRUECARE**
Provider ID: 296476
- 605 CROUCH ST BLDG C
  OCEANSIDE, CA
  92054-4415
- Phone: 760-757-4566
- After Hours Phone: 760-757-4566
License Number: PA53036
NPI: 1598122871
Accepting New Patients: Yes
- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

**TRUECARE**
Provider ID: 296476
- 605 CROUCH ST BLDG C
  OCEANSIDE, CA
  92054-4415
- Phone: 760-757-4566
- After Hours Phone: 760-757-4566
License Number: 80000240
NPI: 1598122871
Accepting New Patients: Yes
- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

**TRUECARE**
Provider ID: 296477
- 605 CROUCH ST BLDG C
  OCEANSIDE, CA
  92054-4415
- Phone: 760-757-4566
- After Hours Phone: 760-757-4566
License Number: A116562
NPI: 1598122871
Accepting New Patients: Yes
- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

**TRUECARE**
Provider ID: 296478
- 605 CROUCH ST BLDG C
  OCEANSIDE, CA
  92054-4415
- Phone: 760-757-4566
- After Hours Phone: 760-757-4566
License Number: A66289
NPI: 1598122871
Accepting New Patients: Yes
- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- **TRUECARE**
  - Provider ID: 296479
  - Address: 605 CROUCH ST BLDG C, OCEANSIDE, CA 92054-4415
  - Phone: 760-757-4566
  - After Hours Phone: 760-757-4566
  - License Number: A64435
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Site Languages(s) Spoken: Spanish
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: TRUECARE
  - Website: www.ihpsocal.org

- **TRUECARE**
  - Provider ID: 480315
  - Address: 3220 MISSION AVE STE 1, OCEANSIDE, CA 92058-1354
  - Phone: 760-433-3155
  - After Hours Phone: 760-433-3155
  - License Number: PA53036
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: TRUECARE
  - Website: N/A

- **TRUECARE**
  - Provider ID: 480315
  - Address: 3220 MISSION AVE STE 1, OCEANSIDE, CA 92058-1354
  - Phone: 760-433-3155
  - After Hours Phone: 760-433-3155
  - License Number: PA19825
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: TRUECARE
  - Website: N/A

- **TRUECARE**
  - Provider ID: 480315
  - Address: 3220 MISSION AVE STE 1, OCEANSIDE, CA 92058-1354
  - Phone: 760-433-3155
  - After Hours Phone: 760-433-3155
  - License Number: 80000240
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: TRUECARE
  - Website: N/A
### D. Blue Shield Promise Medi-Cal 网络提供者名单

#### D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>Network Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>License Number</th>
<th>NPI</th>
<th>Accepting New Patients</th>
<th>Min/Max Age</th>
<th>Site English Spoken</th>
<th>Cultural Competency</th>
<th>Hours</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Medical Group/IPA</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUECARE</td>
<td>480315</td>
<td>3220 MISSION AVE STE 1</td>
<td>760-891-4667</td>
<td></td>
<td></td>
<td>A131678</td>
<td>1598122871</td>
<td>Yes</td>
<td>Yes</td>
<td>0-150</td>
<td>Yes</td>
<td>No</td>
<td>M-F</td>
<td>8:00AM-5:00PM SA 8:00AM-4:30PM</td>
<td>CONTACT PROVIDER</td>
<td>TRUECARE</td>
</tr>
<tr>
<td>TRUECARE</td>
<td>480247</td>
<td>2210 MESA DR STE 300</td>
<td>(760) 757-5841</td>
<td>(760) 736-8740</td>
<td>(760) 757-5841</td>
<td>080000637</td>
<td>1245246917</td>
<td>Yes</td>
<td>Yes</td>
<td>0-999</td>
<td>Yes</td>
<td>No</td>
<td>M-F</td>
<td>8:00AM-5:00PM SA 9:00AM-4:00PM</td>
<td>CONTACT PROVIDER</td>
<td>IHP of Southern Cal-PHP</td>
</tr>
<tr>
<td>TRUECARE</td>
<td>402436</td>
<td>517 N HORNE ST</td>
<td>(760) 631-5000</td>
<td>(760) 414-3892</td>
<td>(760) 631-5000</td>
<td>080000745</td>
<td>1609094036</td>
<td>Yes</td>
<td>Yes</td>
<td>0\999</td>
<td>Yes</td>
<td>No</td>
<td>M-F</td>
<td>8:00AM-5:00PM SA 9:00AM-4:00PM</td>
<td>CONTACT PROVIDER</td>
<td>IHP of Southern Cal-PHP</td>
</tr>
<tr>
<td>VISTA COMMUNITY CLINIC</td>
<td>402436</td>
<td>517 N HORNE ST</td>
<td>(760) 631-5000</td>
<td>(760) 414-3892</td>
<td>(760) 631-5000</td>
<td>080000745</td>
<td>1609094036</td>
<td>Yes</td>
<td>Yes</td>
<td>0\999</td>
<td>Yes</td>
<td>Yes</td>
<td>M-F</td>
<td>8:00AM-5:00PM SA 9:00AM-4:00PM</td>
<td>CONTACT PROVIDER</td>
<td>IHP of Southern Cal-PHP</td>
</tr>
<tr>
<td>Provider ID</td>
<td>Address</td>
<td>Hours</td>
<td>Contact Information</td>
<td>Accepting New Patients</td>
<td>Min/Max Age</td>
<td>Site English Spoken</td>
<td>Cultural Competency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>---------</td>
<td>-------</td>
<td>---------------------</td>
<td>------------------------</td>
<td>-------------</td>
<td>-------------------</td>
<td>-------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>402434</td>
<td>818 PIER VIEW WAY, OCEANSIDE, CA 92054</td>
<td>M-F 8:00AM-5:00PM, SA 9:00AM-4:00PM</td>
<td>Phone: (760) 631-5000, Fax: (760) 414-3892</td>
<td>Yes</td>
<td>0-999</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>206341</td>
<td>4700 N RIVER RD, OCEANSIDE, CA 92057</td>
<td>M-F 8:00AM-5:00PM, SA 9:00AM-4:00PM</td>
<td>Phone: (760) 631-5000, Fax: (760) 414-3892</td>
<td>Yes</td>
<td>0-999</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*American Sign Language (ASL): N*

*Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP of Southern Cal-PHP*

*Website: www.vistacommunityclinic.org*

*Email: credentialing@vcc.org*
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

**VISTA COMMUNITY CLINIC**
Provider ID: 206341
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
License Number: 550004110
NPI: 1316501562
Accepting New Patients: Yes
Min/Max Age: 0\999
Site English Spoken: Y
Cultural Competency: Y
Hours: M-F
8:00AM-5:00PM
SA 9:00AM-4:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**
Provider ID: 206341
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
License Number: 550003781
NPI: 1649662719
Accepting New Patients: Yes
Min/Max Age: 0\999
Site English Spoken: Y
Cultural Competency: Y
Hours: M-F
8:00AM-5:00PM
SA 9:00AM-4:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**
Provider ID: 206341
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
License Number: 080000002
NPI: 1851300123
Accepting New Patients: Yes
Min/Max Age: 0\999
Site English Spoken: Y
Cultural Competency: Y
Hours: M-F
8:00AM-5:00PM
SA 9:00AM-4:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.vistacommunityclinic.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206341
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
License Number: 550003781
NPI: 1851300123
Accepting New Patients: Yes
Min/Max Age: 0\999
Site English Spoken: Y
Cultural Competency: Y
Hours: M-F
8:00AM-5:00PM
SA 9:00AM-4:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.vistacommunityclinic.org

PAUMA VALLEY

NEIGHBORHOOD
HEALTHCARE PAUMA VALLEY
Provider ID: 206267
16650 HIGHWAY 76
PAUMA VALLEY, CA 92061-9524
Phone: 760-742-9919
Fax: 858-633-4696
After Hours Phone: 760-742-9919
License Number: A114419
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
Website: www.ihapsocal.org

NEIGHBORHOOD
HEALTHCARE PAUMA VALLEY
Provider ID: 206267
16650 HIGHWAY 76
PAUMA VALLEY, CA 92061-9524
Phone: 760-742-9919
Fax: 858-633-4696
After Hours Phone: 760-742-9919
License Number: A114419
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
Website: www.ihapsocal.org

NEIGHBORHOOD
HEALTHCARE PAUMA VALLEY
Provider ID: 206267
16650 HIGHWAY 76
PAUMA VALLEY, CA 92061-9524
Phone: 760-742-9919
Fax: 858-633-4696
After Hours Phone: 760-742-9919
License Number: 80000611
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD
Website: www.ihapsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

NEIGHBORHOOD
HEALTHCARE PAUMA VALLEY
Provider ID: 206267
16650 HIGHWAY 76
PAUMA VALLEY, CA 92061-9524
Phone: 760-742-9919
After Hours Phone: 760-742-9919
License Number: G61829
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.ihpsocal.org

POWAY
NEIGHBORHOOD
HEALTHCARE GOLD FAMILY HEALTH CENTER
Provider ID: 481187
13010 POWAY RD
POWAY, CA 92064-4520
Phone: 858-218-3000
After Hours Phone: 858-218-3000
License Number: A119661
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER
Website: N/A

NEIGHBORHOOD
HEALTHCARE PAUMA VALLEY
Provider ID: 206267
16650 HIGHWAY 76
PAUMA VALLEY, CA 92061
Phone: (760) 742-9919
Fax: (858) 633-4696
After Hours Phone: (760) 742-9919
License Number: 080000611
NPI: 1407031693
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hours: M-F
8:00AM-4:30PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER
Website: N/A

NEIGHBORHOOD
HEALTHCARE GOLD FAMILY HEALTH CENTER
Provider ID: 481187
13010 POWAY RD
POWAY, CA 92064-4520
Phone: 858-218-3000
After Hours Phone: 858-218-3000
License Number: PA23310
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER
Website: N/A

NEIGHBORHOOD
HEALTHCARE GOLD FAMILY
### D. Blue Shield Promise Medi-Cal 网络提供者名单

#### D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>HEALTH CENTER</th>
<th>Provider ID: 481187</th>
<th>13010 POWAY RD</th>
<th>POWAY, CA 92064-4520</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 858-218-3000</td>
<td>Fax: 360-462-2742</td>
<td>After Hours Phone: 858-218-3000</td>
<td></td>
</tr>
<tr>
<td>NPI: 1598122871</td>
<td>Accepting New Patients: Yes</td>
<td>Site English Spoken: Yes</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: No</td>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Medical Group/IPA: NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td>License Number: 550004321</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1023518768</td>
<td>Opening Date: M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
<td>NPI: 1245246917</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
<td>Cultural Competency: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td>Medical Group/IPA: IHP of Southern Cal-PHP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: No</td>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Group/IPA: NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
<td>Website: <a href="http://www.sdffamilycare.org">www.sdffamilycare.org</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**SAN DIEGO**

<table>
<thead>
<tr>
<th>SAN DIEGO FAMILY CARE</th>
<th>Provider ID: 482070</th>
<th>7011 LINDA VISTA RD</th>
<th>SAN DIEGO, CA 92111-6307</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 858-810-8700</td>
<td>After Hours Phone: 858-810-8700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>License Number: NP16433</td>
<td>NPI: 1598122871</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
<td>Site English Spoken: Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: No</td>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Group/IPA: SAN DIEGO FAMILY CARE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.sdffamilycare.org">www.sdffamilycare.org</a></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
874
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

HLTH CTR SD HILLCREST
Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: 20A15459
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST
Website: www.fhcsd.org

SAN DIEGO FAMILY CARE
Provider ID: 482070
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
Phone: 858-810-8700
After Hours Phone: 858-810-8700
License Number: A72833
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: yes
Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN DIEGO FAMILY CARE
Website: www.sdfamilycare.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: 20A17657
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST
Website: www.fhcsd.org

SAN DIEGO FAMILY CARE
Provider ID: 482070
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
Phone: 858-810-8700
After Hours Phone: 858-810-8700
License Number: A72833
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: yes
Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN DIEGO FAMILY CARE
Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE
Provider ID: 482070
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
Phone: 858-810-8700
After Hours Phone: 858-810-8700
License Number: A72833
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: yes
Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN DIEGO FAMILY CARE
Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE
Provider ID: 482070
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
Phone: 858-810-8700
After Hours Phone: 858-810-8700
License Number: A72833
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: yes
Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN DIEGO FAMILY CARE
Website: www.sdfamilycare.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

Accepting New Patients: Yes
Site English Spoken: yes
Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN DIEGO FAMILY CARE
Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE
Provider ID: 482070
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
Phone: 858-810-8700
After Hours Phone: 858-810-8700
License Number: C174985
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: yes
Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN DIEGO FAMILY CARE
Website: www.sdfamilycare.org

LINDA VISTA HEALTH CARE CTR
Provider ID: 206046
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
Phone: 858-810-8700
After Hours Phone: 858-810-8700
License Number: 20A12402
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LINDA VISTA HEALTH CARE CTR
Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE
Provider ID: 482070
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
Phone: 858-810-8700
After Hours Phone: 858-810-8700
License Number: C174985
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: yes
Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN DIEGO FAMILY CARE
Website: www.sdfamilycare.org
Spanish, Chinese
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN DIEGO FAMILY CARE
Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE
Provider ID: 482070
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
Phone: 858-810-8700
After Hours Phone: 858-810-8700
License Number: A119010
NPI: 1598122871
Accepting New Patients: Yes
 Site English Spoken: yes
 Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN DIEGO FAMILY CARE
Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE
Provider ID: 482070
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
Phone: 858-810-8700
After Hours Phone: 858-810-8700
License Number: A137415
NPI: 1598122871
Accepting New Patients: Yes
 Site English Spoken: yes
 Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN DIEGO FAMILY CARE
Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE
Provider ID: 482070
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
Phone: 858-810-8700
After Hours Phone: 858-810-8700
License Number: A178494
NPI: 1134155377
Accepting New Patients: Yes
 Site English Spoken: Yes
 Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Provider ID: 403583
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
Phone: 619-233-8500
After Hours Phone: 619-233-8500
License Number: A115598
NPI: 1598122871
Accepting New Patients: Yes
 Site English Spoken: yes
 Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Website: www.sdfamilycare.org

HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
Fax: 619-515-2510
After Hours Phone: 619-515-2300
License Number: A115598
NPI: 1598122871
Accepting New Patients: Yes
 Site English Spoken: yes
 Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Provider ID: 403583
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
Phone: 619-233-8500
After Hours Phone: 619-233-8500
License Number: A136275
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Website: N/A

FAMILY HEALTH CTR SAN DIEGO-OAK PARK
Provider ID: 418142
5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
Phone: 619-515-2454
After Hours Phone: 619-515-2454
License Number: 20A14772
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR SAN DIEGO-OAK PARK
Website: www.fhcsd.org

FAMILY HEALTH CTR SAN DIEGO-OAK PARK
Provider ID: 418142
5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
Phone: 619-515-2454
After Hours Phone: 619-515-2454
License Number: PA58505
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR SAN DIEGO-OAK PARK
Website: www.fhcsd.org

FAMILY HEALTH CTR SAN DIEGO-OAK PARK
Provider ID: 418142
5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
Phone: 619-515-2454
After Hours Phone: 619-515-2454
License Number: C174538
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR SAN DIEGO-OAK PARK
Website: www.fhcsd.org

FAMILY HEALTH CTR SAN DIEGO-OAK PARK
Provider ID: 418142
5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
Phone: 619-515-2454
After Hours Phone: 619-515-2454
Fax: 619-794-2696
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

**American Sign Language (ASL):** N

Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR SAN DIEGO-OAK PARK
Website: www.fhcsd.org

**FAMILY HEALTH CTR SAN DIEGO-OAK PARK**
Provider ID: 418142

5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
Phone: 619-515-2454
Fax: 619-794-2696
After Hours Phone: 619-515-2454
License Number: 550003556
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR SAN DIEGO-OAK PARK
Website: www.fhcsd.org

**LOGAN HEIGHTS FAMILY HEALTH CENTER**
Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: 20A12653
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

**LOGAN HEIGHTS FAMILY HEALTH CENTER**
Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: 20A14919
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: 20A15743
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: 20A17478
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A108228
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A113001
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A114181
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A118095
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A120043
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A121451
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A122238
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
 Provider ID: 206360
  1809 NATIONAL AVE
  SAN DIEGO, CA 92113-2113
  Phone: 619-515-2300
  After Hours Phone: 619-515-2300
 License Number: A136616
 NPI: 1134155377
 Accepting New Patients: Yes
 Site English Spoken: Yes
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
 Provider ID: 206360
  1809 NATIONAL AVE
  SAN DIEGO, CA 92113-2113
  Phone: 619-515-2300
  After Hours Phone: 619-515-2300
 License Number: A146111
 NPI: 1134155377
 Accepting New Patients: Yes
 Site English Spoken: Yes
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
 Provider ID: 206360
  1809 NATIONAL AVE
  SAN DIEGO, CA 92113-2113
  Phone: 619-515-2300
  After Hours Phone: 619-515-2300
 License Number: A146838
 NPI: 1134155377
 Accepting New Patients: Yes
 Site English Spoken: Yes
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
 Provider ID: 206360
  1809 NATIONAL AVE
  SAN DIEGO, CA 92113-2113
  Phone: 619-515-2300
  After Hours Phone: 619-515-2300
 License Number: A147939
 NPI: 1134155377
 Accepting New Patients: Yes
 Site English Spoken: Yes
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
 Provider ID: 206360
  1809 NATIONAL AVE
  SAN DIEGO, CA 92113-2113
  Phone: 619-515-2300
  After Hours Phone: 619-515-2300
 License Number: A142703
 NPI: 1134155377
 Accepting New Patients: Yes
 Site English Spoken: Yes
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
 Provider ID: 206360
  1809 NATIONAL AVE
  SAN DIEGO, CA 92113-2113
  Phone: 619-515-2300
  After Hours Phone: 619-515-2300
 License Number: A142703
 NPI: 1134155377
 Accepting New Patients: Yes
 Site English Spoken: Yes
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
 Provider ID: 206360
  1809 NATIONAL AVE
  SAN DIEGO, CA 92113-2113
  Phone: 619-515-2300
  After Hours Phone: 619-515-2300
 License Number: A146838
 NPI: 1134155377
 Accepting New Patients: Yes
 Site English Spoken: Yes
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
 Provider ID: 206360
  1809 NATIONAL AVE
  SAN DIEGO, CA 92113-2113
  Phone: 619-515-2300
  After Hours Phone: 619-515-2300
 License Number: A146838
 NPI: 1134155377
 Accepting New Patients: Yes
 Site English Spoken: Yes
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 Website: www.fhcsd.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A148014
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A154298
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A160489
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A163183
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A163464
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE SAN DIEGO, CA 92113-2113
☎ Phone: 619-515-2300
☎ After Hours Phone: 619-515-2300
License Number: A163978
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE SAN DIEGO, CA 92113-2113
☎ Phone: 619-515-2300
☎ After Hours Phone: 619-515-2300
License Number: A164889
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE SAN DIEGO, CA 92113-2113
☎ Phone: 619-515-2300
☎ After Hours Phone: 619-515-2300
License Number: A168193
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE SAN DIEGO, CA 92113-2113
☎ Phone: 619-515-2300
☎ After Hours Phone: 619-515-2300
License Number: A169752
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE SAN DIEGO, CA 92113-2113
☎ Phone: 619-515-2300
☎ After Hours Phone: 619-515-2300
License Number: A177373
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE SAN DIEGO, CA 92113-2113
☎ Phone: 619-515-2300
☎ After Hours Phone: 619-515-2300
License Number: A177462
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Cultural Competency: No
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org
### D. Blue Shield Promise Medi-Cal 网络提供者名单

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>License Number</th>
<th>NPI</th>
<th>Accepting New Patients: Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>206360</td>
<td>1809 NATIONAL AVE</td>
<td>619-515-2300</td>
<td>619-515-2300</td>
<td>A178499</td>
<td>1134155377</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92113-2113</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cultural Competency: No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>American Sign Language (ASL): No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER</td>
</tr>
</tbody>
</table>

### LOGAN HEIGHTS FAMILY HEALTH CENTER

- **Provider ID:** 206360
- **Address:** 1809 NATIONAL AVE, SAN DIEGO, CA 92113-2113
- **Phone:** 619-515-2300
- **After Hours Phone:** 619-515-2300
- **License Number:** A46161
- **NPI:** 1134155377
- **Accepting New Patients:** Yes
- **Site English Spoken:** Yes
- **Cultural Competency:** No
- **American Sign Language (ASL):** No
- **Accessibility:** CONTACT PROVIDER
- **Medical Group/IPA:** LOGAN HEIGHTS FAMILY HEALTH CENTER
- **Website:** www.fhcsd.org

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

License Number: A68463
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300

License Number: A71671
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300

License Number: A76785
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300

License Number: A72005
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300

License Number: A77126
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300

License Number: A80504
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
Adresse: 1809 NATIONAL AVE
City: SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A97036
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
Adresse: 1809 NATIONAL AVE
City: SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A97036
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
Adresse: 1809 NATIONAL AVE
City: SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A97036
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
Adresse: 1809 NATIONAL AVE
City: SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A97036
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
Adresse: 1809 NATIONAL AVE
City: SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: A97036
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

- **LOGAN HEIGHTS FAMILY HEALTH CENTER**
  - Provider ID: 206360
  - 1809 NATIONAL AVE
  - SAN DIEGO, CA 92113-2113
  - Phone: 619-515-2300
  - After Hours Phone: 619-515-2300
  - License Number: G78814
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N

- **LOGAN HEIGHTS FAMILY HEALTH CENTER**
  - Provider ID: 206360
  - 1809 NATIONAL AVE
  - SAN DIEGO, CA 92113-2113
  - Phone: 619-515-2300
  - After Hours Phone: 619-515-2300
  - License Number: NM792
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N

- **LOGAN HEIGHTS FAMILY HEALTH CENTER**
  - Provider ID: 206360
  - 1809 NATIONAL AVE
  - SAN DIEGO, CA 92113-2113
  - Phone: 619-515-2300
  - After Hours Phone: 619-515-2300
  - License Number: NP10906
  - NPI: 1134155377
  - Accepting New Patients: Yes

- **LOGAN HEIGHTS FAMILY HEALTH CENTER**
  - Provider ID: 206360
  - 1809 NATIONAL AVE
  - SAN DIEGO, CA 92113-2113
  - Phone: 619-515-2300
  - After Hours Phone: 619-515-2300
  - License Number: NP11778
  - NPI: 1134155377
  - Accepting New Patients: Yes

- **LOGAN HEIGHTS FAMILY HEALTH CENTER**
  - Provider ID: 206360
  - 1809 NATIONAL AVE
  - SAN DIEGO, CA 92113-2113
  - Phone: 619-515-2300
  - After Hours Phone: 619-515-2300
  - License Number: NP17852
  - NPI: 1134155377
  - Accepting New Patients: Yes
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

NPI: 1134155377
Accepting New Patients: Yes
• Site English Spoken: Yes
• Cultural Competency: No
• American Sign Language (ASL): No
• Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: NP2286
NPI: 1134155377
Accepting New Patients: Yes
• Site English Spoken: Yes
• Cultural Competency: No
• American Sign Language (ASL): No
• Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: NP95000205
NPI: 1134155377
Accepting New Patients: Yes
• Site English Spoken: Yes
• Cultural Competency: No
• American Sign Language (ASL): No
• Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: NP95000602
NPI: 1134155377
Accepting New Patients: Yes
• Site English Spoken: Yes
• Cultural Competency: No
• American Sign Language (ASL): No
• Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: NP95001705
NPI: 1134155377
Accepting New Patients: Yes
• Site English Spoken: Yes
• Cultural Competency: No
• American Sign Language (ASL): No
• Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: NP95007253
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: NP950112534
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: NP95011313
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: NP950115780
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: PA13752
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: PA15227
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: PA17864
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: PA20396
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: PA21591
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: PA23258
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Accepting New Patients: Yes
=tmp
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: PA53788
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: PA61677
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: PT295463
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: PT30272
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: PT33914
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: RN810863
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
Phone: 619-515-2300
After Hours Phone: 619-515-2300
License Number: SP27677
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
Provider ID: 417429
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
Phone: 619-515-2525
After Hours Phone: 619-515-2525
License Number: A128091
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
Provider ID: 417429
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
Phone: 619-515-2525
After Hours Phone: 619-515-2525
License Number: A163977
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
Website: www.fhcsd.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

HLTH CTR SAN DIEGOCITY COLLEGE
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
Provider ID: 417429
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
Phone: 619-515-2525
After Hours Phone: 619-515-2525
License Number: A76785
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
Provider ID: 417429
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
Phone: 619-515-2525
Fax: 619-501-5814
After Hours Phone: 619-515-2525
License Number: 1134155377
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
Provider ID: 417429
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
Phone: 619-515-2525
After Hours Phone: 619-515-2525
License Number: DPM4819
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
Provider ID: 417429
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
Phone: 619-515-2525
After Hours Phone: 619-515-2525
License Number: 550002865
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
Provider ID: 417429
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
Phone: 619-515-2525
After Hours Phone: 619-515-2525
License Number: PA22762
NPI: 1134155377

894
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
Website: www.fhcsd.org

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Provider ID: 403583
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
Phone: 619-233-8500
After Hours Phone: 619-233-8500
License Number: A109828
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Website: www.fhcsd.org

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Provider ID: 403583
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
Phone: 619-233-8500
After Hours Phone: 619-233-8500
License Number: A54702
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Website: N/A

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Provider ID: 403583
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
Phone: 619-233-8500
After Hours Phone: 619-233-8500
License Number: A42127
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Website: N/A

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Provider ID: 403583
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
Phone: 619-233-8500
After Hours Phone: 619-233-8500
License Number: A60801
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Website: N/A

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Provider ID: 403583
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
Phone: 619-233-8500
After Hours Phone: 619-233-8500
License Number: A104052
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Website: N/A

895
<table>
<thead>
<tr>
<th>Provider ID: 403583</th>
</tr>
</thead>
<tbody>
<tr>
<td>1501 IMPERIAL AVE</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92101-7638</td>
</tr>
<tr>
<td>Phone: 619-233-8500</td>
</tr>
<tr>
<td>After Hours Phone: 619-233-8500</td>
</tr>
<tr>
<td>License Number: A67762</td>
</tr>
<tr>
<td>NPI: 1598122871</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
</tr>
<tr>
<td>Site English Spoken: yes</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Medical Group/IPA: ST</td>
</tr>
<tr>
<td>ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

| Website: N/A |

| ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER |
| Provider ID: 403583 |
| 1501 IMPERIAL AVE |
| SAN DIEGO, CA 92101-7638 |
| Phone: 619-233-8500 |
| After Hours Phone: 619-233-8500 |
| License Number: C53121 |
| NPI: 1598122871 |
| Accepting New Patients: Yes |
| Site English Spoken: yes |
| Cultural Competency: No |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |
| Medical Group/IPA: ST |
| ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER |
| Website: N/A |

| Website: N/A |

| ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER |
| Provider ID: 403583 |
| 1501 IMPERIAL AVE |
| SAN DIEGO, CA 92101-7638 |
| Phone: 619-233-8500 |
| After Hours Phone: 619-233-8500 |
| License Number: G71080 |
| NPI: 1598122871 |
| Accepting New Patients: Yes |
| Site English Spoken: yes |
| Cultural Competency: No |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |
| Medical Group/IPA: ST |
| ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER |
| Website: N/A |

| Website: N/A |

| ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER |
| Provider ID: 403583 |
| 1501 IMPERIAL AVE |
| SAN DIEGO, CA 92101-7638 |
| Phone: 619-233-8500 |
| After Hours Phone: 619-233-8500 |
| License Number: C53121 |
| NPI: 1598122871 |
| Accepting New Patients: Yes |
| Site English Spoken: yes |
| Cultural Competency: No |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |
| Medical Group/IPA: ST |
| ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER |
| Website: N/A |

| Website: N/A |

| ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER |
| Provider ID: 403583 |
| 1501 IMPERIAL AVE |
| SAN DIEGO, CA 92101-7638 |
| Phone: 619-233-8500 |
| After Hours Phone: 619-233-8500 |
| License Number: G72486 |
| NPI: 1598122871 |
| Accepting New Patients: Yes |
| Site English Spoken: yes |
| Cultural Competency: No |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |
| Medical Group/IPA: ST |
| ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER |
| Website: N/A |
VINCENT DE PAUL VILLAGE
FAMILY HEALTH CENTER
Website: N/A

ST VINCENT DE PAUL VILLAGE
FAMILY HEALTH CENTER
Provider ID: 403583
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
Phone: 619-233-8500
After Hours Phone: 619-233-8500
License Number: NP10769
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: ST VINCENT DE PAUL VILLAGE
FAMILY HEALTH CENTER
Website: N/A

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL
Provider ID: 419529
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113-1195
Phone: 619-515-2422
After Hours Phone: 619-515-2422
License Number: A121451
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL
Website: www.fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL
Provider ID: 419529
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113-1195
Phone: 619-515-2422
After Hours Phone: 619-515-2422
License Number: A122238
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL
Website: www.fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL
Provider ID: 419529
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113-1195
Phone: 619-515-2422
After Hours Phone: 619-515-2422
License Number: NP95011254
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL
Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

619-515-2422
License Number: PA20888
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL
Website: www.fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL
Provider ID: 419529
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113-1195
Phone: 619-515-2422
After Hours Phone: 619-515-2422
License Number: PA53788
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL
Website: www.fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL
Provider ID: 419529
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113-1195
Phone: 619-515-2422
Fax: 619-269-0053
After Hours Phone: 619-515-2422
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL
Website: www.fhcsd.org

SHERMAN HEIGHTS FAMILY HLTH CTRS INC
Provider ID: 356145
2391 ISLAND AVE
SAN DIEGO, CA 92102-2941
Phone: 619-515-2435
After Hours Phone: 619-515-2435
License Number: A80504
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SHERMAN HEIGHTS FAMILY HLTH CTRS INC
Website: N/A

SHERMAN HEIGHTS FAMILY HLTH CTRS INC
Provider ID: 356145
2391 ISLAND AVE
SAN DIEGO, CA 92102-2941
Phone: 619-515-2435
After Hours Phone: 619-515-2435
License Number: A97036
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SHERMAN
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

**HEIGHTS FAMILY HLTH CTRS INC**
- Provider ID: 356145
- 2391 ISLAND AVE
  SAN DIEGO, CA 92102-2941
- Phone: 619-515-2435
- After Hours Phone: 619-515-2435
- License Number: NP95011254
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: SHERMAN HEIGHTS FAMILY HLTH CTRS INC
- Website: N/A

**SHERMAN HEIGHTS FAMILY HLTH CTRS INC**
- Provider ID: 356145
- 2391 ISLAND AVE
  SAN DIEGO, CA 92102-2941
- Phone: 619-515-2435
- After Hours Phone: 619-515-2435
- License Number: PA53788
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: SHERMAN HEIGHTS FAMILY HLTH CTRS INC
- Website: N/A

**SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE**
- Provider ID: 517403
- 316 25TH ST
  SAN DIEGO, CA 92102-3016
- Phone: 619-238-5551
- After Hours Phone: 619-238-5551
- License Number: A97270
- NPI: 1598122871
- Accepting New Patients: Yes
- Site English Spoken: yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE
- Website: N/A
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- **Site English Spoken:** yes  
  - **Cultural Competency:** No  
  - **American Sign Language (ASL):** N  
  - **Accessibility:** CONTACT PROVIDER  
  - **Medical Group/IPA:** SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE  
  - **Website:** N/A

**SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE**  
Provider ID: 517403  
316 25TH ST  
SAN DIEGO, CA 92102-3016  
Phone: 619-662-4100  
After Hours Phone: 619-662-4100  
License Number: NP20849  
NPI: 1598122871  
Accepting New Patients: Yes  
- **Site English Spoken:** yes  
  - **Cultural Competency:** No  
  - **American Sign Language (ASL):** N  
  - **Accessibility:** CONTACT PROVIDER  
  - **Medical Group/IPA:** SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE  
  - **Website:** N/A

**FAMILY HEALTH CTR IBARRA**  
Provider ID: 417987  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
Phone: 619-515-2426  
After Hours Phone: 619-515-2426  
License Number: PA59481  
NPI: 1134155377  
Accepting New Patients: Yes  
- **Site English Spoken:** yes  
  - **Cultural Competency:** No  
  - **American Sign Language (ASL):** N  
  - **Accessibility:** CONTACT PROVIDER  
  - **Medical Group/IPA:** FAMILY HEALTH CTR IBARRA  
  - **Website:** www.fhcsd.org

**DOWNTOWN FAMILY CTR AT CONNECTIONS**  
Provider ID: 417782  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
Phone: 619-515-2430  
After Hours Phone: 619-515-2430  
License Number: 20A7147  
NPI: 1134155377  
Accepting New Patients: Yes  
- **Site English Spoken:** yes  
  - **Cultural Competency:** No  
  - **American Sign Language (ASL):** N  
  - **Accessibility:** CONTACT PROVIDER  
  - **Medical Group/IPA:** DOWNTOWN FAMILY CTR AT CONNECTIONS  
  - **Website:** www.fhcsd.org
Fax: 619-578-2410
After Hours Phone: 619-515-2430
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DOWNTOWN FAMILY CTR AT CONNECTIONS
Website: www.fhcsd.org

DOWNTOWN FAMILY CTR AT CONNECTIONS
Provider ID: 417782
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
Phone: 619-515-2430
Fax: 619-578-2410
After Hours Phone: 619-515-2430
License Number: 550002251
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DOWNTOWN FAMILY CTR AT CONNECTIONS
Website: www.fhcsd.org

FAMILY HEALTH CTR OF SDELM ST
Provider ID: 419167
140 ELM ST
SAN DIEGO, CA 92101-2602
Phone: 619-515-2520
Fax: 619-231-0431
After Hours Phone: 619-515-2520
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR OF SDELM ST
Website: www.fhcsd.org

SAN DIEGO AMERICAN INDIAN HEALTH CENTER
Provider ID: 207382
2630 1ST AVE
SAN DIEGO, CA 92103-6599
Phone: 619-234-2158
Fax: 619-234-0206
After Hours Phone: 619-234-2158
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: yes
Site Languages(s) Spoken: Korean, Spanish, Hindi
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN DIEGO AMERICAN INDIAN HEALTH CENTER
Website: www.sdaihc.org

SAN DIEGO AMERICAN INDIAN HEALTH CENTER
Provider ID: 207382
2630 1ST AVE
SAN DIEGO, CA 92103-6599
Phone: 619-234-2158
Fax: 619-234-0206
After Hours Phone: 619-234-2158
License Number: 90000168
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: yes
Site Languages(s) Spoken: Korean, Spanish, Hindi
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

PROVIDER
Medical Group/IPA: SAN DIEGO AMERICAN INDIAN HEALTH CENTER
Website: www.sdaihc.org

FAMILY HEALTH CTR IBARRA
Provider ID: 417987
4874 POLK AVE
SAN DIEGO, CA 92105-2026
Phone: 619-515-2426
After Hours Phone: 619-515-2426
License Number: 20A17577
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR IBARRA
Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA
Provider ID: 417987
4874 POLK AVE
SAN DIEGO, CA 92105-2026
Phone: 619-515-2426
After Hours Phone: 619-515-2426
License Number: A145023
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR IBARRA
Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA
Provider ID: 417987
4874 POLK AVE
SAN DIEGO, CA 92105-2026
Phone: 619-515-2426
After Hours Phone: 619-515-2426
License Number: A173486
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR IBARRA
Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA
Provider ID: 417987
4874 POLK AVE
SAN DIEGO, CA 92105-2026
Phone: 619-515-2426
After Hours Phone: 619-515-2426
License Number: NP17838
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR IBARRA
Website: www.fhcsd.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
FAMILY HEALTH CTR IBARRA
Provider ID: 417987
4874 POLK AVE
SAN DIEGO, CA 92105-2026
Phone: 619-515-2426
After Hours Phone: 619-515-2426
License Number: PA589098
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR IBARRA
Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA
Provider ID: 417987
4874 POLK AVE
SAN DIEGO, CA 92105-2026
Phone: 619-515-2426
After Hours Phone: 619-515-2426
License Number: PA589098
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR IBARRA
Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA
Provider ID: 417987
4874 POLK AVE
SAN DIEGO, CA 92105-2026
Phone: 619-515-2426
After Hours Phone: 619-515-2426
License Number: PA589098
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR IBARRA
Website: www.fhcsd.org

MID-CITY COMMUNITY CLINIC
Provider ID: 233532
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
Phone: 619-280-2058
After Hours Phone: 619-280-2058
License Number: A152267
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: MID-CITY COMMUNITY CLINIC
Website: www.sdfamilycare.org

MID-CITY COMMUNITY CLINIC
Provider ID: 233532
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
Phone: 619-280-2058
After Hours Phone: 619-280-2058
License Number: A163512
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: MID-CITY COMMUNITY CLINIC
Website: www.sdfamilycare.org

MID-CITY COMMUNITY CLINIC
Provider ID: 233532
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
Phone: 619-280-2058
After Hours Phone: 619-280-2058
License Number: A163512
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: MID-CITY COMMUNITY CLINIC
Website: www.sdfamilycare.org

MID-CITY COMMUNITY CLINIC
Provider ID: 233532
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
Phone: 619-280-2058
After Hours Phone: 619-280-2058
License Number: A163512
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: MID-CITY COMMUNITY CLINIC
Website: www.sdfamilycare.org

MID-CITY COMMUNITY CLINIC
Provider ID: 233532
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
Phone: 619-280-2058
After Hours Phone: 619-280-2058
License Number: A163512
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: MID-CITY COMMUNITY CLINIC
Website: www.sdfamilycare.org
### D. Blue Shield Promise Medi-Cal 网络提供者名单

#### D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>License Number</th>
<th>NPI</th>
<th>Accepting New Patients</th>
<th>Site English Spoken</th>
<th>Cultural Competency</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Medical Group/IPA</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>MID-CITY COMMUNITY CLINIC</td>
<td>233532</td>
<td>4305 UNIVERSITY AVE STE 150</td>
<td>619-280-2058</td>
<td>619-280-2058</td>
<td>A61238</td>
<td>1598122871</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>MID-CITY COMMUNITY CLINIC</td>
<td><a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></td>
</tr>
<tr>
<td>MID-CITY COMMUNITY CLINIC</td>
<td>233532</td>
<td>4305 UNIVERSITY AVE STE 150</td>
<td>619-280-2058</td>
<td>619-280-2058</td>
<td>A72833</td>
<td>1598122871</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>MID-CITY COMMUNITY CLINIC</td>
<td><a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></td>
</tr>
<tr>
<td>MID-CITY COMMUNITY CLINIC</td>
<td>233532</td>
<td>4305 UNIVERSITY AVE STE 150</td>
<td>619-280-2058</td>
<td>619-280-2058</td>
<td>A944449</td>
<td>1598122871</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>MID-CITY COMMUNITY CLINIC</td>
<td><a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></td>
</tr>
<tr>
<td>MID-CITY COMMUNITY CLINIC</td>
<td>233532</td>
<td>4305 UNIVERSITY AVE STE 150</td>
<td>619-280-2058</td>
<td>619-280-2058</td>
<td>NP95019446</td>
<td>1598122871</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>MID-CITY COMMUNITY CLINIC</td>
<td><a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></td>
</tr>
<tr>
<td>MID-CITY COMMUNITY CLINIC</td>
<td>233532</td>
<td>4305 UNIVERSITY AVE STE 150</td>
<td>619-280-2058</td>
<td>619-280-2058</td>
<td>A123929</td>
<td>1609849074</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>MID-CITY COMMUNITY CLINIC</td>
<td><a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></td>
</tr>
<tr>
<td>MID-CITY COMMUNITY CLINIC</td>
<td>233532</td>
<td>4305 UNIVERSITY AVE STE 150</td>
<td>619-280-2058</td>
<td>619-280-2058</td>
<td>A163693</td>
<td>1609849074</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>MID-CITY COMMUNITY CLINIC</td>
<td><a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></td>
</tr>
<tr>
<td>LA MAESTRA FAMILY CLINIC INC</td>
<td>185268</td>
<td>4060 FAIRMOUNT AVE</td>
<td>619-255-9154</td>
<td>619-255-9154</td>
<td>A123929</td>
<td>1609849074</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>LA MAESTRA FAMILY CLINIC INC</td>
<td><a href="http://www.lamaestra.org">www.lamaestra.org</a></td>
</tr>
<tr>
<td>LA MAESTRA FAMILY CLINIC INC</td>
<td>185268</td>
<td>4060 FAIRMOUNT AVE</td>
<td>619-255-9154</td>
<td>619-255-9154</td>
<td>A163693</td>
<td>1609849074</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>LA MAESTRA FAMILY CLINIC INC</td>
<td><a href="http://www.lamaestra.org">www.lamaestra.org</a></td>
</tr>
</tbody>
</table>
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
Phone: 619-255-9155
After Hours Phone: 619-255-9155
License Number: A282639
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
Phone: 619-255-9155
After Hours Phone: 619-255-9155
License Number: A111170
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
Phone: 619-255-9155
After Hours Phone: 619-255-9155
License Number: A82639
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
Phone: 619-255-9155
After Hours Phone: 619-255-9155
License Number: A75533
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
Phone: 619-255-9155
After Hours Phone: 619-255-9155
License Number: C55979
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
Phone: 619-255-9155
After Hours Phone: 619-255-9155
License Number: G45632
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608
Phone: 619-255-9155
After Hours Phone: 619-255-9155
License Number: G87837
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608
Phone: 619-255-9155
After Hours Phone: 619-255-9155
License Number: PA13694
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608
Phone: 619-255-9155
After Hours Phone: 619-255-9155
License Number: 20A6433
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608
Phone: 619-255-9155
After Hours Phone: 619-255-9155
License Number: PA21625
NPI: 1609849074
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

SAN DIEGO, CA 92105-1608
› Phone: 619-255-9155
Fax: 619-749-5480
› After Hours Phone: 619-255-9155
License Number: A81682
NPI: 1609849074
Accepting New Patients: Yes
☐ Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
☐ 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
› Phone: 619-564-8765
› After Hours Phone: 619-564-8765
License Number: NP95009891
NPI: 1609849074
Accepting New Patients: Yes
☐ Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
☐ 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
› Phone: 619-798-3947
› After Hours Phone: 619-798-3947
License Number: DC32800
NPI: 1609849074
Accepting New Patients: Yes
☐ Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
☐ 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
› Phone: 619-280-7072
› After Hours Phone: 619-280-7072
License Number: 20A14222
NPI: 1609849074
Accepting New Patients: Yes
☐ Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
☐ 3514 30TH ST
SAN DIEGO, CA 92104-4120
› Phone: 619-515-2424
› After Hours Phone: 619-515-2424
License Number: A51318
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: 416831
☐ 3514 30TH ST
SAN DIEGO, CA 92104-4120
› Phone: 619-515-2424
› After Hours Phone: 619-515-2424
License Number: A51318
NPI: 1134155377
Accepting New Patients: Yes
☐ Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

907
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831
3514 30TH ST
SAN DIEGO, CA 92104-4120
Phone: 619-515-2424
After Hours Phone: 619-515-2424
License Number: A68463
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831
3514 30TH ST
SAN DIEGO, CA 92104-4120
Phone: 619-515-2424
After Hours Phone: 619-515-2424
License Number: A95577
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831
3514 30TH ST
SAN DIEGO, CA 92104-4120
Phone: 619-515-2424
After Hours Phone: 619-515-2424
License Number: G78814
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831
3514 30TH ST
SAN DIEGO, CA 92104-4120
Phone: 619-515-2424
After Hours Phone: 619-515-2424
License Number: NP95013978
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- **Cultural Competency**: No
- **American Sign Language (ASL)**: N
- **Accessibility**: CONTACT PROVIDER
- **Medical Group/IPA**: NORTH PARK FAMILY HEALTH CENTERS
- **Website**: www.fhcsd.org

**NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

- 3514 30TH ST
- SAN DIEGO, CA 92104-4120
- Phone: 619-515-2424
- After Hours Phone: 619-515-2424
- License Number: PA21042
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

- 3514 30TH ST
- SAN DIEGO, CA 92104-4120
- Phone: 619-515-2424
- After Hours Phone: 619-515-2424
- License Number: 90000469
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

- 3544 30TH ST
- SAN DIEGO, CA 92104-4120
- Phone: 619-515-2424
- After Hours Phone: 619-515-2424
- License Number: 20A11535
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

- 3544 30TH ST
- SAN DIEGO, CA 92104-4120
- Phone: 619-515-2424
- After Hours Phone: 619-515-2424
- License Number: 20A14794
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

- 3544 30TH ST
- SAN DIEGO, CA 92104-4120
- Phone: 619-515-2424
- After Hours Phone: 619-515-2424
- License Number: 20A15684
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- 3544 30TH ST
  - SAN DIEGO, CA 92104-4120
  - Phone: 619-515-2424
  - After Hours Phone: 619-515-2424
  - License Number: 20A14919
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
  - Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
- Provider ID: 206362

- 3544 30TH ST
  - SAN DIEGO, CA 92104-4120
  - Phone: 619-515-2424
  - After Hours Phone: 619-515-2424
  - License Number: 20A15068
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
  - Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
- Provider ID: 206362

- 3544 30TH ST
  - SAN DIEGO, CA 92104-4120
  - Phone: 619-515-2424
  - After Hours Phone: 619-515-2424
  - License Number: 20A20252
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
  - Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
- Provider ID: 206362

- 3544 30TH ST
  - SAN DIEGO, CA 92104-4120
  - Phone: 619-515-2424
  - After Hours Phone: 619-515-2424
  - License Number: A113001
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
  - Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
- Provider ID: 206362

- 3544 30TH ST
  - SAN DIEGO, CA 92104-4120
  - Phone: 619-515-2424
  - After Hours Phone: 619-515-2424
  - License Number: A118095
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
  - Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

CENTERS
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: 206362
3544 30TH ST
SAN DIEGO, CA 92104-4120
📞 Phone: 619-515-2424
📞 After Hours Phone: 619-515-2424
License Number: A140646
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: 206362
3544 30TH ST
SAN DIEGO, CA 92104-4120
📞 Phone: 619-515-2424
📞 After Hours Phone: 619-515-2424
License Number: A148014
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: 206362
3544 30TH ST
SAN DIEGO, CA 92104-4120
📞 Phone: 619-515-2424
📞 After Hours Phone: 619-515-2424
License Number: A116680
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: 206362
3544 30TH ST
SAN DIEGO, CA 92104-4120
📞 Phone: 619-515-2424
📞 After Hours Phone: 619-515-2424
License Number: A154298
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### D. Blue Shield Promise Medi-Cal 网络提供者名单

#### D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>医疗机构名称</th>
<th>医疗机构地址</th>
<th>电话</th>
<th>接受新患者</th>
<th>英语口语能力</th>
<th>文化敏感性</th>
<th>美国手语 (ASL)</th>
<th>访问性</th>
<th><a href="http://www.fhcsd.org">www.fhcsd.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTH PARK FAMILY HEALTH CENTERS</td>
<td>3544 30TH ST SAN DIEGO, CA 92104-4120</td>
<td>619-515-2424</td>
<td>是</td>
<td>是</td>
<td>否</td>
<td>否</td>
<td>是</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
<tr>
<td>NORTH PARK FAMILY HEALTH CENTERS</td>
<td>3544 30TH ST SAN DIEGO, CA 92104-4120</td>
<td>619-515-2424</td>
<td>是</td>
<td>是</td>
<td>否</td>
<td>否</td>
<td>是</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
<tr>
<td>NORTH PARK FAMILY HEALTH CENTERS</td>
<td>3544 30TH ST SAN DIEGO, CA 92104-4120</td>
<td>619-515-2424</td>
<td>是</td>
<td>是</td>
<td>否</td>
<td>否</td>
<td>是</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
<tr>
<td>NORTH PARK FAMILY HEALTH CENTERS</td>
<td>3544 30TH ST SAN DIEGO, CA 92104-4120</td>
<td>619-515-2424</td>
<td>是</td>
<td>是</td>
<td>否</td>
<td>否</td>
<td>是</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
<tr>
<td>NORTH PARK FAMILY HEALTH CENTERS</td>
<td>3544 30TH ST SAN DIEGO, CA 92104-4120</td>
<td>619-515-2424</td>
<td>是</td>
<td>是</td>
<td>否</td>
<td>否</td>
<td>是</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
<tr>
<td>NORTH PARK FAMILY HEALTH CENTERS</td>
<td>3544 30TH ST SAN DIEGO, CA 92104-4120</td>
<td>619-515-2424</td>
<td>是</td>
<td>是</td>
<td>否</td>
<td>否</td>
<td>是</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
</tbody>
</table>

您的全科医生的医疗集团可能有心理健康服务提供者在该网络中。请参阅下表。

您可以直接联系这些提供者。请注意，某些服务可能需要心理健康提供者从 Blue Shield 获得预授权，以便被覆盖。

要访问心理医疗服务提供者列表，请访问 blueshieldca.com/fad。
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- **NORTH PARK FAMILY HEALTH CENTERS**
  - Provider ID: 206362
  - 3544 30TH ST
  - SAN DIEGO, CA 92104-4120
  - Phone: 619-515-2424
  - After Hours Phone: 619-515-2424
  - License Number: NP95002226
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
  - Website: www.fhcsd.org

- **NORTH PARK FAMILY HEALTH CENTERS**
  - Provider ID: 206362
  - 3544 30TH ST
  - SAN DIEGO, CA 92104-4120
  - Phone: 619-515-2424
  - After Hours Phone: 619-515-2424
  - License Number: PA17220
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
  - Website: www.fhcsd.org

- **MID-CITY COMMUNITY CLINIC**
  - Provider ID: 233597
  - 4290 POLK AVE
  - SAN DIEGO, CA 92105-1524
  - Phone: 619-563-0250
  - After Hours Phone: 619-563-0250
  - License Number: 20A7662
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: MID-CITY COMMUNITY CLINIC
  - Website: www.sdfamilycare.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

**MID-CITY COMMUNITY CLINIC**

Provider ID: 233597

4290 POLK AVE
SAN DIEGO, CA 92105-1524
Phone: 619-563-0250
After Hours Phone: 619-563-0250
License Number: A112176
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: MID-CITY COMMUNITY CLINIC
Website: www.sdfamilycare.org

**MID-CITY COMMUNITY CLINIC**

Provider ID: 233597

4290 POLK AVE
SAN DIEGO, CA 92105-1524
Phone: 619-563-0250
After Hours Phone: 619-563-0250
License Number: A175116
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: MID-CITY COMMUNITY CLINIC
Website: www.sdfamilycare.org

**MID-CITY COMMUNITY CLINIC**

Provider ID: 233597

4290 POLK AVE
SAN DIEGO, CA 92105-1524
Phone: 619-563-0250
After Hours Phone: 619-563-0250
License Number: G60630
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: MID-CITY COMMUNITY CLINIC
Website: www.sdfamilycare.org

**MID-CITY COMMUNITY CLINIC**

Provider ID: 233532

4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
Phone: 619-280-2058
After Hours Phone: 619-280-2058
License Number: A112176
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: MID-CITY COMMUNITY CLINIC
Website: www.sdfamilycare.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>License Number</th>
<th>NPI</th>
<th>Accepting New Patients</th>
<th>Site English Spoken</th>
<th>Cultural Competency</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Medical Group/IPA</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY HLTH CTR SD HILLCREST</td>
<td>417937</td>
<td>4094 4TH AVE, SAN DIEGO, CA 92103-2143</td>
<td>619-515-2545</td>
<td>619-515-2545</td>
<td>20A17702</td>
<td>1134155377</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>CONTACT PROVIDER</td>
<td>FAMILY HLTH CTR SD HILLCREST</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
<tr>
<td>F1. FAMILY HLTH CTR SD HILLCREST</td>
<td>417937</td>
<td>4094 4TH AVE, SAN DIEGO, CA 92103-2143</td>
<td>619-515-2545</td>
<td>619-515-2545</td>
<td>20A19399</td>
<td>1134155377</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>CONTACT PROVIDER</td>
<td>FAMILY HLTH CTR SD HILLCREST</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
</tbody>
</table>
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: PA23231
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST
Website: www.fhcsd.org

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: NP95005293
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST
Website: www.fhcsd.org

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: PA21385
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST
Website: www.fhcsd.org

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: PT25155
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST
Website: www.fhcsd.org

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: PT28061
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: PT292351
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST
Website: www.fhcsd.org

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: PT293536
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST
Website: www.fhcsd.org

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: PT296559
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST
Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
Fax: 619-501-9645
After Hours Phone: 619-515-2545
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST
Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
Fax: 619-501-9645
After Hours Phone: 619-515-2545
License Number: A95356
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST
Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 517998
4690 EL CAJON BLVD
SAN DIEGO, CA 92115-4403
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: 20A7502
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED
Website: N/A

SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED
Provider ID: 517998
4690 EL CAJON BLVD
SAN DIEGO, CA 92115-4403
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: 550003882
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED
Website: N/A
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED
Provider ID: 517998
4690 EL CAJON BLVD
SAN DIEGO, CA 92115-4403
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: NP95005999
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED
Website: N/A

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: 416831
3514 30TH ST
SAN DIEGO, CA 92104-4120
Phone: 619-515-2424
After Hours Phone: 619-515-2424
License Number: 20A11535
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: 416831
3514 30TH ST
SAN DIEGO, CA 92104-4120
Phone: 619-515-2424
After Hours Phone: 619-515-2424
License Number: 20A14919
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: 416831
3514 30TH ST
SAN DIEGO, CA 92104-4120
Phone: 619-515-2424
After Hours Phone: 619-515-2424
License Number: A103099
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

---

3514 30TH ST
SAN DIEGO, CA 92104-4120
Phone: 619-515-2424
After Hours Phone: 619-515-2424
License Number: A113001
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: 416831
3514 30TH ST
SAN DIEGO, CA 92104-4120
Phone: 619-515-2424
After Hours Phone: 619-515-2424
License Number: A116680
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: 416831
3514 30TH ST
SAN DIEGO, CA 92104-4120
Phone: 619-515-2424
After Hours Phone: 619-515-2424
License Number: A118095
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: 416831
3514 30TH ST
SAN DIEGO, CA 92104-4120
Phone: 619-515-2424
After Hours Phone: 619-515-2424
License Number: A113001
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
Website: www.fhcsd.org

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>AFTER HOURS PHONE</th>
<th>LICENSE NUMBER</th>
<th>NPI</th>
<th>ACCEPTING NEW PATIENTS</th>
<th>SITE ENGLISH SPOKEN</th>
<th>CULTURAL COMPETENCY</th>
<th>AMERICAN SIGN LANGUAGE (ASL):</th>
<th>MEDICAL GROUP/IPA</th>
<th>ACCESSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTH PARK FAMILY HEALTH CENTERS</td>
<td>3514 30TH ST</td>
<td>619-515-2424</td>
<td>619-515-2424</td>
<td>A148014</td>
<td>1134155377</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>NORTH PARK FAMILY HEALTH CENTERS</td>
<td>3514 30TH ST</td>
<td>619-515-2424</td>
<td>619-515-2424</td>
<td>A163464</td>
<td>1134155377</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>NORTH PARK FAMILY HEALTH CENTERS</td>
<td>3514 30TH ST</td>
<td>619-515-2424</td>
<td>619-515-2424</td>
<td>A164859</td>
<td>1134155377</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>FAMILY HLTH CTR SD HILLCREST</td>
<td>4094 4TH AVE</td>
<td>619-515-2545</td>
<td>619-515-2545</td>
<td>A136616</td>
<td>1134155377</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: 619-515-2545  
After Hours Phone: 619-515-2545  
License Number: A154708  
NPI: 1134155377  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: 619-515-2545  
After Hours Phone: 619-515-2545  
License Number: A171135  
NPI: 1134155377  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: 619-515-2545  
After Hours Phone: 619-515-2545  
License Number: A177462  
NPI: 1134155377  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
Website: www.fhcsd.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: A80153
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: C52451
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: DC31024
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: DC33688
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY
HLTH CTR SD HILLCREST
Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
Office: 4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: G16236
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY
HLTH CTR SD HILLCREST
Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
Office: 4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: NP18098
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY
HLTH CTR SD HILLCREST
Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
Office: 4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: NP95001899
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY
HLTH CTR SD HILLCREST
Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
Office: 4094 4TH AVE
SAN DIEGO, CA 92103-2143
Phone: 619-515-2545
After Hours Phone: 619-515-2545
License Number: NP95005103
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

**American Sign Language (ASL):**

<table>
<thead>
<tr>
<th>Provider ID: 206046</th>
</tr>
</thead>
<tbody>
<tr>
<td>6973 LINDA VISTA RD</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92111-6342</td>
</tr>
<tr>
<td>Phone: 858-279-0925</td>
</tr>
<tr>
<td>Fax: 858-279-0377</td>
</tr>
<tr>
<td>After Hours Phone:</td>
</tr>
<tr>
<td>858-279-0925</td>
</tr>
<tr>
<td>License Number: G70886</td>
</tr>
<tr>
<td>NPI: 1598122871</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
</tbody>
</table>

**LINDA VISTA HEALTH CARE CTR**

<table>
<thead>
<tr>
<th>Provider ID: 206046</th>
</tr>
</thead>
<tbody>
<tr>
<td>6973 LINDA VISTA RD</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92111-6342</td>
</tr>
<tr>
<td>Phone: 858-279-0925</td>
</tr>
<tr>
<td>After Hours Phone:</td>
</tr>
<tr>
<td>858-279-0925</td>
</tr>
<tr>
<td>License Number: DPM4434</td>
</tr>
<tr>
<td>NPI: 1598122871</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
</tr>
</tbody>
</table>

**LINDA VISTA HEALTH CARE CTR**

<table>
<thead>
<tr>
<th>Provider ID: 206046</th>
</tr>
</thead>
<tbody>
<tr>
<td>6973 LINDA VISTA RD</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92111-6342</td>
</tr>
<tr>
<td>Phone: 858-279-0925</td>
</tr>
<tr>
<td>After Hours Phone:</td>
</tr>
<tr>
<td>858-279-0925</td>
</tr>
<tr>
<td>License Number: G41532</td>
</tr>
<tr>
<td>NPI: 1598122871</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian</td>
</tr>
<tr>
<td>Cultural Competency: No</td>
</tr>
</tbody>
</table>
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LINDA VISTA HEALTH CARE CTR
Website: www.sdfamilycare.org

LINDA VISTA HEALTH CARE CTR
Provider ID: 206046
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
Phone: 858-279-0925
After Hours Phone: 858-279-0925
License Number: G44807
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LINDA VISTA HEALTH CARE CTR
Website: www.sdfamilycare.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Provider ID: 402851
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
Phone: 619-515-2444
After Hours Phone: 619-515-2444
License Number: A163464
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Provider ID: 402851
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
Phone: 619-515-2444
After Hours Phone: 619-515-2444
License Number: A164859
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

- **Website:** www.fhcsd.org

**FAMILY HLTH CTR SAN DIEGO-BEACH AREA**
Provider ID: 402851
- 3705 MISSION BLVD
  SAN DIEGO, CA 92109-7104
- Phone: 619-515-2444
- After Hours Phone: 619-515-2444
- License Number: A154298
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA
- Website: www.fhcsd.org

**FAMILY HLTH CTR SAN DIEGO-BEACH AREA**
Provider ID: 402851
- 3705 MISSION BLVD
  SAN DIEGO, CA 92109-7104
- Phone: 619-515-2444
- After Hours Phone: 619-515-2444
- License Number: A72005
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA
- Website: www.fhcsd.org

**FAMILY HLTH CTR SAN DIEGO-BEACH AREA**
Provider ID: 402851
- 3705 MISSION BLVD
  SAN DIEGO, CA 92109-7104
- Phone: 619-515-2444
- After Hours Phone: 619-515-2444
- License Number: A178499
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA
- Website: www.fhcsd.org

**FAMILY HLTH CTR SAN DIEGO-BEACH AREA**
Provider ID: 402851
- 3705 MISSION BLVD
  SAN DIEGO, CA 92109-7104
- Phone: 619-515-2444
- After Hours Phone: 619-515-2444
- License Number: A68463
- NPI: 1134155377
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Provider ID: 402851
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
Phone: 619-515-2444
After Hours Phone: 619-515-2444
License Number: G78814
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Provider ID: 402851
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
Phone: 619-515-2444
After Hours Phone: 619-515-2444
License Number: NP95013978
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Provider ID: 402851
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
Phone: 619-515-2444
After Hours Phone: 619-515-2444
License Number: C174771
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Provider ID: 402851
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
Phone: 619-515-2444
After Hours Phone: 619-515-2444
Fax: 858-488-1394
NPI: 1134155377
Accepting New Patients: Yes
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

- **D1. 联邦认证合格的健康诊所**
  - **After Hours Phone:** 619-515-2444
  - **License Number:** C53623
  - **NPI:** 1134155377
  - **Accepting New Patients:** Yes
  - **Site English Spoken:** Yes
  - **Cultural Competency:** No
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Medical Group/IPA:** FAMILY HLTH CTR SAN DIEGO-BEACH AREA
  - **Website:** www.fhcsd.org

**FAMILY HLTH CTR SAN DIEGO-BEACH AREA**
- **Provider ID:** 402851
- **3705 MISSION BLVD SAN DIEGO, CA 92109-7104**
- **Phone:** 619-515-2444
- **After Hours Phone:** 619-515-2444
- **License Number:** DPM4819
- **NPI:** 1134155377
- **Accepting New Patients:** Yes
- **Site English Spoken:** Yes
- **Cultural Competency:** No
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Medical Group/IPA:** FAMILY HLTH CTR SAN DIEGO-BEACH AREA
- **Website:** www.fhcsd.org

**FAMILY HLTH CTR SAN DIEGO-BEACH AREA**
- **Provider ID:** 402851
- **3705 MISSION BLVD SAN DIEGO, CA 92109-7104**
- **Phone:** 619-515-2444
- **After Hours Phone:** 619-515-2444
- **License Number:** A108228
- **NPI:** 1134155377
- **Accepting New Patients:** Yes
- **Site English Spoken:** Yes
- **Cultural Competency:** No
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Medical Group/IPA:** FAMILY HLTH CTR SAN DIEGO-BEACH AREA
- **Website:** www.fhcsd.org

**FAMILY HLTH CTR SAN DIEGO-BEACH AREA**
- **Provider ID:** 402851
- **3705 MISSION BLVD SAN DIEGO, CA 92109-7104**
- **Phone:** 619-515-2444
- **After Hours Phone:** 619-515-2444
- **License Number:** 20A13060
- **NPI:** 1134155377
- **Accepting New Patients:** Yes
- **Site English Spoken:** Yes
- **Cultural Competency:** No
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Medical Group/IPA:** FAMILY HLTH CTR SAN DIEGO-BEACH AREA
- **Website:** www.fhcsd.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Provider ID: 402851
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
Phone: 619-515-2444
After Hours Phone: 619-515-2444
License Number: 20A14919
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Provider ID: 402851
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
Phone: 619-515-2444
After Hours Phone: 619-515-2444
License Number: A114181
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Provider ID: 402851
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
Phone: 619-515-2444
After Hours Phone: 619-515-2444
License Number: A118095
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Provider ID: 402851
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
Phone: 619-515-2444
After Hours Phone: 619-515-2444
Fax: 858-488-1394
License Number: 80000115
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Website: www.fhcsd.org

OPERATION SAMAHAN - MIRA MESA
Provider ID: 432308
❖ 9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007
❖ Phone: 844-200-2426
Fax: 858-536-8034
❖ After Hours Phone: 844-200-2426
NPI: 1801907449
Accepting New Patients: Yes
❖ Site English Spoken: yes
Cultural Competency: No
American Sign Language (ASL): N
❖ Accessibility: CONTACT PROVIDER
Medical Group/IPA: OPERATION SAMAHAN - MIRA MESA
Website: www.operationsamahan.org

OPERATION SAMAHAN - MIRA MESA
Provider ID: 432308
❖ 9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007
❖ Phone: 844-200-2426
❖ After Hours Phone: 844-200-2426
License Number: NP22974
NPI: 1801907449
Accepting New Patients: Yes
❖ Site English Spoken: yes
Cultural Competency: No
American Sign Language (ASL): N
❖ Accessibility: CONTACT PROVIDER
Medical Group/IPA: OPERATION SAMAHAN - MIRA MESA

OPERATION SAMAHAN RANCHO PENASQUITOS
Provider ID: 418535
❖ 9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
❖ Phone: 844-200-2426
❖ After Hours Phone: 844-200-2426
License Number: DC15775
NPI: 1801907449
Accepting New Patients: Yes
❖ Site English Spoken: yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
❖ Accessibility: CONTACT PROVIDER
Medical Group/IPA: OPERATION SAMAHAN - MIRA MESA

OPERATION SAMAHAN - MIRA MESA
Provider ID: 432308
❖ 9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007
❖ Phone: 844-200-2426
Fax: 858-536-8034
❖ After Hours Phone: 844-200-2426
License Number: 80000146

SAN DIEGO, CA 92131-1007
❖ Phone: 844-200-2426
❖ After Hours Phone: 844-200-2426
License Number: NP95010585
NPI: 1801907449
Accepting New Patients: Yes
❖ Site English Spoken: yes
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: No
American Sign Language (ASL): N
❖ Accessibility: CONTACT PROVIDER
Medical Group/IPA: OPERATION SAMAHAN - MIRA MESA

OPERATION SAMAHAN - MIRA MESA
Provider ID: 432308
❖ 9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007
❖ Phone: 844-200-2426
❖ After Hours Phone: 844-200-2426
License Number: NP22974
NPI: 1801907449
Accepting New Patients: Yes
❖ Site English Spoken: yes
Cultural Competency: No
American Sign Language (ASL): N
❖ Accessibility: CONTACT PROVIDER
Medical Group/IPA: OPERATION SAMAHAN - MIRA MESA
Website: www.operationsamahan.org

OPERATION SAMAHAN - MIRA MESA
Provider ID: 432308
❖ 9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007
❖ Phone: 844-200-2426
❖ After Hours Phone: 844-200-2426
License Number: DC15775
NPI: 1801907449
Accepting New Patients: Yes
❖ Site English Spoken: yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
❖ Accessibility: CONTACT PROVIDER
Medical Group/IPA:
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

OPERATION SAMAHAN
RANCHO PENASQUITOS
Website: www.operationsamahan.org

Accepting New Patients: Yes
 Site English Spoken: yes
 Site Languages(s) Spoken: Spanish
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: OPERATION SAMAHAN
 RANCHO PENASQUITOS
 Website: www.operationsamahan.org

RANCHO PENASQUITOS
Provider ID: 418535
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
Phone: 844-200-2426
After Hours Phone: 844-200-2426
License Number: PA19664
NPI: 1801907449
Accepting New Patients: Yes
 Site English Spoken: yes
 Site Languages(s) Spoken: Spanish
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: OPERATION SAMAHAN
 RANCHO PENASQUITOS
 Website: www.operationsamahan.org

RANCHO PENASQUITOS
Provider ID: 418535
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
Phone: 844-200-2426
After Hours Phone: 844-200-2426
License Number: PA19664
NPI: 1801907449
Accepting New Patients: Yes
 Site English Spoken: yes
 Site Languages(s) Spoken: Spanish
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: OPERATION SAMAHAN
 RANCHO PENASQUITOS
 Website: www.operationsamahan.org

RANCHO PENASQUITOS
Provider ID: 418535
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
Phone: 844-200-2426
Fax: 858-695-9074
After Hours Phone: 844-200-2426
NPI: 1801907449
Accepting New Patients: Yes
 Site English Spoken: yes
 Site Languages(s) Spoken: Spanish
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: OPERATION SAMAHAN
 RANCHO PENASQUITOS
 Website: www.operationsamahan.org

OPERATION SAMAHAN
RANCHO PENASQUITOS
Provider ID: 418535
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
Phone: 844-200-2426
After Hours Phone: 844-200-2426
License Number: NP22974
NPI: 1801907449
Accepting New Patients: Yes
 Site English Spoken: yes
 Site Languages(s) Spoken: Spanish
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: OPERATION SAMAHAN
 RANCHO PENASQUITOS
 Website: www.operationsamahan.org

OPERATION SAMAHAN
RANCHO PENASQUITOS
Provider ID: 418535
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
Phone: 844-200-2426
After Hours Phone: 844-200-2426
License Number: NP95003211
NPI: 1801907449
Accepting New Patients: Yes
 Site English Spoken: yes
 Site Languages(s) Spoken: Spanish
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: OPERATION SAMAHAN
 RANCHO PENASQUITOS
 Website: www.operationsamahan.org

OPERATION SAMAHAN
RANCHO PENASQUITOS
Provider ID: 418535
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
Phone: 844-200-2426
Fax: 858-695-9074
After Hours Phone: 844-200-2426
NPI: 1801907449
Accepting New Patients: Yes
 Site English Spoken: yes
 Site Languages(s) Spoken: Spanish
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: OPERATION SAMAHAN
 RANCHO PENASQUITOS
 Website: www.operationsamahan.org

OPERATION SAMAHAN
RANCHO PENASQUITOS
Provider ID: 418535
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
Phone: 844-200-2426
After Hours Phone: 844-200-2426
License Number: NP22974
NPI: 1801907449
Accepting New Patients: Yes
 Site English Spoken: yes
 Site Languages(s) Spoken: Spanish
 Cultural Competency: No
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: OPERATION SAMAHAN
 RANCHO PENASQUITOS
 Website: www.operationsamahan.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

OPERATION SAMAHAN RANCHO PENASQUITOS
Provider ID: 418535
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
Phone: 844-200-2426
Fax: 858-695-9074
After Hours Phone: 844-200-2426
License Number: 550003857
NPI: 1801907449
Accepting New Patients: Yes
Site English Spoken: yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
OPERATION SAMAHAN RANCHO PENASQUITOS
Website: www.operationsamahan.org

OPERATION SAMAHAN - MIRA MESA
Provider ID: 417101
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
Phone: 844-200-2426
After Hours Phone: 844-200-2426
License Number: C54941
NPI: 1801907449
Accepting New Patients: Yes
Site English Spoken: yes
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
OPERATION SAMAHAN - MIRA MESA
Website: www.operationsamahan.org

OPERATION SAMAHAN - MIRA MESA
Provider ID: 417101
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
Phone: 844-200-2426
After Hours Phone: 844-200-2426
License Number: A161105
NPI: 1801907449
Accepting New Patients: Yes
Site English Spoken: yes
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
OPERATION SAMAHAN - MIRA MESA
Website: www.operationsamahan.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Accepting New Patients: Yes
- Site English Spoken: yes
- Site Languages(s) Spoken: Spanish, Tagalog
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Medical Group/IPA:
- OPERATION SAMAHAN - MIRA MESA
- Website: www.operationsmahan.org

OPERATION SAMAHAN - MIRA MESA
Provider ID: 417101
- 10737 CAMINO RUIZ STE 235
  SAN DIEGO, CA 92126-2375
- Phone: 844-200-2426
- After Hours Phone: 844-200-2426
- License Number: NP95003211
- NPI: 1801907449

Accepting New Patients: Yes
- Site English Spoken: yes
- Site Languages(s) Spoken: Spanish, Tagalog
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Medical Group/IPA:
- OPERATION SAMAHAN - MIRA MESA
- Website: www.operationsmahan.org

OPERATION SAMAHAN - MIRA MESA
Provider ID: 417101
- 10737 CAMINO RUIZ STE 235
  SAN DIEGO, CA 92126-2375
- Phone: 844-200-2426
- After Hours Phone: 844-200-2426
- License Number: A71544
- NPI: 1801907449

Accepting New Patients: Yes
- Site English Spoken: yes
- Site Languages(s) Spoken: Spanish, Tagalog
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Medical Group/IPA:
- OPERATION SAMAHAN - MIRA MESA
- Website: www.operationsmahan.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Provider ID: 402851
- 3705 MISSION BLVD
  SAN DIEGO, CA 92109-7104
- Phone: 619-515-2300
- After Hours Phone: 619-515-2300
- License Number: A162946
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**
  - Provider ID: 402851
  - 3705 MISSION BLVD
    SAN DIEGO, CA 92109-7104
  - Phone: 619-515-2444
  - After Hours Phone: 619-515-2444
  - License Number: 20A11535
  - NPI: 1134155377
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): No
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA
  - Website: www.fhcsd.org

- **KING CHAVEZ HEALTH CENTER**
  - Provider ID: 451167
  - 950 S EUCLID AVE
    SAN DIEGO, CA 92114-6201
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: A96919
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): No
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: KING CHAVEZ HEALTH CENTER
  - Website: www.ihpsocal.org

- **KING CHAVEZ HEALTH CENTER**
  - Provider ID: 451167
  - 950 S EUCLID AVE
    SAN DIEGO, CA 92114-6201
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: DC27523
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): No
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: KING CHAVEZ HEALTH CENTER
  - Website: www.ihpsocal.org

- **KING CHAVEZ HEALTH CENTER**
  - Provider ID: 451167
  - 950 S EUCLID AVE
    SAN DIEGO, CA 92114-6201
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: NP15657
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): No
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: KING CHAVEZ HEALTH CENTER
  - Website: www.ihpsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- After Hours Phone: 619-662-4100
  License Number: NP8563
  NPI: 1598122871
  Accepting New Patients: Yes
  Site English Spoken: Yes
  Cultural Competency: No
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Medical Group/IPA: KING CHAVEZ HEALTH CENTER
  Website: www.ihpsocal.org

- After Hours Phone: 619-662-4100
  License Number: A134995
  NPI: 1598122871
  Accepting New Patients: Yes
  Site English Spoken: Yes
  Cultural Competency: No
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Medical Group/IPA: KING CHAVEZ HEALTH CENTER
  Website: www.ihpsocal.org

- After Hours Phone: 619-662-4100
  License Number: A165432
  NPI: 1598122871
  Accepting New Patients: Yes
  Site English Spoken: Yes
  Cultural Competency: No
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Medical Group/IPA: KING CHAVEZ HEALTH CENTER
  Website: www.ihpsocal.org

KING CHAVEZ HEALTH CENTER
Provider ID: 451167
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
Phone: 619-662-4100
Fax: 619-662-4158
After Hours Phone: 619-662-4100
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: KING CHAVEZ HEALTH CENTER
Website: www.ihpsocal.org

KING CHAVEZ HEALTH CENTER
Provider ID: 451167
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A153223
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: KING CHAVEZ HEALTH CENTER
Website: www.ihpsocal.org

KING CHAVEZ HEALTH CENTER
Provider ID: 451167
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A45942
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: KING CHAVEZ HEALTH CENTER
Website: www.ihpsocal.org

936
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

- **KING CHAVEZ HEALTH CENTER**
  - Provider ID: 451167
  - Address: 950 S EUCLID AVE
    - SAN DIEGO, CA 92114-6201
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: A101017
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: KING CHAVEZ HEALTH CENTER
  - Website: www.ihpsocal.org

- **KING CHAVEZ HEALTH CENTER**
  - Provider ID: 451167
  - Address: 950 S EUCLID AVE
    - SAN DIEGO, CA 92114-6201
  - Phone: 619-428-4463
  - After Hours Phone: 619-428-4463
  - License Number: G71855
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: KING CHAVEZ HEALTH CENTER
  - Website: www.ihpsocal.org

- **NESTOR COMMUNITY HEALTH CENTER**
  - Provider ID: 214492
  - Address: 1016 OUTER RD
    - SAN DIEGO, CA 92154-1351
  - Phone: 619-429-3733
  - After Hours Phone: 619-429-3733
  - License Number: A165398
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Site Languages(s) Spoken: Spanish
  - Cultural Competency: No
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: NESTOR COMMUNITY HEALTH CENTER
  - Website: www.ibclinic.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

**NESTOR COMMUNITY HEALTH CENTER**
Provider ID: 214492
1016 OUTER RD
SAN DIEGO, CA 92154-1351
Phone: 619-429-3733
Fax: 619-628-5550
After Hours Phone: 619-429-3733
License Number: NP22031
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NESTOR COMMUNITY HEALTH CENTER
Website: www.ibclinic.org

**NESTOR COMMUNITY HEALTH CENTER**
Provider ID: 214492
1016 OUTER RD
SAN DIEGO, CA 92154-1351
Phone: 619-429-3733
Fax: 619-628-5550
After Hours Phone: 619-429-3733
License Number: 550001474
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: NESTOR COMMUNITY HEALTH CENTER
Website: www.ibclinic.org

**SAN YSIDRO HEALTH CHC - OCEAN VIEW**
Provider ID: 227409
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A153414
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHC - OCEAN VIEW
Website: www.ihpsocal.org

**SAN YSIDRO HEALTH CHC - OCEAN VIEW**
Provider ID: 227409
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A157505
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

- **SAN YSIDRO HEALTH CHC - OCEAN VIEW**
  - Provider ID: 227409
  - 3177 OCEAN VIEW BLVD
  - SAN DIEGO, CA 92113-1432
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: A162332
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: SAN YSIDRO HEALTH CHC - OCEAN VIEW
  - Website: www.ihpsocal.org

- **SAN YSIDRO HEALTH CHC - OCEAN VIEW**
  - Provider ID: 227409
  - 3177 OCEAN VIEW BLVD
  - SAN DIEGO, CA 92113-1432
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: C54198
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: SAN YSIDRO HEALTH CHC - OCEAN VIEW
  - Website: www.ihpsocal.org

- **SAN YSIDRO HEALTH CHC - OCEAN VIEW**
  - Provider ID: 227409
  - 3177 OCEAN VIEW BLVD
  - SAN DIEGO, CA 92113-1432
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: C55180
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: SAN YSIDRO HEALTH CHC - OCEAN VIEW
  - Website: www.ihpsocal.org

- **SAN YSIDRO HEALTH CHC - OCEAN VIEW**
  - Provider ID: 227409
  - 3177 OCEAN VIEW BLVD
  - SAN DIEGO, CA 92113-1432
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: DC33300
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: SAN YSIDRO HEALTH CHC - OCEAN VIEW
  - Website: www.ihpsocal.org

- **SAN YSIDRO HEALTH CHC - OCEAN VIEW**
  - Provider ID: 227409
  - 3177 OCEAN VIEW BLVD
  - SAN DIEGO, CA 92113-1432
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: DC33300
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: SAN YSIDRO HEALTH CHC - OCEAN VIEW
  - Website: www.ihpsocal.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
Phone: 619-662-4100
Fax: 619-858-1003
After Hours Phone: 619-662-4100
License Number: A88893
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH CHC - OCEAN VIEW
Website: www.ihpsocal.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: A118095
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: A119689
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: A114181
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Website: www.fhcsd.org

940
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: A115598
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: A126187
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: 20A14772
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: 20A14919
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No

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

- **Cultural Competency:** No
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

- **NPI:** 1598122871
  - **Accepting New Patients:** Yes
  - **Site English Spoken:** Yes
  - **Cultural Competency:** No
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Medical Group/IPA:** SAN YSIDRO HEALTH CHC - OCEAN VIEW
  - **Website:** www.ihapsocal.org

**SAN YSIDRO HEALTH CHC - OCEAN VIEW**

- **Provider ID:** 227409
- **3177 OCEAN VIEW BLVD**
  - **SAN DIEGO, CA 92113-1432**
  - **Phone:** 619-662-4100
  - **After Hours Phone:** 619-662-4100
  - **License Number:** A120576
  - **NPI:** 1598122871
  - **Accepting New Patients:** Yes
  - **Site English Spoken:** Yes
  - **Cultural Competency:** No
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

- **Provider ID:** 206363
- **4725 MARKET ST**
  - **SAN DIEGO, CA 92102-4715**
  - **Phone:** 619-515-2420
  - **After Hours Phone:** 619-515-2420
  - **License Number:** 20A11535
  - **NPI:** 1134155377
  - **Accepting New Patients:** Yes
  - **Site English Spoken:** Yes
  - **Cultural Competency:** No
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

- **Provider ID:** 206363
- **4725 MARKET ST**
  - **SAN DIEGO, CA 92102-4715**
  - **Phone:** 619-515-2420
  - **After Hours Phone:** 619-515-2420
  - **License Number:** A154298
  - **NPI:** 1134155377
  - **Accepting New Patients:** Yes
  - **Site English Spoken:** Yes
  - **Cultural Competency:** No
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

- **Provider ID:** 206363
- **4725 MARKET ST**
  - **SAN DIEGO, CA 92102-4715**
  - **Phone:** 619-515-2420
  - **After Hours Phone:** 619-515-2420
  - **License Number:** A113001
  - **NPI:** 1134155377
  - **Accepting New Patients:** Yes
  - **Site English Spoken:** Yes
  - **Cultural Competency:** No
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

- **Provider ID:** 206363
- **4725 MARKET ST**
  - **SAN DIEGO, CA 92102-4715**
  - **Phone:** 619-515-2420
  - **After Hours Phone:** 619-515-2420
  - **License Number:** A120576
  - **NPI:** 1598122871
  - **Accepting New Patients:** Yes
  - **Site English Spoken:** Yes
  - **Cultural Competency:** No
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

**FAMILY HLTH CTRs INC**

<table>
<thead>
<tr>
<th>Provider ID: 206363</th>
<th>4725 MARKET ST</th>
<th>SAN DIEGO, CA 92102-4715</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 619-515-2560</td>
<td>After Hours Phone: 619-515-2560</td>
<td></td>
</tr>
<tr>
<td>License Number: A142743</td>
<td>NPI: 1134155377</td>
<td></td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRs INC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRs INC**

<table>
<thead>
<tr>
<th>Provider ID: 206363</th>
<th>4725 MARKET ST</th>
<th>SAN DIEGO, CA 92102-4715</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 619-515-2560</td>
<td>After Hours Phone: 619-515-2560</td>
<td></td>
</tr>
<tr>
<td>License Number: A140912</td>
<td>NPI: 1134155377</td>
<td></td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRs INC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRs INC**

<table>
<thead>
<tr>
<th>Provider ID: 206363</th>
<th>4725 MARKET ST</th>
<th>SAN DIEGO, CA 92102-4715</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 619-515-2560</td>
<td>After Hours Phone: 619-515-2560</td>
<td></td>
</tr>
<tr>
<td>License Number: A141057</td>
<td>NPI: 1134155377</td>
<td></td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRs INC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Website: www fhcsd org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
4725 MARKET ST SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: A178499
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Website: www fhcsd org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
4725 MARKET ST SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: A164859
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Website: www fhcsd org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
4725 MARKET ST SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: A164879
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Website: www fhcsd org

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): No
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
- Website: www.fhcsd.org

License Number: NP95009292
NPI: 1134155377
Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): No
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
- Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
- 4725 MARKET ST
- SAN DIEGO, CA 92102-4715
- Phone: 619-515-2560
- After Hours Phone: 619-515-2560
- License Number: NP95007000
- NPI: 1134155377
Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): No
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
- Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
- 4725 MARKET ST
- SAN DIEGO, CA 92102-4715
- Phone: 619-515-2560
- After Hours Phone: 619-515-2560
- License Number: NP95021154
- NPI: 1134155377
Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): No
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
- Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
- 4725 MARKET ST
- SAN DIEGO, CA 92102-4715
- Phone: 619-515-2560
- After Hours Phone: 619-515-2560
- License Number: PA58081
- NPI: 1134155377
Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): No
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
- Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
- 4725 MARKET ST
- SAN DIEGO, CA 92102-4715
- Phone: 619-515-2560
- After Hours Phone: 619-515-2560
- License Number: PA20378
- NPI: 1134155377
Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): No
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
- Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
- 4725 MARKET ST
- SAN DIEGO, CA 92102-4715
- Phone: 619-515-2560
- After Hours Phone: 619-515-2560
- License Number: PA59001
- NPI: 1134155377
Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): No
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
- Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
- 4725 MARKET ST
- SAN DIEGO, CA 92102-4715
- Phone: 619-515-2560
- After Hours Phone: 619-515-2560
- License Number: PA59081
- NPI: 1134155377
Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): No
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
- Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>Provider ID: 206363</th>
<th>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>4725 MARKET ST</td>
<td>SAN DIEGO, CA 92102-4715</td>
</tr>
<tr>
<td>° Phone: 619-515-2560</td>
<td>After Hours Phone: 619-515-2560</td>
</tr>
<tr>
<td>° License Number: PA58505</td>
<td>NPI: 1134155377</td>
</tr>
<tr>
<td>° Accepting New Patients: Yes</td>
<td>° Site English Spoken: Yes</td>
</tr>
<tr>
<td>° Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</td>
<td></td>
</tr>
<tr>
<td>° Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider ID: 206363</th>
<th>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>4725 MARKET ST</td>
<td>SAN DIEGO, CA 92102-4715</td>
</tr>
<tr>
<td>° Phone: 619-515-2560</td>
<td>After Hours Phone: 619-515-2560</td>
</tr>
<tr>
<td>° License Number: RN810863</td>
<td>NPI: 1134155377</td>
</tr>
<tr>
<td>° Accepting New Patients: Yes</td>
<td>° Site English Spoken: Yes</td>
</tr>
<tr>
<td>° Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</td>
<td></td>
</tr>
<tr>
<td>° Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider ID: 206363</th>
<th>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>4725 MARKET ST</td>
<td>SAN DIEGO, CA 92102-4715</td>
</tr>
<tr>
<td>° Phone: 619-515-2560</td>
<td>After Hours Phone: 619-515-2560</td>
</tr>
<tr>
<td>° Fax: 619-263-2499</td>
<td>° License Number: A100391</td>
</tr>
<tr>
<td>° Accepting New Patients: Yes</td>
<td>° Site English Spoken: Yes</td>
</tr>
<tr>
<td>° Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</td>
<td></td>
</tr>
<tr>
<td>° Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider ID: 206363</th>
<th>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>4725 MARKET ST</td>
<td>SAN DIEGO, CA 92102-4715</td>
</tr>
<tr>
<td>° Phone: 619-515-2560</td>
<td>After Hours Phone: 619-515-2560</td>
</tr>
<tr>
<td>° License Number: C174538</td>
<td>NPI: 1134155377</td>
</tr>
<tr>
<td>° Accepting New Patients: Yes</td>
<td>° Site English Spoken: Yes</td>
</tr>
<tr>
<td>° Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</td>
<td></td>
</tr>
<tr>
<td>° Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

Medical Group/IPA: DIAMOND
NEIGHBORHOODS FAMILY
HLTH CTRS INC
Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS
FAMILY HLTH CTRS INC
Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: C174771
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DIAMOND
NEIGHBORHOODS FAMILY
HLTH CTRS INC
Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS
FAMILY HLTH CTRS INC
Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: NP95000205
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DIAMOND
NEIGHBORHOODS FAMILY
HLTH CTRS INC
Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS
FAMILY HLTH CTRS INC
Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: DC33150
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DIAMOND
NEIGHBORHOODS FAMILY
HLTH CTRS INC
Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS
FAMILY HLTH CTRS INC
Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: G61394
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DIAMOND
NEIGHBORHOODS FAMILY
HLTH CTRS INC
Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS
FAMILY HLTH CTRS INC
Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: G78814
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DIAMOND
NEIGHBORHOODS FAMILY
HLTH CTRS INC
Website: www.fhcsd.org

948
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: MT2061555
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
Phone: 619-515-2560
After Hours Phone: 619-515-2560
License Number: NP10146
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Website: www.fhcsd.org

 OPERATION SAMAHAN
RANCHO PENASQUITOS
Provider ID: 418535
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 695-9074
After Hours Phone: (844) 200-2426
License Number: 550002478
NPI: 1699216622
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Operation Samahan
Website: www.operationsamanan.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

Spanish
Cultural Competency: N

Hours: M-TU
8:30AM-5:30PM
W 10:00AM-7:00PM
TH-F 8:30AM-5:30PM

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: Operation Samahan

Website: www.operationsamahan.org

OPERATION SAMAHAN
RANCHO PENASQUITOS
Provider ID: 418535
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 695-9074
After Hours Phone: (844) 200-2426
License Number: 550002478
NPI: 1699216622
Accepting New Patients: Yes
Min/Max Age: 0\150

Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: Y

Hours: M-F
8:00AM-4:30PM

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: Operation Samahan

Website: www.operationsamahan.org

OPERATION SAMAHAN - MIRA MESA
Provider ID: 432308
9855 ERMA RD STE 105
SAN DIEGO, CA 92131
Phone: (844) 200-2426
Fax: (858) 536-8034
After Hours Phone: (844) 200-2426
License Number: 080000146
NPI: 1861933897
Accepting New Patients: Yes
Min/Max Age: 0\999

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: Operation Samahan

Website: www.operationsamahan.org

OPERATION SAMAHAN - MIRA MESA
Provider ID: 417101
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (858) 578-4417
### D. Blue Shield Promise Medi-Cal 网络提供者名单

#### D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>网络提供者名称</th>
<th>地址</th>
<th>电话</th>
<th>传真</th>
<th>接受新患者</th>
<th>语言</th>
<th>联系方式</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</strong></td>
<td>3705 MISSION BLVD SAN DIEGO, CA 92109</td>
<td>(619) 515-2444</td>
<td>(858) 488-1394</td>
<td>是</td>
<td>英语, 拉脱维亚语, 越南语, 西班牙语, 中文</td>
<td>网站: <a href="http://www.operationsmahan.org">www.operationsmahan.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>诚挚</td>
<td>网站: <a href="http://www.operationsmahan.org">www.operationsmahan.org</a></td>
</tr>
<tr>
<td><strong>SAN DIEGO FAMILY CARE</strong></td>
<td>7011 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>(858) 810-8700</td>
<td>(858) 633-4680</td>
<td>是</td>
<td>英语, 越南语, 西班牙语, 中文, 拉脱维亚语</td>
<td>网站: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>诚挚</td>
<td>网站: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></td>
</tr>
<tr>
<td><strong>LINDA VISTA HEALTH CARE CTR</strong></td>
<td>6973 LINDA VISTA RD SAN DIEGO, CA 92111</td>
<td>(858) 279-0925</td>
<td>(858) 633-4680</td>
<td>是</td>
<td>英语, 越南语, 西班牙语, 中文, 拉脱维亚语</td>
<td>网站: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>诚挚</td>
<td>网站: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

NPI: 1205477841
Accepting New Patients: Yes
Min/Max Age: 0\120
Site English Spoken: Y
Site Languages Spoken: Chinese, Spanish, Tagalog, Vietnamese
Cultural Competency: N
Hours: M-F
8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: N/A

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: 206362
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
Fax: (619) 501-0627
After Hours Phone: (619) 515-2424
NPI: 1700821303
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
Website: www.fhcsd.org
Email: jenanm@fhcsd.org

LA MAESTRA FAMILY CLINIC INC
Provider ID: 185268
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 280-4213
Fax: (619) 795-9849
After Hours Phone: (619) 280-4213
NPI: 1336353721
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: La Maestra Family Clinic
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org

SAN DIEGO AMERICAN INDIAN HEALTH CENTER
Provider ID: 207382
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
Fax: (619) 234-0206
After Hours Phone: (619) 234-2158
License Number: 090000168
NPI: 1003902917
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Site Languages Spoken: Korean, Spanish, Hindi
Cultural Competency: N
Hours: M-F
8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: WWW.SDAIHC.ORG
Indian Health Services: Y

FAMILY HEALTH CTR IBARRA
Provider ID: 417987
4874 POLK AVE
SAN DIEGO, CA 92105

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

Phone: (619) 515-2426
Fax: (619) 255-8002
After Hours Phone: (619) 515-2426
License Number: 550003108
NPI: 1477953933
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hours: M-F
8:30AM-5:30PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
Website: www.fhcsd.org

**MID-CITY COMMUNITY CLINIC**

Provider ID: 233532
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058
NPI: 1962483040
Accepting New Patients: Yes
Min/Max Age: 0\122
Site English Spoken: Y
Cultural Competency: Y
Hours: M-F
8:00AM-5:00PM
SA 8:00AM-2:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.sdfamilycare.org

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

Provider ID: 419167
140 ELM ST
SAN DIEGO, CA 92101
Phone: (619) 515-2520
Fax: (619) 231-0431
After Hours Phone: (619) 515-2520
License Number: 550002061
NPI: 1316419070
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hours: M-F
8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
Website: www.fhcsd.org
Email: jinah@fhcsd.org

**SHERMAN HEIGHTS FAMILY HLTH CTRS INC**

Provider ID: 356145
953

2391 ISLAND AVE
SAN DIEGO, CA 92102
Phone: (619) 515-2435
Fax: (619) 515-2435
After Hours Phone: (619) 515-2435
NPI: 1174549232
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org

SAN YSIDRO HEALTH 25TH ST
FAMILY MEDICINE
Provider ID: 517403
316 25TH ST
SAN DIEGO, CA 92102
Phone: (619) 238-5551
Fax: (619) 238-3807
After Hours Phone: (619) 238-5551
NPI: 1598308926
Accepting New Patients: Yes
Min/Max Age: 0\120
Site English Spoken: Y
Cultural Competency: N
Hours: M-F
8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: N/A

ST VINCENT DE PAUL VILLAGE
FAMILY HEALTH CENTER
Provider ID: 403583
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
Fax: (619) 687-1067
After Hours Phone: (619) 233-8500
License Number: 090000297
NPI: 1598122871
Accepting New Patients: No
Min/Max Age: 0\999
Site English Spoken: Y
Cultural Competency: N
Hours: M-F
8:30AM-5:30PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
Website: www.fhcsd.org
Email: janeta@fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL
Provider ID: 419529
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113
Phone: (619) 515-2422
Fax: (619) 269-0053
After Hours Phone: (619) 515-2422
License Number: 550003113
NPI: 1598308926
Accepting New Patients: Yes
Min/Max Age: 0\120
Site English Spoken: Y
Cultural Competency: N
Hours: M-F
8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: N/A

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 624977
2204 NATIONAL AVE
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

SAN DIEGO, CA 92113

Phone: (619) 515-2355
Fax: (619) 232-7011
After Hours Phone: (619) 515-2355
NPI: 1447281936
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
Fax: (619) 234-2447
After Hours Phone: (619) 515-2300
NPI: 1447281936
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org

FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 664747
2114 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2406
After Hours Phone: (619) 515-2406
License Number: 550003556
NPI: 1336525906
Accepting New Patients: Yes
Min/Max Age: 0\999
Site English Spoken: Y
Cultural Competency: N
Hours: M-F
8:30AM-5:30PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org

FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142
5160 FEDERAL BLVD
SAN DIEGO, CA 92105
Phone: (619) 515-2454
Fax: (619) 794-2696
After Hours Phone: (619) 515-2454
License Number: 550003556
NPI: 1336525906
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hours: M-TH
8:00AM-9:00PM
F 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
Website: www.fhcsd.org
Email: fabianm@fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
Fax: (619) 263-2499
After Hours Phone: (619)
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

515-2560
NPI: 1982747671
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
Website: www.fhcsd.org
Email: nancyl@fhcsd.org

SAN YSIDRO HEALTH CHC - OCEAN VIEW
Provider ID: 227409
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Phone: (619) 662-4100
Fax: (619) 595-0258
After Hours Phone: (619) 662-4100
NPI: 1326225632
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: Y
Hours: M-F 8:00AM-5:00PM
TU-TH 8:30AM-8:00PM
F 8:30AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.syhealth.org/clinics/king-chavez-health-center

NESTOR COMMUNITY HEALTH CENTER
Provider ID: 214492
1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
Fax: (619) 628-5550
After Hours Phone: (619) 429-3733
License Number: 550001474
NPI: 1215246996
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: Y
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-4:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.syhealth.org

KING CHAVEZ HEALTH CENTER
Provider ID: 451167
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
Fax: (619) 205-1952
After Hours Phone: (619) 662-4100
NPI: 1538262092
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: Y
Hours: M-F 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: https://www.syhealth.org/locations

TRUCECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA 92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: G74757
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUCECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA 92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: G74757
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

SAN MARCOS
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: 20A15159
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: A116562
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: A48980
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: A60958
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: A63903
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

957
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA 92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: A71311
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA 92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: C54157
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA 92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: G71182
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA 92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: NM235844
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA 92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: DC29074
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA 92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: A93248
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

TrueCare
Provider ID: 625875
1595 Grand Ave STE 100
San Marcos, CA 92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: NM235997
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TrueCare
Website: www.ihpsocal.org

TrueCare
Provider ID: 625875
1595 Grand Ave STE 100
San Marcos, CA 92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: NP20893
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TrueCare
Website: www.ihpsocal.org

TrueCare
Provider ID: 625875
1595 Grand Ave STE 100
San Marcos, CA 92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: NP95001653
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TrueCare
Website: www.ihpsocal.org

TrueCare
Provider ID: 625875
1595 Grand Ave STE 100
San Marcos, CA 92069-2973
Phone: 760-736-6767
After Hours Phone: 760-736-6767
License Number: NP95002545
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TrueCare
Website: www.ihpsocal.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: TRUECARE
- Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
- 1595 GRAND AVE STE 100
- SAN MARCOS, CA 92069-2973
- Phone: 760-736-6767
- After Hours Phone: 760-736-6767
- License Number: NP95003903
- NPI: 1598122871
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: TRUECARE
- Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
- 1595 GRAND AVE STE 100
- SAN MARCOS, CA 92069-2973
- Phone: 760-736-6767
- After Hours Phone: 760-736-6767
- License Number: PA19825
- NPI: 1598122871
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: TRUECARE
- Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
- 1595 GRAND AVE STE 100
- SAN MARCOS, CA 92069-2973
- Phone: 760-736-6767
- After Hours Phone: 760-736-6767
- License Number: PA21723
- NPI: 1598122871
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: TRUECARE
- Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
- 1595 GRAND AVE STE 100
- SAN MARCOS, CA 92069-2973
- Phone: 760-736-6767
- After Hours Phone: 760-736-6767
- License Number: PA22667
- NPI: 1598122871
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: TRUECARE
- Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
- 1595 GRAND AVE STE 100
- SAN MARCOS, CA 92069-2973
- Phone: 760-736-6767
- After Hours Phone: 760-736-6767
- License Number: PA23667
- NPI: 1598122871
- Accepting New Patients: Yes
- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: TRUECARE
- Website: www.ihpsocal.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

760-736-6767
License Number: PA51867
NPI: 1598122871
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA 92069-2973
Phone: 760-736-6767
Fax: 760-736-8740
☐ After Hours Phone: 760-736-6767
License Number: 80000167
NPI: 1598122871
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA 92078-2450
Phone: 760-736-6767
Fax: 360-462-2749
☐ After Hours Phone: 760-736-6767
License Number: 80000167
NPI: 1598122871
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA 92078-2450
Phone: 760-736-6767
Fax: 760-736-8740
☐ After Hours Phone: 760-736-6767
License Number: 80000167
NPI: 1598122871
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA 92078-2450
Phone: 760-736-6767
Fax: 760-736-8740
☐ After Hours Phone: 760-736-6767
License Number: 80000167
NPI: 1598122871
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA 92069-2973
Phone: 760-736-6767
Fax: 760-736-8740
☐ After Hours Phone: 760-736-6767
License Number: 80000167
NPI: 1598122871
Accepting New Patients: Yes
☐ Site English Spoken: Yes
☐ Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

TRUECARE
Provider ID: 625875
1595 GRAND AVE STE 100
SAN MARCOS, CA 92078-2450
Phone: 760-736-6767
Fax: 760-736-6744
After Hours Phone: 760-736-6767
License Number: PA17718
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 614511
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078-2450
Phone: 760-736-6767
Fax: 760-736-6744
After Hours Phone: 760-736-6767
License Number: C54157
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
Website: www.ihpsocal.org

TRUECARE
Provider ID: 206426
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
License Number: 080000167
NPI: 1245246917
Accepting New Patients: Yes
Min/Max Age: 0-150
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.ihpsocal.org

962
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.ihpsocal.org

TRUECARE
Provider ID: 206426
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
License Number: 080000167
NPI: 1811617939
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.ihpsocal.org

TRUECARE
Provider ID: 614511
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
License Number: 080000167
NPI: 1811617939
Accepting New Patients: Yes
Min/Max Age: 0\1999
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.ihpsocal.org

TRUECARE
Provider ID: 614511
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
License Number: 080000167
NPI: 1811617939
Accepting New Patients: Yes
Min/Max Age: 0\999
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.ihpsocal.org

SAN YSIDRO
SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS
Provider ID: 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-600-4867
After Hours Phone: 619-600-4867
License Number: PA22855
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
| Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS | Website: www.ihpsocal.org |
| SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS |
| Provider ID: 227469 |
| 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322 |
| Phone: 619-600-4870 |
| After Hours Phone: 619-600-4870 |
| License Number: NP95018617 NPI: 1598122871 |
| Accepting New Patients: Yes |
| Site English Spoken: Yes |
| Cultural Competency: No |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |

| Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS |
| Website: www.ihpsocal.org |
| SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS |
| Provider ID: 227469 |
| 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322 |
| Phone: 619-662-4100 |
| After Hours Phone: 619-662-4100 |
| License Number: A120584 NPI: 1598122871 |
| Accepting New Patients: Yes |
| Site English Spoken: Yes |
| Cultural Competency: No |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |

| Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS |
| Website: www.ihpsocal.org |
| SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS |
| Provider ID: 227469 |
| 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322 |
| Phone: 619-662-4100 |
| After Hours Phone: 619-662-4100 |
| License Number: A145480 NPI: 1598122871 |
| Accepting New Patients: Yes |
| Site English Spoken: Yes |
| Cultural Competency: No |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |

| Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS |
| Website: www.ihpsocal.org |
| SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS |
| Provider ID: 227469 |
| 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322 |
| Phone: 619-662-4100 |
| After Hours Phone: 619-662-4100 |
| License Number: A164201 NPI: 1598122871 |
| Accepting New Patients: Yes |
| Site English Spoken: Yes |

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Provider ID: 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A167529
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Provider ID: 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A32571
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Provider ID: 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A51843
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Provider ID: 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A40473
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Provider ID: 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A51843
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Provider ID: 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A40473
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Provider ID: 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A40473
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Website: www.ihpsocal.org

965
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Provider ID: 227469

3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: DPM2930
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS
Website: www.ihpsocal.org

SAN YSIDRO HEALTH
MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: 20A14222
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org

SAN YSIDRO HEALTH
MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: 20A8516
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org

SAN YSIDRO HEALTH
MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: 20A14949
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>License Number:</th>
<th>A111118</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPI:</td>
<td>1598122871</td>
</tr>
<tr>
<td>Accepting New Patients:</td>
<td>Yes</td>
</tr>
<tr>
<td>Site English Spoken:</td>
<td>Yes</td>
</tr>
<tr>
<td>Cultural Competency:</td>
<td>No</td>
</tr>
<tr>
<td>American Sign Language (ASL):</td>
<td>N</td>
</tr>
<tr>
<td>Accessibility:</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>Medical Group/IPA:</td>
<td>SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
</tr>
</tbody>
</table>

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

- 4050 BEYER BLVD
- SAN YSIDRO, CA
- 92173-2007

- Phone: 619-662-4100
- After Hours Phone: 619-662-4100

License Number: A113914

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

- 4050 BEYER BLVD
- SAN YSIDRO, CA
- 92173-2007

- Phone: 619-662-4100
- After Hours Phone: 619-662-4100

License Number: A157505

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

- 4050 BEYER BLVD
- SAN YSIDRO, CA
- 92173-2007

- Phone: 619-662-4100
- After Hours Phone: 619-662-4100

License Number: A169577

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Website: www.ihpsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

American Sign Language (ASL):

N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A178949
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A175006
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A47906
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A74960
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A94813
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: C149818
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: C160626
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A49307
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
📞 Phone: 619-662-4100
Fax: 619-205-1948
}$/ After Hours Phone: 619-662-4100
License Number: A63844
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
📞 Phone: 619-662-4100
Fax: 619-205-1948
}$/ After Hours Phone: 619-662-4100
License Number: A82187
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
📞 Phone: 619-662-4100
Fax: 619-205-1948
}$/ After Hours Phone: 619-662-4100
License Number: G51462
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Website: www.ihpsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Provider ID: 227411
 федеральный лицензированный медицинский центр
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
Fax: 619-205-6305
After Hours Phone: 619-662-4100
Provider ID: 227411
NPI: 1598122871
Accepting New Patients: Yes
| Site English Spoken: Yes |
| Cultural Competency: No |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-428-4463
After Hours Phone: 619-428-4463
License Number: 20A8245
NPI: 1598122871
Accepting New Patients: Yes
| Site English Spoken: Yes |
| Site Languages(s) Spoken: Spanish, Tagalog, Portuguese |
| Cultural Competency: No |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: 20A10964
NPI: 1598122871
Accepting New Patients: Yes
| Site English Spoken: Yes |
| Site Languages(s) Spoken: Spanish, Tagalog, Portuguese |
| Cultural Competency: No |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

971
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: 20A11153
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: 20A17643
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: 20A8081
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

972
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

**SAN YSIDRO HEALTH SANYSIDRO HEALTH CENTER**
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173–2007
Phone: 619–662–4100
After Hours Phone: 619–662–4100
License Number: 20A9907
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SANYSIDRO HEALTH CENTER**
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173–2007
Phone: 619–662–4100
After Hours Phone: 619–662–4100
License Number: A101827
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SANYSIDRO HEALTH CENTER**
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173–2007
Phone: 619–662–4100
After Hours Phone: 619–662–4100
License Number: A106103
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A114008
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A114893
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A125329
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A127188
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
- Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A131021
NPI: 1598122871
Accepting New Patients: Yes
- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
- Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A131952
NPI: 1598122871
Accepting New Patients: Yes
- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS
- Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS
Provider ID: 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: G66745
NPI: 1598122871
Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS
- Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS
Provider ID: 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: NP12112
NPI: 1598122871
Accepting New Patients: Yes
- Site English Spoken: Yes
- Cultural Competency: No
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS
- Website: www.ihpsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- **SAN YSIDRO HLTH SAN DIEGO**
  - **PACE SENIOR HLTH SVS**
  - Provider ID: 227469
  - 3364 BEYER BLVD
  - SAN YSIDRO, CA 92173-1322
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: NP95001960
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): No
  - Accessibility: CONTACT PROVIDER

- **SAN YSIDRO HLTH SAN DIEGO**
  - **PACE SENIOR HLTH SVS**
  - Provider ID: 227469
  - 3364 BEYER BLVD
  - SAN YSIDRO, CA 92173-1322
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: NP95003721
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): No
  - Accessibility: CONTACT PROVIDER

- **SAN YSIDRO HLTH SAN DIEGO**
  - **PACE SENIOR HLTH SVS**
  - Provider ID: 227469
  - 3364 BEYER BLVD
  - SAN YSIDRO, CA 92173-1322
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: NP95004315
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): No
  - Accessibility: CONTACT PROVIDER

- **SAN YSIDRO HLTH SAN DIEGO**
  - **PACE SENIOR HLTH SVS**
  - Provider ID: 227469
  - 3364 BEYER BLVD
  - SAN YSIDRO, CA 92173-1322
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: NP95017732
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): No
  - Accessibility: CONTACT PROVIDER

Website: www.ihpsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**
  - Provider ID: 206292
  - 4004 BEYER BLVD
    - Phone: 619-662-4100
    - After Hours Phone: 619-662-4100
  - License Number: G81461
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
  - Website: www.ihpsocal.org

- **SAN YSIDRO HLTH SAN YSIDRO HLTH SVS**
  - Provider ID: 227469
  - 3364 BEYER BLVD
    - Phone: 619-662-4100
    - After Hours Phone: 619-662-4100
  - License Number: PA58672
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: SAN YSIDRO HLTH SAN YSIDRO HLTH SVS
  - Website: www.ihpsocal.org

- **SAN YSIDRO HLTH SAN YSIDRO HLTH SVS**
  - Provider ID: 227469
  - 3364 BEYER BLVD
    - Phone: 619-662-4100
    - After Hours Phone: 619-662-4100
  - License Number: PT302385
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Cultural Competency: No
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: SAN YSIDRO HLTH SAN YSIDRO HLTH SVS
  - Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS

SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS

SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS

SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS

-or-

SAN YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: NP95003355
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: PA20490
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: PA17162
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Fax: 619-205-6341

| After Hours Phone: 619-662-4100 |
| License Number: A78373 |
| NPI: 1598122871 |

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A138568

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A145008

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A145480

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A145508

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: www.ihpsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A157505
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A159673
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A169694
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A170738
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A173435
NPI: 1598122871
Accepting New Patients: Yes
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A177337
NPI: 1598122871
Accepting New Patients: Yes

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A40061
NPI: 1598122871
Accepting New Patients: Yes

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website:</td>
<td><a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
</tr>
</tbody>
</table>

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A40480

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A49307

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A63844

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: www.ihpsocal.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A71304
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A72235
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A77936
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
Phone: 619-662-4100
After Hours Phone: 619-662-4100
License Number: A80832
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- San Ysidro Health San Ysidro Health Center
  - Provider ID: 206292
  - 4004 Beyer Blvd
  - San Ysidro, CA 92173-2007
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: A93785
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
  - Cultural Competency: No
  - American Sign Language (ASL): No
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: San Ysidro Health San Ysidro Health Center
  - Website: www.ihapsocal.org

- San Ysidro Health San Ysidro Health Center
  - Provider ID: 206292
  - 4004 Beyer Blvd
  - San Ysidro, CA 92173-2007
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: A93785
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
  - Cultural Competency: No
  - American Sign Language (ASL): No
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: San Ysidro Health San Ysidro Health Center
  - Website: www.ihapsocal.org

- San Ysidro Health San Ysidro Health Center
  - Provider ID: 206292
  - 4004 Beyer Blvd
  - San Ysidro, CA 92173-2007
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: A99433
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
  - Cultural Competency: No
  - American Sign Language (ASL): No
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: San Ysidro Health San Ysidro Health Center
  - Website: www.ihapsocal.org

- San Ysidro Health San Ysidro Health Center
  - Provider ID: 206292
  - 4004 Beyer Blvd
  - San Ysidro, CA 92173-2007
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: A93785
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
  - Cultural Competency: No
  - American Sign Language (ASL): No
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: San Ysidro Health San Ysidro Health Center
  - Website: www.ihapsocal.org

- San Ysidro Health San Ysidro Health Center
  - Provider ID: 206292
  - 4004 Beyer Blvd
  - San Ysidro, CA 92173-2007
  - Phone: 619-662-4100
  - After Hours Phone: 619-662-4100
  - License Number: A93785
  - NPI: 1598122871
  - Accepting New Patients: Yes
  - Site English Spoken: Yes
  - Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
  - Cultural Competency: No
  - American Sign Language (ASL): No
  - Accessibility: CONTACT PROVIDER
  - Medical Group/IPA: San Ysidro Health San Ysidro Health Center
  - Website: www.ihapsocal.org
D. Blue Shield Promise Medi-Cal

**D1. 联邦认证合格的健康诊所**

619-662-4100
License Number: C51110
NPI: 1598122871
Accepting New Patients: Yes
❖ Site English Spoken: Yes
❖ Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
❖ Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**
Provider ID: 206292
❖ 4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
❖ Phone: 619-662-4100
❖ After Hours Phone: 619-662-4100
License Number: G51462
NPI: 1598122871
Accepting New Patients: Yes
❖ Site English Spoken: Yes
❖ Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
❖ Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**
Provider ID: 206292
❖ 4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
❖ Phone: 619-662-4100
❖ After Hours Phone: 619-662-4100
License Number: G59670
NPI: 1598122871
Accepting New Patients: Yes
❖ Site English Spoken: Yes
❖ Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: No
American Sign Language (ASL): N
❖ Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP o Southern Cal-PHP
Website: https://www.syhealth.org/locations

**SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**
Provider ID: 227469
❖ 3364 BEYER BLVD
SAN YSIDRO, CA 92173
❖ Phone: (619) 662-4100
Fax: (619) 600-4870
❖ After Hours Phone: (619) 662-4100
NPI: 1801438239
Accepting New Patients: Yes
Min/Max Age: 0\150
❖ Site English Spoken: Y
❖ Site Languages(s) Spoken: , Spanish
Cultural Competency: Y
❖ Hours: M-F 8:00AM-5:00PM
American Sign Language (ASL): N
❖ Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: https://www.syhealth.org/locations

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**
Provider ID: 206292
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
NPI: 1952364747
Accepting New Patients: Yes
Min/Max Age: 0-150
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: Y
Hours: M-F
8:00AM-5:30PM
SA 8:30AM-2:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.syhealth.org/clinics/san-ysidro-child-health-center

SAN YSIDRO HEALTH
MATERNAL AND CHILD
HEALTH CTR
Provider ID: 227411
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-1967
After Hours Phone: (619) 662-4100
NPI: 1558852947
Accepting New Patients: Yes
Min/Max Age: 0-150
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.syhealth.org/clinics/maternal-child-health-center

SPRING VALLE
GROSSMONT SPRING VALLEY
FAMILY HLTH CTRS INC
Provider ID: 206361
8788 JAMACHA RD
SPRING VALLE, CA 91977-4035
Phone: 619-515-2555
After Hours Phone: 619-515-2555
License Number: A164859
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

GROSSMONT SPRING VALLEY
FAMILY HLTH CTRS INC
Provider ID: 206361
8788 JAMACHA RD
SPRING VALLE, CA 91977-4035
Phone: 619-515-2555
After Hours Phone: 619-515-2555
License Number: A164859
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>License Number</th>
<th>NPI</th>
<th>Accepting New Patients</th>
<th>Site English Spoken</th>
<th>Cultural Competency</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Medical Group/IPA</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>206361</td>
<td>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</td>
<td>8788 JAMACHA RD SPRING VALLE, CA 91977-4035</td>
<td>619-515-2555</td>
<td>619-515-2555</td>
<td>A163464</td>
<td>1134155377</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
<tr>
<td>206361</td>
<td>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</td>
<td>8788 JAMACHA RD SPRING VALLE, CA 91977-4035</td>
<td>619-515-2555</td>
<td>619-515-2555</td>
<td>A149063</td>
<td>1134155377</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
<tr>
<td>206361</td>
<td>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</td>
<td>8788 JAMACHA RD SPRING VALLE, CA 91977-4035</td>
<td>619-515-2555</td>
<td>619-515-2555</td>
<td>A148014</td>
<td>1134155377</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
<tr>
<td>206361</td>
<td>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</td>
<td>8788 JAMACHA RD SPRING VALLE, CA 91977-4035</td>
<td>619-515-2555</td>
<td>619-515-2555</td>
<td>A108228</td>
<td>1134155377</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
</tbody>
</table>
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Provider ID: 206361
8788 JAMACHA RD SPRING VALLE, CA 91977-4035
Phone: 619-515-2555
After Hours Phone: 619-515-2555
License Number: A116680
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Provider ID: 206361
8788 JAMACHA RD SPRING VALLE, CA 91977-4035
Phone: 619-515-2555
After Hours Phone: 619-515-2555
License Number: NP95013978
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Provider ID: 206361
8788 JAMACHA RD SPRING VALLE, CA 91977-4035
Phone: 619-515-2555
After Hours Phone: 619-515-2555
License Number: A169342
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Provider ID: 206361
8788 JAMACHA RD
SPRING VALLE, CA 91977-4035
Phone: 619-515-2555
After Hours Phone: 619-515-2555
License Number: 20A14919
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Provider ID: 206361
8788 JAMACHA RD
SPRING VALLE, CA 91977-4035
Phone: 619-515-2555
After Hours Phone: 619-515-2555
License Number: A178499
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Provider ID: 206361
8788 JAMACHA RD
SPRING VALLE, CA 91977-4035
Phone: 619-515-2555
After Hours Phone: 619-515-2555
License Number: A55932
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal
网络提供者名单
D1. 联邦认证合格的健康诊所

License Number: A76059
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

SPRING VALLEY

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Provider ID: 206361
8788 JAMACHA RD
SPRING VALLE, CA 91977-4035
Phone: 619-515-2555
After Hours Phone: 619-515-2555
License Number: A76059
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Provider ID: 206361
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
Phone: 619-515-2555
After Hours Phone: 619-515-2555
License Number: NP10943
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Provider ID: 206361
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
Phone: 619-515-2555
After Hours Phone: 619-515-2555
License Number: A72005
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Provider ID: 206361
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
Phone: 619-515-2555
After Hours Phone: 619-515-2555
License Number: A118095
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Provider ID: 206361
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
Phone: 619-515-2555
After Hours Phone: 619-515-2555
License Number: C174771
NPI: 1134155377
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA:
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

PROVIDER
Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Provider ID: 206361
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
Fax: (619) 462-5584
After Hours Phone: (619) 515-2555
NPI: 1508801069
Accepting New Patients: Yes
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hours: M-F
8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: www.fhcsd.org

NEIGHBORHOOD HEALTHCARE
Provider ID: 519918
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Phone: (760) 742-9919
Fax: (360) 462-2750
After Hours Phone: (760) 742-9919
License Number: 080000397
NPI: 1437335148
Accepting New Patients: Yes
Min/Max Age: 0\999
Site English Spoken: Y
Cultural Competency: N
Hours: M-F
8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: N/A

NEIGHBORHOOD HEALTHCARE
Provider ID: 519918
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Phone: (760) 742-9919
Fax: (360) 462-2750
After Hours Phone: (760) 742-9919
License Number: 080000483
NPI: 1437335148
Accepting New Patients: Yes
Min/Max Age: 0\999
Site English Spoken: Y
Cultural Competency: N
Hours: M-F
8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: N/A
### VISTA

**VISTA COMMUNITY CLINIC**  
**Provider ID:** 206338  
**1000 VALE TERRACE DR**  
**VISTA, CA 92084-5218**  
**Phone:** 844-308-5003  
**After Hours Phone:** 844-308-5003  
**License Number:** NP11448  
**NPI:** 1598122871  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Languages(s) Spoken:** Spanish  
**Cultural Competency:** No  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Medical Group/IPA:** VISTA COMMUNITY CLINIC  
**Website:** www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**  
**Provider ID:** 206338  
**1000 VALE TERRACE DR**  
**VISTA, CA 92084-5218**  
**Phone:** 760-631-5000  
**After Hours Phone:** 760-631-5000  
**License Number:** NP95016368  
**NPI:** 1598122871  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Languages(s) Spoken:** Spanish  
**Cultural Competency:** No  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Medical Group/IPA:** VISTA COMMUNITY CLINIC  
**Website:** www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**  
**Provider ID:** 206338  
**1000 VALE TERRACE DR**  
**VISTA, CA 92084-5218**  
**Phone:** 760-631-5000  
**After Hours Phone:** 760-631-5000  
**License Number:** NP10896  
**NPI:** 1598122871  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Languages(s) Spoken:** Spanish  
**Cultural Competency:** No  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Medical Group/IPA:** VISTA COMMUNITY CLINIC  
**Website:** www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**  
**Provider ID:** 206338  
**1000 VALE TERRACE DR**  
**VISTA, CA 92084-5218**  
**Phone:** 760-631-5000  
**After Hours Phone:** 760-631-5000  
**License Number:** PA19629  
**NPI:** 1598122871  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Languages(s) Spoken:** Spanish  
**Cultural Competency:** No  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Medical Group/IPA:** VISTA COMMUNITY CLINIC  
**Website:** www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**  
**Provider ID:** 206338  
**1000 VALE TERRACE DR**  
**VISTA, CA 92084-5218**  
**Phone:** 760-631-5000  
**After Hours Phone:** 760-631-5000  
**License Number:** PA20775  
**NPI:** 1598122871  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Languages(s) Spoken:** Spanish  
**Cultural Competency:** No  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Medical Group/IPA:** VISTA COMMUNITY CLINIC  
**Website:** www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**  
**Provider ID:** 206338  
**1000 VALE TERRACE DR**  
**VISTA, CA 92084-5218**  
**Phone:** 760-631-5000  
**After Hours Phone:** 760-631-5000  
**License Number:** PA19629  
**NPI:** 1598122871  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Languages(s) Spoken:** Spanish  
**Cultural Competency:** No  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Medical Group/IPA:** VISTA COMMUNITY CLINIC  
**Website:** www.vistacommunityclinic.org

**D. Blue Shield Promise Medi-Cal 网络提供者名单**

**D1. 联邦认证合格的健康诊所**

- **VISTA COMMUNITY CLINIC**  
  **Provider ID:** 206338  
  **1000 VALE TERRACE DR**  
  **VISTA, CA 92084-5218**  
  **Phone:** 844-308-5003  
  **After Hours Phone:** 844-308-5003  
  **License Number:** NP11448  
  **NPI:** 1598122871  
  **Accepting New Patients:** Yes  
  **Site English Spoken:** Yes  
  **Site Languages(s) Spoken:** Spanish  
  **Cultural Competency:** No  
  **American Sign Language (ASL):** N  
  **Accessibility:** CONTACT PROVIDER  
  **Medical Group/IPA:** IHP of Southern Cal-PHP  
  **Website:** N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

<table>
<thead>
<tr>
<th>VISTA COMMUNITY CLINIC</th>
<th>Provider ID: 206338</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 VALE TERRACE DR</td>
<td>VISTA, CA 92084-5218</td>
</tr>
<tr>
<td>Phone: 760-631-5000</td>
<td>After Hours Phone:</td>
</tr>
<tr>
<td>760-631-5000</td>
<td>760-631-5000</td>
</tr>
<tr>
<td>License Number: NP95003571</td>
<td>NPI: 1598122871</td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
<td></td>
</tr>
<tr>
<td>Site English Spoken: Yes</td>
<td></td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Spanish</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: No</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Medical Group/IPA: VISTA COMMUNITY CLINIC</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></td>
<td></td>
</tr>
</tbody>
</table>

VISTA COMMUNITY CLINIC

Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: G51286
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: G79676
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistacommunityclinic.org
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistantcommu nityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: G86902
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistantcommu nityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-414-3892
After Hours Phone: 760-414-3892
License Number: NP23217
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistantcommu nityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-414-3892
After Hours Phone: 760-414-3892
License Number: 20A9149
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistantcommu nityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-414-3892
After Hours Phone: 760-414-3892
License Number: NP95003087
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistantcommu nityclinic.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: 20A13745
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: 20A7241
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: 20A8949
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistacommunityclinic.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA
Website: www.vistacomunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: A56214
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA
Website: www.vistacomunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: A80635
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA
Website: www.vistacomunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: C143703
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA
Website: www.vistacomunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: C162072
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA
Website: www.vistacomunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: C143703
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA
Website: www.vistacomunityclinic.org

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: C171929
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: C52564
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: DC32054
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
GRAPEVINE
Provider ID: 400339
135 GRAPEVINE RD
VISTA, CA 92083-4004
Phone: 760-631-5000
Fax: 760-414-3892
After Hours Phone: 760-631-5000
License Number: 80000328
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: Yes
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
Website: N/A

VCCA DURIAN
Provider ID: 411518
105 DURIAN ST STE A
VISTA, CA 92083-6206
Phone: 844-308-5003
Fax: 760-414-3892
After Hours Phone: 844-308-5003
License Number: 1851300123
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
D. Blue Shield Promise Medi-Cal 网络提供者名单
D1. 联邦认证合格的健康诊所

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: VCC DURIAN
Website: N/A

VCC DURIAN
Provider ID: 411518
105 DURIAN ST STE A
VISTA, CA 92083-6206
Phone: 844-308-5003
Fax: 760-414-3892
After Hours Phone: 844-308-5003
License Number: 80000328
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VCC DURIAN
Website: N/A

VISTA COMMUNITY CLINIC GRAPEVINE
Provider ID: 400339
134 GRAPEVINE RD
VISTA, CA 92083-4004
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: RN410247
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC GRAPEVINE
Website: N/A

VISTA COMMUNITY CLINIC GRAPEVINE
Provider ID: 400339
134 GRAPEVINE RD
VISTA, CA 92083-4004
Phone: 760-631-5000
After Hours Phone: 760-631-5000
License Number: DC32054
NPI: 1598122871
Accepting New Patients: Yes
Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC GRAPEVINE
Website: N/A

999
D. Blue Shield Promise Medi-Cal 网络提供者名单

D1. 联邦认证合格的健康诊所

- **Site English Spoken**: Yes  
  **Cultural Competency**: No  
  **American Sign Language (ASL)**: N  
  **Accessibility**: CONTACT PROVIDER  
  Medical Group/IPA: VISTA COMMUNITY CLINIC GRAPEVINE  
  Website: N/A

**VISTA COMMUNITY CLINIC GRAPEVINE**  
Provider ID: 400339  
134 GRAPEVINE RD  
VISTA, CA 92083  
NPI: 1851300123  
Accepting New Patients: Yes  
Min/Max Age: 0\999  
**Site English Spoken**: Y  
**Cultural Competency**: Y  
**Hours**: M-F 8:30AM-5:00PM  
American Sign Language (ASL): N  
**Accessibility**: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
Website: www.vistacommunityclinic.org

**VCC DURIAN**  
Provider ID: 411518  
105 DURIAN ST STE A  
VISTA, CA 92083  
Phone: (844) 308-5003  
Fax: (760) 414-3892  
After Hours Phone: (844) 308-5003  
License Number: 080000328  
NPI: 1851300123  
Accepting New Patients: Yes  
Min/Max Age: 0\999  
**Site English Spoken**: Y  
**Cultural Competency**: Y  
**Hours**: M-F 8:30AM-5:00PM  
American Sign Language (ASL): N  
**Accessibility**: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
Website: www.vistacommunityclinic.org

Email: credentialing@vcc.org

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>English Spoken</th>
<th>Cultural Competency</th>
<th>Board Certified Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kahl, Nicholas</td>
<td>517802</td>
<td>Male</td>
<td>NP95006360</td>
<td>1821306598</td>
<td>Y</td>
<td>N</td>
<td>No</td>
<td>1620 ALPINE BLVD STE 110</td>
<td>(619) 662-4100</td>
<td>(619) 662-4100</td>
<td><a href="http://www.mtnhealth.org">www.mtnhealth.org</a></td>
</tr>
<tr>
<td>Sanders, Jessica</td>
<td>517802</td>
<td>Female</td>
<td>NP23004</td>
<td>1760765333</td>
<td>Y</td>
<td>N</td>
<td>No</td>
<td>1620 ALPINE BLVD STE 110</td>
<td>(619) 662-4100</td>
<td>(619) 662-4100</td>
<td><a href="http://www.mtnhealth.org">www.mtnhealth.org</a></td>
</tr>
<tr>
<td>Sanders, Jessica</td>
<td>517802</td>
<td>Female</td>
<td>NP95005999</td>
<td>1316478092</td>
<td>Y</td>
<td>N</td>
<td>No</td>
<td>1620 ALPINE BLVD STE 110</td>
<td>(619) 662-4100</td>
<td>(619) 662-4100</td>
<td><a href="http://www.mtnhealth.org">www.mtnhealth.org</a></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>PRACTITIONER</th>
<th>Provider ID: 517802</th>
<th>Provider Gender: Female</th>
<th>License Number: NP95005999</th>
<th>NPI: 1316478092</th>
</tr>
</thead>
<tbody>
<tr>
<td>TODD, MIKAYLA</td>
<td>Provider English Spoken: Y</td>
<td>Provider Language(s) Spoken: Spanish</td>
<td>Cultural Competency: N</td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td></td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\150</td>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHIROPRACTOR</th>
<th>Provider ID: 517802</th>
<th>Provider Gender: Male</th>
<th>License Number: DC28335</th>
<th>NPI: 1619040292</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABDULRAHIM, AHMED</td>
<td>Provider English Spoken: Y</td>
<td>Provider Language(s) Spoken: Burmese</td>
<td>Cultural Competency: N</td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td></td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\150</td>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHIROPRACTOR</th>
<th>Provider ID: 517802</th>
<th>Provider Gender: Male</th>
<th>License Number: DC22733</th>
<th>NPI: 1174656755</th>
</tr>
</thead>
<tbody>
<tr>
<td>KELCHNER, MATTHEW</td>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
## D2. 主治医生名录

<table>
<thead>
<tr>
<th>医生姓名</th>
<th>医生ID</th>
<th>性别</th>
<th>职业证书号码</th>
<th>NPI</th>
<th>医生英文会话</th>
<th>医生语言</th>
<th>文化竞争力</th>
<th>医院附属</th>
<th>认证专业</th>
<th>医院地址</th>
<th>电话</th>
<th>传真</th>
<th>备注</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAMILY PRACTICE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BAUTISTA, LUIS</strong></td>
<td>517802</td>
<td>男</td>
<td>A97270</td>
<td>1295712206</td>
<td>是</td>
<td>西语</td>
<td>否</td>
<td>COMMUNITY REGIONAL</td>
<td>无</td>
<td>1620 ALPINE BLVD STE 110 ALPINE, CA 91901</td>
<td>(619) 662-4100</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(619) 662-4100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>网站：www.mtnhealth.org</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>医保开单：是</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>紧急电话：(619) 662-4100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DUBE, BIANCA</strong></td>
<td>517802</td>
<td>女</td>
<td>C172036</td>
<td>1740535152</td>
<td>是</td>
<td>是</td>
<td>否</td>
<td>SCRIPPS MEMORIAL HOSPITAL</td>
<td>无</td>
<td>1620 ALPINE BLVD STE 110 ALPINE, CA 91901</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(619) 662-4100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>网站：www.mtnhealth.org</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>医保开单：是</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>紧急电话：(619) 662-4100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>紧急电话：(619) 662-4100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KAUFHOLD, ANNE</strong></td>
<td>517802</td>
<td>女</td>
<td>A88893</td>
<td>1164508073</td>
<td>是</td>
<td>阿拉伯语，西班牙语</td>
<td>否</td>
<td>SCRIPPS MERCY HOSPITAL CHULA VISTA</td>
<td>无</td>
<td>1003</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>电话：(619) 662-4100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>传真：(619) 205-6305</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>网站：www.mtnhealth.org</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>医保开单：是</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>紧急电话：(619) 662-4100</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

您的全科医生的医疗小组可能有心理健康提供者在其网络中。请参见下方列表。您可以直接联系这些提供者。请注意，某些服务可能需要心理健康提供者从Blue Shield获得预授权，以便服务得到覆盖。

要通过网络访问心理健康提供者列表，请访问blueshieldca.com/fad。
D2. 主治医生名录

FAMILY PRACTICE
VAN HOLLEBEKE, RACHEL
Provider ID: 517802
Provider Gender: Female
License Number: A177337
NPI: 1497217756
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No

FAMILY PRACTICE
KAUFHOLD, ANNE
Provider ID: 517802
Provider Gender: Female
License Number: A88893
NPI: 1164508073
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

FAMILY PRACTICE
WYLIE, BLAKE
Provider ID: 517802
Provider Gender: Male
License Number: 20A11088
NPI: 1922314145
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Provider ID: 517802
Provider Gender: Male
License Number: 20A11088
NPI: 1922314145
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No

1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Phone: (619) 662-4100
Fax: (619) 320-3347
Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC
SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE,
Provider ID: 517802
NPI: 1770124315
Provider English Spoken: Y
Cultural Competency: N
1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Phone: (619) 662-4100
Fax: (619) 320-3347
Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
STENSMAN, LARS
Provider ID: 595793
Provider Gender: Male
License Number: A158569
NPI: 1659638062
Provider English Spoken: Y
Provider Language(s) Spoken: Danish, French, Norwegian, Swedish
Cultural Competency: N
Board Certified Specialty: No
1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Phone: (619) 662-4100
Fax: (619) 205-6305
Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

Provider Gender: Male
License Number: A158569
NPI: 1659638062
Provider English Spoken: Y
Provider Language(s) Spoken: Danish, French, Norwegian, Swedish
Cultural Competency: N
Board Certified Specialty: No
1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
BAISLEY, SHAWN
Provider ID: 517802
Provider Gender: Male
License Number: PA52347
NPI: 1376936120
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
SHARPE, NORMA
Provider ID: 517802
Provider Gender: Female
License Number: PA20490
NPI: 1619100237
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
YOUNG, JENNIFER
Provider ID: 480120
Provider Gender: Female
License Number: NP95003087
NPI: 1558701094
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CARLSBAD

CERTIFIED NURSE PRACTITIONER
YOUNG, JENNIFER
Provider ID: 480120
Provider Gender: Female
License Number: NP95003087
NPI: 1558701094
Provider English Spoken: Y
D2. 主治医生名录

Cultural Competency: N
Board Certified Specialty: No

1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

CERTIFIED NURSE PRACTITIONER
YOUNG, JENNIFER
Provider ID: 480120
Provider Gender: Female
License Number: NP95003087
NPI: 1558701094
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

FQHC
TRUECARE,
Provider ID: 480120
NPI: 1245246917
Provider English Spoken: Y
Cultural Competency: N

1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
Phone: (760) 736-6767
Fax: (760) 720-7204
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

FQHC
TRUECARE,
Provider ID: 480120
NPI: 1245246917
Provider English Spoken: Y
Cultural Competency: N
D2. 主治医生名录

INTERNAL MEDICINE
PONIACHIK, SAMUEL
Provider ID: 480120
Provider Gender: Male
License Number: G74757
NPI: 1467485078
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

INTERNAL MEDICINE
PONIACHIK, SAMUEL
Provider ID: 480120
Provider Gender: Male
License Number: G74757
NPI: 1467485078
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

INTERNAL MEDICINE
PONIACHIK, SAMUEL
Provider ID: 480120
Provider Gender: Male
License Number: G74757
NPI: 1467485078
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
OBSTETRICS / GYNECOLOGY
POUNTNEY, MARLENE
Provider ID: 480120
Provider Gender: Female
License Number: A93248
NPI: 1174703680
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

OBSTETRICS / GYNECOLOGY
POUNTNEY, MARLENE
Provider ID: 480120
Provider Gender: Female
License Number: A93248
NPI: 1174703680
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

OBSTETRICS / GYNECOLOGY
POUNTNEY, MARLENE
Provider ID: 480120
Provider Gender: Female
License Number: A93248
NPI: 1174703680
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

PEDIATRICS
BURGAMY, ELIZABETH
Provider ID: 326275
Provider Gender: Female
D2. 主治医生名录

NPI: 1164609558
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No

3257 CAMINO DE LOS COCHES STE 202
CARLSBAD, CA 92009
- Phone: (760) 633-3640
- Fax: (760) 633-3644
- After Hours Phone: (760) 633-3640
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

PEDIATRICS
IYENGAR, RADHA
- Provider ID: 480120
- Provider Gender: Female
- License Number: A49273
- NPI: 1265448112
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Hindi, Spanish, Tagalog, Tamil
- Cultural Competency: N
- Board Certified Specialty: No

1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
- Phone: (760) 736-6767
- After Hours Phone: (760) 736-6767
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- SA 8:00AM-2:00PM

PEDIATRICS
IYENGAR, RADHA
- Provider ID: 480120
- Provider Gender: Female
- License Number: A49273
- NPI: 1265448112
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Hindi, Spanish, Tagalog, Tamil
- Cultural Competency: N
- Board Certified Specialty: No

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

PEDIATRICS
MUTH, NATALIE
Provider ID: 328451
Provider Gender: Female
NPI: 1497982888
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
3257 CAMINO DE LOS COCHES STE 202 CARLSBAD, CA 92009
Phone: (760) 633-3640
Fax: (760) 633-3644
After Hours Phone: (760) 633-3640
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

O’CONNOR, ERICA
Provider ID: 651599
Provider Gender: Female
NPI: 1134782725
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
3257 CAMINO DE LOS COCHES STE 202 CARLSBAD, CA 92009
Phone: (760) 633-3640
Fax: (760) 633-3644
After Hours Phone: (760) 633-3640
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
TANAKA, MARY
Provider ID: 465387
Provider Gender: Female
NPI: 1295962686
Provider English Spoken: Y
Provider Language(s) Spoken: Thai
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
1295 CARLSBAD VILLAGE DR STE 100 CARLSBAD, CA 92008
Phone: (760) 736-6767
Fax: (760) 720-7204
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

PHYSICIANS ASSISTANT
CHISWICK, GARY
Provider ID: 480120
Provider Gender: Male
License Number: PA22667
NPI: 1174964001
Provider English Spoken: Y
Provider Language(s) Spoken: English
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified Specialty: No
1295 CARLSBAD VILLAGE DR STE 100 CARLSBAD, CA 92008
Phone: (760) 736-6767
Fax: (760) 720-7204
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

PHYSICIANS ASSISTANT
CHISWICK, GARY
D2. 主治医生名录

PHYSICIANS ASSISTANT
RUSSO, KRISTA
Provider ID: 480120
Provider Gender: Female
License Number: PA53036
NPI: 1922471192
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM SA 8:00AM-2:00PM

PHYSICIANS ASSISTANT
CHISWICK, GARY
Provider ID: 480120
Provider Gender: Male
License Number: PA22667
NPI: 1174964001
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
Phone: (760) 736-6767
Fax: (760) 720-7204
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM SA 8:00AM-2:00PM

PHYSICIANS ASSISTANT
RUSSO, KRISTA
Provider ID: 480120
Provider Gender: Female
License Number: PA53036
NPI: 1922471192
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM SA 8:00AM-2:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

PHYSICIANS ASSISTANT
RUSSO, KRISTA
Provider ID: 480120
Provider Gender: Female
License Number: PA53036
NPI: 1922471192
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

CHULA VISTA

ALLERGY IMMUNOLOGY
REDDY, SUMANA
Provider ID: 427322
Provider Gender: Female
License Number: C52581
NPI: 1053300251
Provider English Spoken: Y
Provider Language(s) Spoken: Cambodian, Hindi, Spanish, Telugu
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL
Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula- vista- medical- plaza
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
CHAPIN, DENISE
Provider ID: 206355
Provider Gender: Female
License Number: NP23687
D2. 主治医生名录

NPI: 1952737033
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
  251 LANDIS AVE
  CHULA VISTA, CA 91910
  Phone: (619) 515-2500
  After Hours Phone: (619) 515-2500
- Website: www fhcsd org
- Email: MARTHAO@FHCSD.ORG
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
FERNANDEZ LEYVA, JUAN
Provider ID: 206355
Provider Gender: Male
License Number: NP95001964
NPI: 1194115568
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
  251 LANDIS AVE
  CHULA VISTA, CA 91910
  Phone: (619) 515-2500
  After Hours Phone: (619) 515-2500
- Website: www fhcsd org
- Email: MARTHAO@FHCSD.ORG
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
CHAPIN, DENISE
Provider ID: 206355
Provider Gender: Female
License Number: NP23687
NPI: 1952737033
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
  251 LANDIS AVE
  CHULA VISTA, CA 91910
  Phone: (619) 515-2500
  After Hours Phone: (619) 515-2500
- Website: www fhcsd org
- Email: MARTHAO@FHCSD.ORG
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
FERNANDEZ LEYVA, JUAN
Provider ID: 206355
Provider Gender: Male
License Number: NP95001964
NPI: 1194115568
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
  251 LANDIS AVE
  CHULA VISTA, CA 91910
  Phone: (619) 515-2500
  After Hours Phone: (619) 515-2500
- Website: www fhcsd org
- Email: MARTHAO@FHCSD.ORG
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
IBARRA, MARTHA
Provider ID: 427322
Provider Gender: Female
License Number: NP12112
NPI: 1114957289
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
  SCRIPPS MERCY HOSPITAL
  CHULA VISTA
- Board Certified Specialty: No
  678 3RD AVE
  CHULA VISTA, CA 91910
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
- Website: www syhealth.org /clinics/chula- vista- medical- plaza
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
D2. 組主治医生名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
IBARRA, MARTHA
Provider ID: 427322
Provider Gender: Female
License Number: NP12112
NPI: 1114957289
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.syhealth.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
LEONARD, BEVERLY
Provider ID: 206355
Provider Gender: Female
License Number: NP10943
NPI: 1285772392
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
OWEN, MICHAEL
Provider ID: 206355
Provider Gender: Female
License Number: NP95001492
NPI: 1073869145
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
OWEN, MICHAEL
Provider ID: 206355
Provider Gender: Female
License Number: NP95001492
NPI: 1073869145
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 251 LANDIS AVE
  CHULA VISTA, CA 91910
  Phone: (619) 515-2500
  After Hours Phone: (619) 515-2500
- Website: www.fhcsd.org
- Email: MARTHAO@FHCSD.ORG
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
QUILALANG, SUSAN
Provider ID: 427322
Provider Gender: Female
License Number: RN371480
NPI: 1841200482
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 678 3RD AVE
  CHULA VISTA, CA 91910
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
- Website: www.syhealth.org/clinics/chula-vista-medical-plaza
  Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
QUILALANG, SUSAN
Provider ID: 427322
Provider Gender: Female
License Number: NP95015413
NPI: 1841200482
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 678 3RD AVE
  CHULA VISTA, CA 91910
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
- Website: www.syhealth.org/clinics/chula-vista-medical-plaza
  Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
ROSS, CRYSTAL
Provider ID: 427322
Provider Gender: Female
License Number: NP5579
NPI: 1841200482
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 678 3RD AVE
  CHULA VISTA, CA 91910
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
- Website: www.syhealth.org/clinics/chula-vista-medical-plaza
  Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

NPI: 1548683378
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
- JOHN SALLY THORNTON, GROSSMONT HOSPITAL
- Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org /clinics/chula- vista- medical- plaza
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
SICKLES, MAGGIE
Provider ID: 427322
Provider Gender: Female
License Number: NP22000
NPI: 1821346826
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org /clinics/chula- vista- medical- plaza
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
ROSS, CRYSTAL
Provider ID: 427322
Provider Gender: Female
License Number: NP95015413
NPI: 1548683378
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
- JOHN SALLY THORNTON, GROSSMONT HOSPITAL
- Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org /clinics/chula- vista- medical- plaza
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
SICKLES, MAGGIE
Provider ID: 427322
Provider Gender: Female
License Number: NP22000
NPI: 1821346826
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org /clinics/chula- vista- medical- plaza
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
VEGA, TERESA
Provider ID: 206355
Provider Gender: Female
License Number: NP95001705
NPI: 1912304569
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Board Certified Specialty: No

251 LANDIS AVE
CHULA VISTA, CA 91910
- Phone: (619) 515-2500
- After Hours Phone: (619) 515-2500
- Website: www.fhcsd.org
- Email: MARTHAO@FHCSD.ORG
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL):
D2. 主治医生名录

| PROVIDER |
|------------------------|------------------------|------------------------|
| **CERTIFIED NURSE** |
| **PRACTITIONER** |
| **VEGA, TERESA** |
| Provider ID: 206355 |
| Provider Gender: Female |
| License Number: NP95001705 |
| NPI: 1912304569 |
| Provider English Spoken: Y |
| Provider Language(s) Spoken: Spanish |
| Cultural Competency: N |
| Board Certified Specialty: No |
| 251 LANDIS AVE |
| CHULA VISTA, CA 91910 |
| Phone: (619) 515-2500 |
| After Hours Phone: (619) 515-2500 |
| Website: www.fhcsd.org |
| Email: MARTHAO@FHCSD.ORG |
| Medi-Cal Open Panel: Yes |
| Min/Max Age: 0\150 |
| American Sign Language (ASL): N |
| Accessibility: CONTACT |

| **CERTIFIED NURSE** |
| **PRACTITIONER** |
| **WILLIAMS, TAKISHA** |
| Provider ID: 206355 |
| Provider Gender: Female |
| License Number: NP95013978 |
| NPI: 1881727386 |
| Provider English Spoken: Y |
| Provider Language(s) Spoken: Spanish |
| Cultural Competency: N |
| Board Certified Specialty: No |
| 251 LANDIS AVE |
| CHULA VISTA, CA 91910 |
| Phone: (619) 515-2500 |
| After Hours Phone: (619) 515-2500 |
| Website: www.fhcsd.org |
| Email: MARTHAO@FHCSD.ORG |
| Medi-Cal Open Panel: Yes |
| Min/Max Age: 0\150 |
| American Sign Language (ASL): N |
| Accessibility: CONTACT |

| **CERTIFIED REGISTERED NURSE MIDWIFE** |
| **BOSTON, LAURA** |
| Provider ID: 206355 |
| Provider Gender: Female |
| License Number: NM792 |
| NPI: 1174553259 |
| Provider English Spoken: Y |
| Provider Language(s) Spoken: Spanish |
| Cultural Competency: N |
| Board Certified Specialty: No |
| 251 LANDIS AVE |
| CHULA VISTA, CA 91910 |
| Phone: (619) 515-2500 |
| After Hours Phone: (619) 515-2500 |
| Website: www.fhcsd.org |
| Email: MARTHAO@FHCSD.ORG |
| Medi-Cal Open Panel: Yes |
| Min/Max Age: 0\150 |
| American Sign Language (ASL): N |
| Accessibility: CONTACT |

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE
MARTINEZ, NANCY
Provider ID: 427322
Provider Gender: Female
License Number: NM1539
NPI: 1578576070
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CHIROPRACTOR
HASHEM, SHIVA
Provider ID: 206355
Provider Gender: Female
License Number: DC26269
NPI: 1952950776
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
D2. 主治医生名录

**CHIROPRACTOR KAZEM, HARON**
Provider ID: 427322  
Provider Gender: Male  
License Number: DC33295  
NPI: 1306221262  
Provider English Spoken: Y  
Provider Language(s): Farsi, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org/clinics/chula-vista-medical-plaza  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**CHIROPRACTOR PLANTE, CHARLES**
Provider ID: 427322  
Provider Gender: Male  
License Number: DC31963  
NPI: 1760464960  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org/clinics/chula-vista-medical-plaza  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**CHIROPRACTOR REYNOSO, ALFONSO**
Provider ID: 427322  
Provider Gender: Male  
License Number: DC20760  
NPI: 1285921627  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org/clinics/chula-vista-medical-plaza  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER
CHIROPRACTOR
REYNOSO, ALFONSO
Provider ID: 427322
Provider Gender: Male
License Number: DC20760
NPI: 1285921627
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
ENDOCRINOLOGY
METABOLISM DIABETES
CARRILLO, MARITZA
Provider ID: 427322
Provider Gender: Female
License Number: A163183
NPI: 1649628587
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
ENDOCRINOLOGY
METABOLISM DIABETES
CRUZ, MICHAEL
Provider ID: 427322
Provider Gender: Male
License Number: A138772
NPI: 1265851133
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

ENDOCRINOLOGY
METABOLISM DIABETES
VINCENT, LAUREN
Provider ID: 427322
Provider Gender: Female
License Number: A134303
NPI: 1053757997
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ALANIZ, MATEO
Provider ID: 427322
Provider Gender: Male
License Number: A124388
NPI: 1700175577
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

ENDOCRINOLOGY
METABOLISM DIABETES
VINCENT, LAUREN
Provider ID: 427322
Provider Gender: Female
License Number: A134303
NPI: 1053757997
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ALANIZ, MATEO
Provider ID: 427322
Provider Gender: Male
License Number: A124388
NPI: 1700175577
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
AMANAT, SOROOSH
Provider ID: 427322
Provider Gender: Male
<table>
<thead>
<tr>
<th>License Number:</th>
<th>A153022</th>
<th>A123604</th>
<th>A138474</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPI:</td>
<td>1003279621</td>
<td>1053532986</td>
<td>1427475318</td>
</tr>
<tr>
<td>Provider ID:</td>
<td>427322</td>
<td>427322</td>
<td>427322</td>
</tr>
<tr>
<td>Provider Gender:</td>
<td>Male</td>
<td>Female</td>
<td>Female</td>
</tr>
<tr>
<td>Provider English Spoken:</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Provider Language(s):</td>
<td>Farsi, Spanish</td>
<td>Spanish, Tagalog</td>
<td>Spanish, Tagalog</td>
</tr>
<tr>
<td>Cultural Competency:</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Hospital Affiliation:</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>CHULA VISTA COMM HOSP</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty:</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### FAMILY PRACTICE

**ARCE GOMEZ, LAURA**

Provider ID: 427322  
Provider Gender: Female  
License Number: A123604  
NPI: 1053532986  
Provider English Spoken: Y  
Provider Language(s): Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: CHULA VISTA COMM HOSP  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0 - 150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**AMANAT, SOROOSH**

Provider ID: 427322  
Provider Gender: Male  
License Number: A153022  
NPI: 1003279621  
Provider English Spoken: Y  
Provider Language(s): Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0 - 150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**CAMPOS, MELISSA**

Provider ID: 427322  
Provider Gender: Female  
License Number: A138474  
NPI: 1427475318  
Provider English Spoken: Y  
Provider Language(s):  
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula- vista- medical- plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
DY, DIANE
Provider ID: 206355
Provider Gender: Female
License Number: A153344
NPI: 1467807560
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ELSAYED, MOHAMMED
Provider ID: 19561
Provider Gender: Male
NPI: 1821033424
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, German, Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
330 OXFORD ST STE 106
CHULA VISTA, CA 91911
Phone: (619) 409-1802
Fax: (619) 409-1831
After Hours Phone: (619) 409-1802
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
D2. 主治医生名录

N

 Accessibility: CONTACT PROVIDER
Hours: M-TH 9:00AM-5:00PM
F 8:00AM-4:00PM

FAMILY PRACTICE

ELSAEYED, MOHAMMED
Provider ID: 19561
Provider Gender: Male
NPI: 1821033424

 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic, German, Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0/150
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE

GARCIA, KARLA
Provider ID: 427322
Provider Gender: Female
License Number: A120672
NPI: 1154647410

 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0/150
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE

HUBLEY, PAUL
Provider ID: 206355
Provider Gender: Male
License Number: A73172
NPI: 1568496974

 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG

FAMILY PRACTICE

GARCIA, KARLA
Provider ID: 427322
Provider Gender: Female
License Number: A120672
NPI: 1154647410

 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes

1025
D2. 主治医生名录

Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
HUBLEY, PAUL
Provider ID: 206355
Provider Gender: Male
License Number: A73172
NPI: 1568496974
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula- vista- medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
JIMENEZ, KRYSTAL
Provider ID: 427322
Provider Gender: Female
License Number: A159831
NPI: 1922531250
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula- vista- medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
LACH, REBECCA
Provider ID: 427322
Provider Gender: Female
License Number: A177922
NPI: 1679137780
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula- vista- medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
LACH, REBECCA
Provider ID: 427322
Provider Gender: Female
License Number: A177922
NPI: 1679137780
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
D2. 主治医生名录

Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE

LAW, KAREN
Provider ID: 427322
Provider Gender: Female
License Number: A138534
NPI: 1205253150
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

MCKENNETT, MARIANNE
Provider ID: 427322
Provider Gender: Female
License Number: G57243
NPI: 1376639666
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LAW, KAREN
Provider ID: 427322
Provider Gender: Female
License Number: A138534
NPI: 1205253150
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

MCKENNETT, MARIANNE
Provider ID: 427322
Provider Gender: Female
License Number: G57243
NPI: 1376639666
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

1027
FAMILY PRACTICE
MENON, POOJA
Provider ID: 427322
Provider Gender: Female
License Number: A123263
NPI: 1053600064
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
MERRILL, SARAH
Provider ID: 427322
Provider Gender: Female
License Number: A123492
NPI: 1225399512
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHNS SALLY THORNTON
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
MOYA, MARY
Provider ID: 427322
Provider Gender: Female
License Number: A80185
NPI: 1093844417
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
D2. 主治医生名录

FAMILY PRACTICE

MOYA, MARY
Provider ID: 427322
Provider Gender: Female
License Number: A80185
NPI: 1093844417
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

NGUYEN, LINH
Provider ID: 417641
Provider Gender: Female
License Number: A144995
NPI: 1619357993
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

NGUYEN, CARIE
Provider ID: 427322
Provider Gender: Female
License Number: A106103
NPI: 1174781132
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

NGUYEN, LINH
Provider ID: 417641
Provider Gender: Female
License Number: A144995
NPI: 1619357993
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325
After Hours Phone: (619) 515-2325
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PALOMINO, MARY
Provider ID: 427322
Provider Gender: Female
License Number: A115699
NPI: 1770718975
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PEDROTTY, JOHN
Provider ID: 427322
Provider Gender: Male
License Number: G80234
NPI: 1992861629
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PEREZ, PERLITA
Provider ID: 206355
Provider Gender: Female
License Number: A119689
NPI: 1174810972
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PIEROS, JANELLE
Provider ID: 427322
Provider Gender: Female
License Number: 20A13225
NPI: 1386935914
Provider English Spoken: Y
Provider Language(s)
Spoken: Faroese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PIEROS, JANELLE
Provider ID: 427322
Provider Gender: Female
License Number: 20A13225
NPI: 1386935914
Provider English Spoken: Y
Provider Language(s)
Spoken: Faroese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PIEROS, JANELLE
Provider ID: 427322
Provider Gender: Female
License Number: 20A13225
NPI: 1386935914
Provider English Spoken: Y
Provider Language(s)
Spoken: Faroese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PIEROS, JANELLE
Provider ID: 427322
Provider Gender: Female
License Number: 20A13225
NPI: 1386935914
Provider English Spoken: Y
Provider Language(s)
Spoken: Faroese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

<table>
<thead>
<tr>
<th>American Sign Language (ASL): N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAMILY PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PINA, RAQUEL</td>
</tr>
<tr>
<td>Provider ID: 206355</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: A177698</td>
</tr>
<tr>
<td>NPI: 1255893368</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s) Spoken: Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Phone: (619) 515-2500</td>
</tr>
<tr>
<td>After Hours Phone: (619) 515-2500</td>
</tr>
<tr>
<td>Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:MARTHAO@FHCSD.ORG">MARTHAO@FHCSD.ORG</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAMILY PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PISINGER, PATRICIA</td>
</tr>
<tr>
<td>Provider ID: 427322</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: A69264</td>
</tr>
<tr>
<td>NPI: 1861428302</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
</tr>
<tr>
<td>After Hours Phone: (619) 662-4100</td>
</tr>
<tr>
<td>Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAMILY PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSENBLATT, EUGENE</td>
</tr>
<tr>
<td>Provider ID: 427322</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>License Number: 20A9060</td>
</tr>
<tr>
<td>NPI: 1427123991</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
</tr>
<tr>
<td>After Hours Phone: (619) 662-4100</td>
</tr>
<tr>
<td>Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>
D2. 主治医生名录

CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ROSENBLATT, EUGENE
Provider ID: 427322
Provider Gender: Male
License Number: 20A9060
NPI: 1427123991
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
SERPAS, SHAILA
Provider ID: 427322
Provider Gender: Female
License Number: G74728
NPI: 1124039136
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: SCIRPPS MERCY HOSPITAL CHULA VISTA, SCIRPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SCIRPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
SHAHTAJI, ALAN
Provider ID: 427322
Provider Gender: Male
License Number: 20A11087
NPI: 1972751089
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
FAMILY PRACTICE
SHAHTAJI, ALAN
Provider ID: 427322
Provider Gender: Male
License Number: 20A11087
NPI: 1972751089
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
SWARTZ, JOHN
Provider ID: 427322
Provider Gender: Male
License Number: G72486
NPI: 1396754131
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, LOS ANGELES COUNTY HARBOR UCLA MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
TALAVERA, GREGORY
Provider ID: 427322
Provider Gender: Male
License Number: A40061
NPI: 1740337161
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, LOS ANGELES COUNTY HARBOR UCLA MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

FAMILY PRACTICE
TALAVERA, GREGORY
Provider ID: 427322
Provider Gender: Male
License Number: A40061
NPI: 1740337161
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
TOLEDO-NADER, CAROLL
Provider ID: 427322
Provider Gender: Male
License Number: A41486
NPI: 1427126648
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
TEE, ALEXANDRA
Provider ID: 427322
Provider Gender: Female
License Number: A164392
NPI: 1881198406
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
TOLEDO-NADER, CAROLL
Provider ID: 427322
Provider Gender: Male
License Number: A41486
NPI: 1427126648
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
TREJO, RAUL
Provider ID: 427322
Provider Gender: Male
License Number: A77936
NPI: 1174534184
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
VELASQUEZ, SHARON
Provider ID: 427322
Provider Gender: Female
License Number: A71304
NPI: 1972732584
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
FAMILY PRACTICE
WHITLEY, NICHOLAS
Provider ID: 427322
Provider Gender: Male
License Number: A118250
NPI: 1629394721
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula- vista- medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
YOON, RYAN
Provider ID: 427322
Provider Gender: Male
License Number: A114600
NPI: 1942435144
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula- vista- medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC
D2. 主治医生名录

CHULA VISTA FAMILY HLTH CTR,
Provider ID: 206355
NPI: 1346480837
Provider English Spoken: Y
Cultural Competency: N
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
Fax: (619) 397-1161
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC
CHULA VISTA PEDIATRICS,
Provider ID: 482034
NPI: 1326486861
Provider English Spoken: Y
Cultural Competency: N
855 3RD AVE STE 2200
CHULA VISTA, CA 91911
Phone: (619) 662-4100
Fax: (619) 662-4196
After Hours Phone: (619) 662-4100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-4:00PM

FQHC
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,
Provider ID: 417641
NPI: 1083959464
Provider English Spoken: Y
Cultural Competency: N
352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325
Fax: (619) 420-0660
After Hours Phone: (619) 515-2325
Website: www.fhcsd.org
Email: chantalt@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FQHC
CHULA VISTA FAMILY HLTH CTR,
Provider ID: 206355
NPI: 1346480837
Provider English Spoken: Y
Cultural Competency: N
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
Fax: (619) 397-1161
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC
CHULA VISTA PEDIATRICS,
Provider ID: 482034
NPI: 1326486861
Provider English Spoken: Y
Cultural Competency: N
855 3RD AVE STE 2200
CHULA VISTA, CA 91911
Phone: (619) 662-4100
Fax: (619) 662-4196
After Hours Phone: (619) 662-4100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-4:00PM

FQHC
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,
Provider ID: 417641
NPI: 1083959464
Provider English Spoken: Y
Cultural Competency: N
352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325
Fax: (619) 420-0660
After Hours Phone: (619) 515-2325
Website: www.fhcsd.org
Email: chantalt@fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FQHC
SAN YSIDRO HEALTH CHULA VISTA,
Provider ID: 427322
NPI: 1326486861
 Provider English Spoken: Y
Cultural Competency: N
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-6941
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-4:00PM

GENERAL DENTISTRY
PHAM, QUYNH
Provider ID: 427322
Provider Gender: Female
License Number: DDS102880
NPI: 1366917353
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

GENERAL DENTISTRY
PHAM, QUYNH
Provider ID: 427322
Provider Gender: Female
License Number: DDS102880
NPI: 1366917353
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

GENERAL PRACTICE
SAMI, REMAN
Provider ID: 427322
Provider Gender: Female
License Number: 20A19457
NPI: 1295362242
 Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
棋牌 Accessibility: CONTACT PROVIDER

GENERAL PRACTICE
SAMI, REMAN
Provider ID: 427322
Provider Gender: Female
License Number: 20A19457
NPI: 1295362242
棋牌 Provider English Spoken: Y
棋牌 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
棋牌 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

HEMATOLOGY / ONCOLOGY
QUIROZ, ELISA
Provider ID: 427322
Provider Gender: Female
License Number: A162816
NPI: 1932558301
棋牌游戏 Provider English Spoken: Y
棋牌棋牌游戏 Provider Language(s) Spoken: Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
棋牌 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

HEMATOLOGY / ONCOLOGY
QUIROZ, ELISA
Provider ID: 427322
Provider Gender: Female
License Number: A162816
NPI: 1932558301
棋牌游戏 Provider English Spoken: Y
棋牌棋牌游戏 Provider Language(s) Spoken: Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
棋牌 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

INTERNAL MEDICINE
CHEN, TSUH YIN
Provider ID: 427322
Provider Gender: Female
License Number: C55563
NPI: 1093803520
棋牌游戏 Provider English Spoken: Y
棋牌游戏棋牌游戏 Provider Language(s) Spoken: Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
### D2. 主治医生名录

| Provider Name | ID Number | Gender | License Number | NPI | English Spoken | Language(s) Spoken | Cultural Competency | Board Certified Specialty | Hospital Affiliation | Address | Phone | After Hours Phone | Website | Medi-Cal Open Panel | Min/Max Age | American Sign Language (ASL) | Accessibility |
|---------------|-----------|--------|----------------|-----|---------------|-------------------|---------------------|-------------------------|---------------------|---------|----------------|----------|---------------------|--------------|------------------------|----------------|
| CHEN, TSUH YIN | 427322    | Female | C55563         | 1093803520 | Yes           | Portuguese, Spanish | No                   | No                      | Rady Children's Hospital San Diego | 678 3RD AVE CHULA VISTA, CA 91910 | (619) 662-4100 (619) 662-4100 | (619) 662-4100 | www.syhealth.org /clinics/chula-vista-medical-plaza | Yes | N | CONTACT PROVIDER |
| DALHOUMI, SARAH | 427322    | Female | A121861        | 1033435383  | Yes           | Spanish           | No                   | No                      | Sharp Coronado Hosp and Healthcare Ctr, Santa Barbara Cottage Hosp, Goleta Valley Cottage Hosp | 678 3RD AVE CHULA VISTA, CA 91910 | (619) 662-4100 (619) 662-4100 | (619) 662-4100 | www.syhealth.org /clinics/chula-vista-medical-plaza | Yes | N | CONTACT PROVIDER |
| HAMMETT, ERIN  | 427322    | Female | 20A14025       | 1467884098  | Yes           | Spanish           | No                   | No                      | Sharp Coronado Hosp and Healthcare Ctr, Santa Barbara Cottage Hosp, Goleta Valley Cottage Hosp | 678 3RD AVE CHULA VISTA, CA 91910 | (619) 662-4100 (619) 662-4100 | (619) 662-4100 | www.syhealth.org /clinics/chula-vista-medical-plaza | Yes | N | CONTACT PROVIDER |

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

NPI: 1467884098
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SANTA BARBARA COTTAGE HOSP, GOLETA VALLEY COTTAGE HOSP
 Board Certified Specialty: No
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org /clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM

INTERNAL MEDICINE
KAKAIYA, ROSHNI
Provider ID: 427322
Provider Gender: Female
License Number: 20A19485
NPI: 1073179529
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org /clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM

INTERNAL MEDICINE
VELAZQUEZ CAMARENA, MARIA
Provider ID: 427322
Provider Gender: Female
License Number: A56153
NPI: 1518965714
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org /clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM

INTERNAL MEDICINE
UWEDJOJEVWE, LETICIA
Provider ID: 380242
Provider Gender: Female
NPI: 1891882221
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
 Board Certified Specialty: No
 340 4TH AVE STE 10
 CHULA VISTA, CA 91910
 Phone: (619) 934-2215
 Fax: (619) 500-5955
 After Hours Phone: (619) 934-2215
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8:00AM-5:00PM
 F 8:00AM-4:00PM

INTERNAL MEDICINE
VELAZQUEZ CAMARENA, MARIA
Provider ID: 427322
Provider Gender: Female
License Number: A56153
NPI: 1518965714
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
 Board Certified Specialty: No
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org /clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
📞 Phone: (619) 662-4100
📞 After Hours Phone: (619) 662-4100
🌐 Website: www.syhealth.org /clinics/chula- vista- medical- plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
👩‍⚕️ Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
WEN, AKI YEN CHANG
Provider ID: 427322
Provider Gender: Male
License Number: 20A12555
NPI: 1205126505
🩹 Provider English Spoken: Y
文化和习俗: N
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
📞 Phone: (619) 662-4100
📞 After Hours Phone: (619) 662-4100
🌐 Website: www.syhealth.org /clinics/chula- vista- medical- plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
👩‍⚕️ Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
VELAZQUEZ CAMARENA, MARIA
Provider ID: 427322
Provider Gender: Female
License Number: A56153
NPI: 1518965714
🩹 Provider English Spoken: Y
文化和习俗: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
📞 Phone: (619) 662-4100
📞 After Hours Phone: (619) 662-4100
🌐 Website: www.syhealth.org /clinics/chula- vista- medical- plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
👩‍⚕️ Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
ALIMONOS, LYSISTRATI
Provider ID: 206355
Provider Gender: Female
License Number: 20A14919
NPI: 1619397031
🩹 Provider English Spoken: Y
文化和习俗: N
Hospital Affiliation: GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
📞 Phone: (619) 515-2500
📞 After Hours Phone: (619) 515-2500
🌐 Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
👩‍⚕️ Accessibility: CONTACT PROVIDER
D2. 主治医生名录

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

OBSTETRICS / GYNECOLOGY
ALIMONOS, LYSISTRATI
Provider ID: 206355
Provider Gender: Female
License Number: 20A14919
NPI: 1619397031
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
BUECHNER, CHARLENE
Provider ID: 206355
Provider Gender: Female
License Number: A68463
NPI: 1376663831
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
CARTER, KHALIL
Provider ID: 206355
Provider Gender: Male
License Number: A113001
NPI: 1225231582
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRICITY MEDICAL CTR
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
CARTER, KHALIL
Provider ID: 206355
Provider Gender: Male
License Number: A113001
NPI: 1225231582
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRICITY MEDICAL CTR
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
CERVANTES, SANDRA
Provider ID: 206355
Provider Gender: Female
License Number: A118095
NPI: 1073701041
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR,
GROSSMONT HOSPITAL
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
CHAKRABARTI, PRIYA
Provider ID: 206355
Provider Gender: Female
License Number: A163464
NPI: 1326531401
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
CERVANTES, SANDRA
Provider ID: 206355
Provider Gender: Female
License Number: A118095
NPI: 1073701041
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR,
GROSSMONT HOSPITAL
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
Provider ID: 206355
Provider Gender: Female
License Number: A163464
NPI: 1326531401
Provider English Spoken: N
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
Provider ID: 206355
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
Provider ID: 206355
Provider Gender: Female
License Number: A178499
NPI: 1033613732
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
## D2. 主治医生名录

<table>
<thead>
<tr>
<th>Board Certified Specialty: No</th>
<th><a href="mailto:MARTHAO@FHCSD.ORG">MARTHAO@FHCSD.ORG</a></th>
<th>Medi-Cal Open Panel: Yes</th>
<th>Min/Max Age: 0-150</th>
<th>American Sign Language (ASL): N</th>
<th>Accessibility: CONTACT PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>251 LANDIS AVE</td>
<td>Phone: (619) 515-2500</td>
<td>After Hours Phone: (619) 515-2500</td>
<td>Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td>Email: <a href="mailto:MARTHAO@FHCSD.ORG">MARTHAO@FHCSD.ORG</a></td>
<td>Hours: M-F 8:30AM-5:30PM</td>
</tr>
<tr>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OBSTETRICS / GYNECOLOGY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HANLEY, LAUREN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider ID: 206355</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>License Number: C174771</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NPI: 1053392035</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hours: M-F 8:30AM-5:30PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OBSTETRICS / GYNECOLOGY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FOLCH TORRES-AGUIAR, BEATRIZ</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider ID: 206355</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>License Number: A148014</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NPI: 1457794752</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider Language(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Spoken: Spanish, Yue</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Chinese</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hospital Affiliation: SCRIPPS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MERCY HOSPITAL, Sharp</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Grossmont Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>251 LANDIS AVE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider ID: 206355</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>License Number: C174771</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NPI: 1053392035</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hours: M-F 8:30AM-5:30PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OBSTETRICS / GYNECOLOGY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HANLEY, LAUREN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider ID: 206355</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>License Number: C174771</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NPI: 1053392035</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hours: M-F 8:30AM-5:30PM</td>
</tr>
</tbody>
</table>
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcstd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
LIPSCHITZ, LISA
Provider ID: 206355
Provider Gender: Female
License Number: A72005
NPI: 1649208711
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcstd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
LOEFFLER, ALLISON
Provider ID: 206355
Provider Gender: Female
License Number: A116680
NPI: 1700073962
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcstd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

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

OBSTETRICS / GYNECOLOGY
LOEFFLER, ALLISON
Provider ID: 206355
Provider Gender: Female
License Number: A116680
NPI: 1700073962
Provider English Spoken: Y
D2. 主治医生名录

- Provider Language(s) Spoken: Spanish
  - Cultural Competency: N
  - Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
  - Board Certified Specialty: No
  - 251 LANDIS AVE
  - CHULA VISTA, CA 91910
  - Phone: (619) 515-2500
  - After Hours Phone: (619) 515-2500
  - Website: www.fhcsd.org
  - Email: MARTHAO@FHCSD.ORG
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

MELENDEZ BERRIOS, IARA DEL

Provider ID: 206355
Provider Gender: Female
License Number: A114181
NPI: 1740514249

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
- Board Certified Specialty: No
- 251 LANDIS AVE
- CHULA VISTA, CA 91910
- Phone: (619) 515-2500
- After Hours Phone: (619) 515-2500
- Website: www.fhcsd.org
- Email: MARTHAO@FHCSD.ORG
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

MENDEZ, DIEGO

Provider ID: 427322
Provider Gender: Male
License Number: A47906
NPI: 1437181922

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: MERCY GENERAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, BAKERSFIELD MEMORIAL HOSP, SHARP MEMORIAL HOSPITAL, Adventist Health Bakersfield, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS
- MEDICAL CENTER
- Board Certified Specialty: No
- 678 3RD AVE
- CHULA VISTA, CA 91910
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org/clinics/chula-vista-medical-plaza
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM
D2. 主治医生名录

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>RODRIGUEZ JEREZ, ROBERTO</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBSTETRICS / GYNECOLOGY</td>
<td>Provider ID: 206355</td>
</tr>
<tr>
<td>MENDEZ, DIEGO</td>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>Provider ID: 427322</td>
<td>License Number: A154298</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
<td>NPI: 1710316450</td>
</tr>
<tr>
<td>License Number: A47906</td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>NPI: 1437181922</td>
<td>Provider Language(s): Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td>Hospital Affiliation: MERCY GENERAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, BAKERSFIELD MEMORIAL HOSP, SHARP MEMORIAL HOSPITAL, Adventist Health Bakersfield, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, KERN MEDICAL CENTER</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td>Phone: (619) 515-2500</td>
</tr>
<tr>
<td>678 3RD AVE</td>
<td>After Hours Phone: (619) 515-2500</td>
</tr>
<tr>
<td>CHULA VISTA, CA 91910</td>
<td>Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:MARTHAO@FHCSD.ORG">MARTHAO@FHCSD.ORG</a></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:30AM-5:30PM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>RODRIGUEZ JEREZ, ROBERTO</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBSTETRICS / GYNECOLOGY</td>
<td>Provider ID: 206355</td>
</tr>
<tr>
<td>SAPRA, SONIA</td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>Provider ID: 206355</td>
<td>License Number: A164859</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td>NPI: 1952751711</td>
</tr>
<tr>
<td>License Number: A164859</td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>NPI: 1952751711</td>
<td>Provider Language(s): Hindi</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td>Hospital Affiliation: SCRIPPS MERCY HOSPITAL</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td>Phone: (619) 515-2500</td>
</tr>
<tr>
<td>251 LANDIS AVE</td>
<td>After Hours Phone: (619) 515-2500</td>
</tr>
<tr>
<td>CHULA VISTA, CA 91910</td>
<td>Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:MARTHAO@FHCSD.ORG">MARTHAO@FHCSD.ORG</a></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:30AM-5:30PM</td>
<td></td>
</tr>
</tbody>
</table>
D2. 主治医生名录

MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
SAPRA, SONIA
Provider ID: 206355
Provider Gender: Female
License Number: A164859
NPI: 1952751711
 Provider English Spoken: Y
 Provider Language(s) Spoken: Hindi
 Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.syhealth.org /clinics/chula- vista- medical- plaza
Marti- Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
SEFA-BOAKYE, KOFI
Provider ID: 427322
Provider Gender: Male
License Number: G59670
NPI: 1902993660
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR,
SHARP CORONADO HOSP AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula- vista- medical- plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
SHORT, ABIAD
Provider ID: 427322
Provider Gender: Male
License Number: A114893
NPI: 1750559589
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula- vista- medical- plaza

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
deriver to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

al-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
梙 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
SHORT, ABIADE
Provider ID: 427322
Provider Gender: Male
License Number: A114893
NPI: 1750559589
梙 Provider English Spoken: Y
梙 Provider Language(s) Spoken: Spanish
梙 Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
梙 678 3RD AVE CHULA VISTA, CA 91910
梙 Phone: (619) 662-4100
梙 After Hours Phone: (619) 662-4100
梙 Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
梙 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
STABEN, REBECCA
Provider ID: 206355
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
梙 Provider English Spoken: Y
梙 Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified Specialty: No
梙 251 LANDIS AVE CHULA VISTA, CA 91910
梙 Phone: (619) 515-2500
梙 After Hours Phone: (619) 515-2500
梙 Website: www.fhcsd.org
梙 Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
梙 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
TRUJILLO, JENNIFER
Provider ID: 427322
Provider Gender: Female
License Number: 20A8204
NPI: 1053407593
梙 Provider English Spoken: Y
梙 Provider Language(s) Spoken: Spanish
梙 Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR
Board Certified Specialty: No
梙 678 3RD AVE CHULA VISTA, CA 91910
梙 Phone: (619) 662-4100
梙 After Hours Phone: (619) 662-4100
梙 Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
梙 Accessibility: CONTACT PROVIDER
D2. 主治医生名录

**OBSTETRICS / GYNECOLOGY**

**TRUJILLO, JENNIFER**
Provider ID: 427322
Provider Gender: Female
License Number: 20A8204
NPI: 1053407593

- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR
Board Certified Specialty: No

- 251 LANDIS AVE
  CHULA VISTA, CA 91910
- Phone: (619) 515-2500
- After Hours Phone: (619) 515-2500
- Website: www.syhealth.org
- Email: MARTHAO@FHCSD.ORG
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**WINESBURG, JENNIFER**
Provider ID: 206355
Provider Gender: Female
License Number: 20A11535
NPI: 1811162456

- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR
Board Certified Specialty: No

- 251 LANDIS AVE
  CHULA VISTA, CA 91910
- Phone: (619) 515-2500
- After Hours Phone: (619) 515-2500
- Website: www.fhcsd.org
- Email: MARTHAO@FHCSD.ORG
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**ZIEG, ALAN**
Provider ID: 206355
Provider Gender: Male
License Number: G78814
NPI: 1699790634

- Provider English Spoken: Y

Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

- 251 LANDIS AVE
  CHULA VISTA, CA 91910
- Phone: (619) 515-2500
- After Hours Phone: (619) 515-2500
- Website: www.fhcsd.org
- Email: MARTHAO@FHCSD.ORG
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL):
D2. 主治医生名录

N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
Provider ID: 206355
Provider Gender: Male
License Number: G78814
NPI: 1699790634
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Faroese, Farsi, Persian, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSD MEDICAL CTR, SHARP CHULA VISTA MED CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No

Provider ID: 427322
Provider Gender: Male
License Number: A40473
NPI: 1023061314
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Faroese, Farsi, Persian, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSD MEDICAL CTR, SHARP CHULA VISTA MED CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No

251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OPHTHALMOLOGY

PAPASTERGIOU, GEORGIOS
Provider ID: 427322
Provider Gender: Male
License Number: A127706
NPI: 1790054393
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Farsi, French, Greek, Italian, Spanish
Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OPHTHALMOLOGY

MANI, NASRIN
Provider ID: 427322
Provider Gender: Female
License Number: A40473
NPI: 1023061314
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Faroese, Farsi, Persian, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEDICAL CTR, SHARP CHULA VISTA MED CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

662-4100
Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OPHTHALMOLOGY
PONS, MAURICIO
Provider ID: 427322
Provider Gender: Male
License Number: A87650
NPI: 1376723759
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OPHTHALMOLOGY
SKAF, AYHAM
Provider ID: 427322
Provider Gender: Male
License Number: A120584
NPI: 1285888628
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Spanish
Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OPHTHALMOLOGY
PONS, MAURICIO
Provider ID: 427322
Provider Gender: Male
License Number: A87650
NPI: 1376723759
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
AKASHI, MARC
Provider ID: 163322
Provider Gender: Male
NPI: 1205002417
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
769 MEDICAL CENTER CT STE 300
CHULA VISTA, CA 91911
Phone: (619) 482-3090
Fax: (619) 482-7350
After Hours Phone: (619) 482-3090
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

PEDIATRICS
ATIENZA, PAMELA
Provider ID: 106987
Provider Gender: Female
NPI: 1417916107
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
Board Certified Specialty: No
890 EASTLAKE PKWY STE 200
CHULA VISTA, CA 91914
Phone: (619) 656-6817
Fax: (619) 656-6908
After Hours Phone: (619) 506-1218
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
BARBADILLO, FERDINAND
Provider ID: 70456
Provider Gender: Male
NPI: 1982662193
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
Board Certified Specialty: No
890 EASTLAKE PKWY STE 200
CHULA VISTA, CA 91914
Phone: (619) 656-6817
Fax: (619) 656-6908
After Hours Phone: (619) 1056
D2. 主治医生名录

656-6817  Provider ID: 89610  Provider Gender: Female  NPI: 1346211554
Provider English Spoken: Y  Provider Language(s) Spoken: Greek, Spanish
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR
Board Certified Specialty: No  Provider ID: 88187  Provider Gender: Male  License Number: A66903  NPI: 1053382176
Provider English Spoken: Y  Provider Language(s) Spoken: Spanish
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

PEDIATRICS  BROUDY, ABRAHAM
Provider ID: 109328  Provider Gender: Male  NPI: 1528039526
Provider English Spoken: Y  Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No  Provider ID: 89610  Provider Gender: Female  NPI: 1346211554
Provider English Spoken: Y  Provider Language(s) Spoken: Greek, Spanish
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR
Board Certified Specialty: No  Provider ID: 88187  Provider Gender: Male  License Number: A66903  NPI: 1053382176
Provider English Spoken: Y  Provider Language(s) Spoken: Spanish
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

PEDIATRICS  CAPETANAKIS, ELENI
Provider ID: 89610  Provider Gender: Female  NPI: 1346211554
Provider English Spoken: Y  Provider Language(s) Spoken: Greek, Spanish
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR
Board Certified Specialty: No

PEDIATRICS  CORDOBA, MIGUEL
Provider ID: 88187  Provider Gender: Male  NPI: 1053382176
Provider English Spoken: Y  Provider Language(s) Spoken: Spanish
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

PEDIATRICS  DONG, TAMMY
Provider ID: 427322  Provider Gender: Female  License Number: A66903  NPI: 1386655413
Provider English Spoken: Y  Provider Language(s) Spoken: Spanish
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessible: CONTACT PROVIDER

**PEDIATRICS**

**DONG, TAMMY**
Provider ID: 427322
Provider Gender: Female
License Number: A66903
NPI: 1386655413

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessible: CONTACT PROVIDER

**DORINGGO, ELAINIE**
Provider ID: 267100
Provider Gender: Female
NPI: 1013005636

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: ALVARADO HOSPITAL LLC, RADY CHILDREN'S HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

865 3RD AVE STE 101
CHULA VISTA, CA 91911
Phone: (619) 426-7910
Fax: (619) 426-2337
After Hours Phone: (619) 426-7910
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessible: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

**FLETCHER, EMILY**
Provider ID: 232312
Provider Gender: Female
NPI: 1780935940

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, MERCY HOSPITAL BAKERSFIELD, RADY CHILDREN'S HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Board Certified Specialty: No

2440 FENTON ST STE 100
CHULA VISTA, CA 91914
Phone: (619) 656-3040
Fax: (619) 656-3045
After Hours Phone: (619) 656-3040
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessible: CONTACT PROVIDER

**FLORES, ERNEST**
Provider ID: 658652
Provider Gender: Male
NPI: 1043848807

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

865 3RD AVE STE 101
CHULA VISTA, CA 91911
Phone: (619) 426-7910
Fax: (619) 426-2337
After Hours Phone: (619) 426-7910
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessible: CONTACT PROVIDER
D2. 主治医生名录

PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

PEDIATRICS
FRESNO, BLANCA
Provider ID: 102434
Provider Gender: Female
NPI: 1346258787
☑ Provider English Spoken: Y
☑ Provider Language(s)
  Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP
CHULA VISTA MED CTR
Board Certified Specialty: No
1741 EASTLAKE PKWY STE 107
CHULA VISTA, CA 91915
Phone: (619) 482-1700
Fax: (619) 475-4578
After Hours Phone: (619) 482-1700
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
GARCIA, RAFAEL
Provider ID: 360408
Provider Gender: Male
NPI: 105344086
☑ Provider English Spoken: Y
☑ Provider Language(s)
  Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR, RADY CHILDREN'S HOSPITAL SAN DIEGO
Board Certified Specialty: No
752 MEDICAL CENTER CT
STE 210
CHULA VISTA, CA 91911
Phone: (619) 656-0206
Fax: (619) 656-8936
After Hours Phone: (619) 656-0206
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:30AM-5:30PM
F 8:30AM-5:00PM

PEDIATRICS
GARCIA, CARLOS
Provider ID: 64734
Provider Gender: Male
NPI: 1417959370
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL
CHULA VISTA, RADY CHILDREN'S HOSPITAL SAN DIEGO
Board Certified Specialty: No
1392 E PALOMAR ST STE 501
CHULA VISTA, CA 91913
Phone: (619) 271-4059
Fax: (619) 271-7451
After Hours Phone: (619) 271-4059
Website: HERITAGEPARKPEDIATRICS@YAHOO.COM
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:30AM-5:30PM
F 8:30AM-5:00PM

PEDIATRICS
GHAHREMANI, SIMIN
Provider ID: 482034
Provider Gender: Female
License Number: C51110
NPI: 1508904657
Provider English Spoken: Y
Provider Language(s)
  Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
855 3RD AVE STE 2200
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
D2. 主治医生名录

N
Accessibility: CONTACT PROVIDER

PEDIATRICS

GHAHREMANI, SIMIN
Provider ID: 482034
Provider Gender: Female
License Number: C51110
NPI: 1508904657
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
280 E ST
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 662-4196
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0|19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS

ISAIAS, AGNELA
Provider ID: 482034
Provider Gender: Female
License Number: A82912
NPI: 1790772572
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, ALVARADO HOSPITAL LLC, SHARP CORONADO HOSP AND HEALTHCARE CTR
Board Certified Specialty: No
280 E ST
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 662-4196
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0|150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

HOLICK, NATALIE
Provider ID: 473802
Provider Gender: Female
NPI: 1558716845
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
865 3RD AVE STE 101
CHULA VISTA, CA 91911
Phone: (619) 426-7910
Fax: (619) 426-2337
After Hours Phone: (619) 426-7910
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0|150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

ISAIAS, AGNELA
Provider ID: 482034
Provider Gender: Female
License Number: A82912
NPI: 1790772572
Provider English Spoken: Y
Provider Language(s)
D2.主治医生名录

Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
ALVARADO HOSPITAL LLC,
SHARP CORONADO HOSP
AND HEALTHCARE CTR
Board Certified Specialty: No

855 3RD AVE STE 2200
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
KORSAND, SID
Provider ID: 482034
Provider Gender: Male
License Number: A49591
NPI: 1588634513
Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi, Turkish
Cultural Competency: N
Board Certified Specialty: No
855 3RD AVE STE 2200
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
KORSAND, SID
Provider ID: 482034
Provider Gender: Male
License Number: A49591
NPI: 1588634513
Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi, Turkish
Cultural Competency: N
Board Certified Specialty: No
855 3RD AVE STE 2200
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
KORSAND, SID
Provider ID: 482034
Provider Gender: Male
License Number: A49591
NPI: 1588634513
Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi, Turkish
Cultural Competency: N
Board Certified Specialty: No
855 3RD AVE STE 2200
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
KORSAND, SID
Provider ID: 482034
Provider Gender: Male
License Number: A49591
NPI: 1588634513
Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi, Turkish
Cultural Competency: N
Board Certified Specialty: No
855 3RD AVE STE 2200
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
JACOBS-KLEISLI, MILAGROS
Provider ID: 467596
Provider Gender: Female
NPI: 1811221641
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SHARP MEMORIAL HOSPITAL,
RADI CHILDREN S HOSPITAL
SAN DIEGO, HUNTINGTON
MEMORIAL HOSPITAL, USC
Arcadia Hospital
Board Certified Specialty: No
769 MEDICAL CENTER CT
STE 300
CHULA VISTA, CA 91911
Phone: (619) 482-3090
Fax: (619) 482-7350

After Hours Phone: (619) 482-3090
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
KORSAND, SID
Provider ID: 482034
Provider Gender: Male
License Number: A49591
NPI: 1588634513
Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi, Turkish
Cultural Competency: N
Board Certified Specialty: No
769 MEDICAL CENTER CT
STE 300
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
KORSAND, SID
Provider ID: 482034
Provider Gender: Male
License Number: A49591
NPI: 1588634513
Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi, Turkish
Cultural Competency: N
Board Certified Specialty: No
280 E ST
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 662-4196
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

**PEDIATRICS**

**MCMAHON, SHARON**
Provider ID: 648721
Provider Gender: Female
NPI: 1487279246
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- Phone: (619) 426-7910
- Fax: (619) 426-2337
- After Hours Phone: (619) 426-7910
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**MISTRY, CHETAN**
Provider ID: 86439
Provider Gender: Male
NPI: 1467505834
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL
- Phone: (619) 482-3090
- Fax: (619) 482-7350
- After Hours Phone: (619) 482-3090
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**MOSQUERA, DIANA**
Provider ID: 371232
Provider Gender: Female
NPI: 1144238098
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
- Board Certified Specialty: No
- Phone: (619) 426-7910
- Fax: (619) 426-7910
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**NGUYEN, TRUC**
Provider ID: 78518
Provider Gender: Female
NPI: 1881884054
- Provider English Spoken: Y
- Provider Language(s) Spoken: Vietnamese
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, WASHINGTON HOSPITAL,
D2. 主治医生名录

SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
2440 FENTON ST STE 100
CHULA VISTA, CA 91914
Phone: (619) 656-3040
Fax: (619) 656-3045
After Hours Phone: (619) 656-3040
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
PIANSAY, MARIA CORAZON
Provider ID: 427322
Provider Gender: Female
License Number: A93785
NPI: 1669680351
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
/cclinics/chula- vista- medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
SALAZAR, JUANITA
Provider ID: 206355
Provider Gender: Female
License Number: A78355
NPI: 1912938325
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish, Tagalog, Vietnamese
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
SALAZAR, JUANITA
Provider ID: 206355
Provider Gender: Female
License Number: A78355
NPI: 1912938325
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish, Tagalog, Vietnamese
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA
Board Certified Specialty: No
D2. 主治医生名录

251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
SANTIAGO, ROXANE
Provider ID: 269279
Provider Gender: Female
NPI: 1033461801
Provider English Spoken: Y
Provider Language(s) Spoken: Gujarati, Hindi, Urdu
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
685 3RD AVE STE 101
CHULA VISTA, CA 91911
Phone: (619) 426-7910
Fax: (619) 426-2337
After Hours Phone: (619) 426-7910
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
SHETH, HASMUKH
Provider ID: 427322
Provider Gender: Male
License Number: A45942
NPI: 1396812236
Provider English Spoken: Y
Provider Language(s) Spoken: Gujarati, Hindi, Urdu
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula- vista- medical- plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
VALENCIA, MARILES
Provider ID: 104059
Provider Gender: Female
NPI: 1275541625
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, RADY
D2. 主治医生名录

CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
1741 EASTLAKE PKWY STE 107
CHULA VISTA, CA 91915
Phone: (619) 482-1700
Fax: (619) 475-4578
After Hours Phone: (619) 482-1700
Website: N/A
Email: PEDIATRICSINPARADISE@YAHOO.COM
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
ZARGAR, SHABNAM
Provider ID: 371075
Provider Gender: Female
NPI: 1417256074
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, DESERT REGIONAL MED CTR, JOHN F KENNEDY MEMORIAL HOSP, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
769 MEDICAL CENTER CT STE 300
CHULA VISTA, CA 91911
Phone: (619) 482-3090
Fax: (619) 482-7350
After Hours Phone: (619) 482-3090
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PHYSICIANS ASSISTANT
BALDONADO, ANALICIA
Provider ID: 417641
Provider Gender: Female
License Number: PA61683
NPI: 1215477765
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325
After Hours Phone: (619) 515-2325
Website: www.fhcsd.org
Email: chantalt@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PHYSICIANS ASSISTANT
BALDONADO, ANALICIA
Provider ID: 417641
Provider Gender: Female
License Number: PA61683
NPI: 1215477765
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325
After Hours Phone: (619) 515-2325
Website: www.fhcsd.org
Email: chantalt@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Physicians Assistant

INDA, PRISCILLA
Provider ID: 427322
Provider Gender: Female
License Number: PA54404
NPI: 1679008379
Provider English Spoken: Y
Provider Language(s): Arabic, Russian, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PHYSICIANS ASSISTANT

MENDEZ, JESUS
Provider ID: 427322
Provider Gender: Male
License Number: PA13796
NPI: 1023202108
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PHYSICIANS ASSISTANT

QUICK, ELISABETH
Provider ID: 206355
Provider Gender: Female
License Number: PA21591
NPI: 1790055010
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Website: www.syhealth.org /clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
### D2. 主治医生名录

| PROVIDER |
|------------------|------------------|------------------|------------------|------------------|
| PHYSICIANS ASSISTANT |
| **REVELES, DIANA** |
| Provider ID: 417641 |
| Provider Gender: Female |
| License Number: PA19306 |
| NPI: 1548455405 |
| Provider English Spoken: Y |
| Provider Language(s): Spanish |
| Accessibility: CONTACT PROVIDER |

| PHYSICIANS ASSISTANT |
| **QUICK, ELISABETH** |
| Provider ID: 206355 |
| Provider Gender: Female |
| License Number: PA21591 |
| NPI: 1790055010 |
| Provider English Spoken: Y |
| Provider Language(s): Spanish |
| Accessibility: CONTACT PROVIDER |

| PHYSICIANS ASSISTANT |
| **REVELES, DIANA** |
| Provider ID: 417641 |
| Provider Gender: Female |
| License Number: PA19306 |
| NPI: 1548455405 |
| Provider English Spoken: Y |
| Provider Language(s): Spanish |
| Accessibility: CONTACT PROVIDER |

| PODIATRIST |
| **MANCHEL, BRUCE** |
| Provider ID: 427322 |
| Provider Gender: Male |
| License Number: DPM2930 |
| NPI: 1790890788 |
| Provider English Spoken: Y |
| Provider Language(s): Spanish |
| Accessibility: CONTACT PROVIDER |
D2. 主治医生名录

Provider Gender: Male
License Number: DPM2930
NPI: 1790890788
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PODIATRIST
SCHNEIDER, SARAH
Provider ID: 206355
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

REGISTERED NURSE LICENSED VOCATIONAL NURSE
QUILALANG, SUSAN
Provider ID: 427322
Provider Gender: Female
License Number: RN371480
NPI: 1841200482
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

REGISTERED NURSE LICENSED
<table>
<thead>
<tr>
<th>VOCATIONAL NURSE</th>
<th>QUILALANG, SUSAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 427322</td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: NP5579</td>
<td>NPI: 1841200482</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>678 3RD AVE</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
<td>After Hours Phone: (619) 662-4100</td>
</tr>
<tr>
<td>Website: <a href="http://www.syhealth.org">www.syhealth.org</a> /clinics/chula-vista-medical-plaza</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REGISTERED PHYSICAL THERAPIST</th>
<th>AMAYA, RICARDO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 206355</td>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>License Number: PT37189</td>
<td>NPI: 1437745566</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>251 LANDIS AVE</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Phone: (619) 515-2500</td>
<td>After Hours Phone: (619) 515-2500</td>
</tr>
<tr>
<td>Website: <a href="http://www.syhealth.org">www.syhealth.org</a> /clinics/chula-vista-medical-plaza</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REGISTERED PHYSICAL THERAPIST</th>
<th>CUMMINGS, GEORGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 206355</td>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>License Number: PT295173</td>
<td>NPI: 1497236384</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Provider Language(s) Spoken: Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>251 LANDIS AVE</td>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Phone: (619) 515-2500</td>
<td>After Hours Phone: (619) 515-2500</td>
</tr>
<tr>
<td>Website: <a href="http://www.syhealth.org">www.syhealth.org</a> /clinics/chula-vista-medical-plaza</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Name</td>
<td>ID</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>CUMMINGS, GEORGE</td>
<td>206355</td>
</tr>
<tr>
<td>GEORGE, JENNIFER</td>
<td>206355</td>
</tr>
<tr>
<td>GONZALES, MICHELLE</td>
<td>206355</td>
</tr>
</tbody>
</table>
D2. 主治医生名录

CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST
MIGNEA, DAVID
Provider ID: 206355
Provider Gender: Male
License Number: PT293536
NPI: 1043736879
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST
RODRIGUEZ, CASSANDRA
Provider ID: 206355
Provider Gender: Female
License Number: PT292823
NPI: 1770025595
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email: MARTHAO@FHCSD.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

RHEUMATOLOGY
REDDY, DANA
Provider ID: 427322
Provider Gender: Female
License Number: A115598
NPI: 1144538778
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Provider English Spoken: Y</th>
<th>Cultural Competency: N</th>
<th>Hospital Affiliation</th>
<th>Board Certified Specialty</th>
<th>Provider Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Website</th>
<th>Provider Language(s)</th>
<th>American Sign Language (ASL): N</th>
<th>Accessibility: CONTACT PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>427322</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Female</td>
<td>SP18192</td>
<td>1043507585</td>
<td><a href="http://www.syhealth.org">www.syhealth.org</a> /clinics/chula-vista-medical-plaza</td>
<td>Cambodian, Hindi, Spanish, Telugu</td>
<td>EL CAJON</td>
<td></td>
</tr>
<tr>
<td>569910</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Female</td>
<td>C52581</td>
<td>1053300251</td>
<td><a href="http://www.syhealth.org">www.syhealth.org</a> /clinics/chula-vista-medical-plaza</td>
<td>Cambodian, Hindi, Spanish, Telugu</td>
<td>ALLERGY IMMUNOLOGY</td>
<td></td>
</tr>
<tr>
<td>427322</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Female</td>
<td>SP18192</td>
<td>1043507585</td>
<td><a href="http://www.syhealth.org">www.syhealth.org</a> /clinics/chula-vista-medical-plaza</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>569910</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Female</td>
<td>C52581</td>
<td>1053300251</td>
<td><a href="http://www.syhealth.org">www.syhealth.org</a> /clinics/chula-vista-medical-plaza</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**SPEECH PATHOLOGIST**

**CABADING, DOREEN**

- Provider ID: 427322
- Provider Gender: Female
- License Number: SP18192
- NPI: 1043507585
- Website: www.syhealth.org /clinics/chula-vista-medical-plaza
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**RHEUMATOLOGY**

**REDDY, DANA**

- Provider ID: 427322
- Provider Gender: Female
- License Number: A115598
- NPI: 1144538778
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SHARP
- CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
- ENCINITAS
- Board Certified Specialty: No
- 678 3RD AVE
- CHULA VISTA, CA 91910
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org /clinics/chula-vista-medical-plaza
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

---

**EL CAJON**

**SPEECH PATHOLOGIST**

**CABADING, DOREEN**

- Provider ID: 427322
- Provider Gender: Female
- License Number: SP18192
- NPI: 1043507585
- Website: www.syhealth.org /clinics/chula-vista-medical-plaza
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**ALLERGY IMMUNOLOGY**

**REDDY, SUMANA**

- Provider ID: 569910
- Provider Gender: Female
- License Number: C52581
- NPI: 1053300251
- Provider English Spoken: Y
- Provider Language(s): Spoken: Cambodian, Hindi, Spanish, Telugu
- Cultural Competency: N
- Hospital Affiliation: GROSSMONT HOSPITAL
- Board Certified Specialty: No

---
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Provider Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>American Sign Language (ASL):</th>
<th>Accessibility: CONTACT PROVIDER</th>
<th>Hospital Affiliation:</th>
<th>Board Certified Specialty:</th>
<th>Hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BELEN, NEZER</td>
<td>418340</td>
<td>Male</td>
<td>NP95009292</td>
<td>1386120723</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>875 EL CAJON BLVD</td>
<td>No</td>
<td>M-F 8:30AM-5:30PM</td>
</tr>
<tr>
<td>REDDY, SUMANA</td>
<td>569910</td>
<td>Female</td>
<td>C52581</td>
<td>1053300251</td>
<td>Y</td>
<td>CONTACT PROVIDER</td>
<td>875 EL CAJON BLVD</td>
<td>No</td>
<td>M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td>BELEN, NEZER</td>
<td>418340</td>
<td>Male</td>
<td>NP95009292</td>
<td>1386120723</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>525 E MAIN ST</td>
<td>No</td>
<td>M-F 8:30AM-5:30PM</td>
</tr>
<tr>
<td>DRISCOLL, SUSAN</td>
<td>569910</td>
<td>Female</td>
<td>NP95012943</td>
<td>1477755684</td>
<td>Y</td>
<td>CONTACT PROVIDER</td>
<td>875 EL CAJON BLVD</td>
<td>No</td>
<td>M-F 8:00AM-5:00PM</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

- **GARCIA, JOHNNY**
  - Provider ID: 418340
  - Provider Gender: Male
  - License Number: NP95007000
  - NPI: 1932622156
  - Provider English Spoken: Y
  - Provider Language(s) Spoken: Spanish
  - Board Certified Specialty: No
  - Hours: M-F 8:00AM-5:00PM

- **HAMID, WAHIDA**
  - Provider ID: 569910
  - Provider Gender: Female
  - License Number: NP95001707
  - NPI: 1164812293
  - Provider English Spoken: Y
  - Provider Language(s) Spoken: Spanish
  - Board Certified Specialty: No
  - Hours: M-F 8:00AM-5:00PM

To access a listing of mental health providers online, visit blueshieldca.com/fad.
# D2. 主治医生名录

<table>
<thead>
<tr>
<th>Provider ID: 569910</th>
<th>Provider Gender: Female</th>
<th>License Number: NP95009329</th>
<th>NPI: 1780177147</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>875 EL CAJON BLVD</td>
<td>EL CAJON, CA 92020</td>
<td>Phone: (619) 662-4100</td>
<td>After Hours Phone: (619) 662-4100</td>
</tr>
<tr>
<td>Website: <a href="http://www.syhealth.org">www.syhealth.org</a></td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\150</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CERTIFIED NURSE PRACTITIONER

**HETTIG, JUDITH**

- Provider ID: 418340
- Provider Gender: Female
- License Number: NP3439
- NPI: 1396815866
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 525 E MAIN ST
- EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
- Email: janellek@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**HARPEL, SHERYL**

- Provider ID: 569910
- Provider Gender: Female
- License Number: NP95009329
- NPI: 1780177147
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 875 EL CAJON BLVD
- EL CAJON, CA 92020
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**HETTIG, JUDITH**

- Provider ID: 418340
- Provider Gender: Female
- License Number: NP3439
- NPI: 1396815866
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 525 E MAIN ST
- EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
- Email: janellek@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**JENSEN, ADRIENNE**

- Provider ID: 569910
- Provider Gender: Female
- License Number: NP95023148
- NPI: 1184389934
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RAY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
- Board Certified Specialty: No
- 875 EL CAJON BLVD
- EL CAJON, CA 92020
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER
D2. 主治医生名录

PRACTITIONER
JENSEN, ADRIENNE
Provider ID: 569910
Provider Gender: Female
License Number: NP95023148
NPI: 1184389934
颢 Provider English Spoken: Y
颢 Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Board Certified Specialty: No
颢 875 EL CAJON BLVD
EL CAJON, CA 92020
颢 Phone: (619) 662-4100
颢 After Hours Phone: (619) 662-4100
颢 Website: www.syhealth.org
颢 Medi-Cal Open Panel: Yes
颢 Min/Max Age: 0\150
颢 American Sign Language (ASL): N
颢 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE
PRACTITIONER
KELLOGG, KRISTEN
Provider ID: 418340
Provider Gender: Female
License Number: NP95009180
NPI: 1649757741
颢 Provider English Spoken: Y
颢 Provider Language(s) Spoken: Spanish
颢 Cultural Competency: N
Board Certified Specialty: No
颢 525 E MAIN ST
EL CAJON, CA 92020
颢 Phone: (619) 515-2498
颢 After Hours Phone: (619) 515-2498
颢 Website: www.fhcsd.org
颢 Email: janellek@fhcsd.org
颢 Medi-Cal Open Panel: Yes
颢 Min/Max Age: 0\150
颢 American Sign Language (ASL): N
颢 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE
PRACTITIONER
LU, TAMMY
Provider ID: 206354
Provider Gender: Female
License Number: NP95007253
NPI: 1457879132
颢 Provider English Spoken: Y
颢 Cultural Competency: N
Board Certified Specialty: No
颢 1111 W CHASE AVE
EL CAJON, CA 92020
颢 Phone: (619) 515-2499
颢 After Hours Phone: (619) 515-2499
颢 Website: www.fhcsd.org
颢 Email: jaquelinc@fhcsd.org
颢 Medi-Cal Open Panel: Yes
颢 Min/Max Age: 0\150
颢 American Sign Language (ASL): N
颢 Accessibility: CONTACT PROVIDER

1076
D2. 医生名册

CERTIFIED NURSE
PRACTITIONER
OCHOA, ERLINDA
Provider ID: 418501
Provider Gender: Female
License Number: NP4430
NPI: 1346437464
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE
PRACTITIONER
OCHOA, ERLINDA
Provider ID: 185267
Provider Gender: Female
License Number: NP4430
NPI: 1346437464
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

CERTIFIED NURSE
PRACTITIONER
ODA, THAGHAR
Provider ID: 418340
Provider Gender: Female
License Number: NP95000205
NPI: 1063835692
Provider English Spoken: Y
Provider Language(s): Amharic, Arabic
Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
D2. 主治医生名录

CERTIFIED NURSE PRACTITIONER
ODA, THAGHAR
Provider ID: 418340
Provider Gender: Female
License Number: RN810863
NPI: 1063835692
Provider English Spoken: Y
Provider Language(s)
   Spoken: Amharic, Arabic
Cultural Competency: N
Board Certified Specialty: No

525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org

Min/Max Age: 0\150

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
ODA, THAGHAR
Provider ID: 418340
Provider Gender: Female
License Number: RN95001710
NPI: 1598161309
Provider English Spoken: Y
Provider Language(s)
   Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP

133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 401-0404
After Hours Phone: (619) 401-0404
Website: N/A
Email: iselaochoa@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU-SA 8:00AM-8:00PM

CERTIFIED NURSE PRACTITIONER
OLVERA, LUISA
Provider ID: 478971
Provider Gender: Female
License Number: NP95001710
NPI: 1598161309
Provider English Spoken: Y
Provider Language(s)
   Spoken: Spanish
Cultural Competency: N

133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 401-0404
After Hours Phone: (619) 401-0404
Website: N/A
Email: iselaochoa@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU-SA 8:00AM-8:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

- Provider English Spoken: Y
  Provider Language(s): Spanish
  Cultural Competency: N
  Hospital Affiliation: SHARP
  CHULA VISTA MED CTR
  Board Certified Specialty: No
  133 W MAIN ST STE 100
  EL CAJON, CA 92020
  Phone: (619) 401-0404
  After Hours Phone: (619) 401-0404
  Website: N/A
  Email: iselaochoa@borregohealth.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: SU-SA 8:00AM-8:00PM

- CERTIFIED NURSE PRACTITIONER
  REAL, MARIA
  Provider ID: 185267
  Provider Gender: Female
  License Number: NP17328
  NPI: 1548450471
  Provider English Spoken: Y
  Cultural Competency: N
  Hospital Affiliation: SCRIPPS
  MERCY HOSPITAL, SCRIPPS
  MERCY HOSPITAL CHULA VISTA
  Board Certified Specialty: No
  165 S 1ST ST
  EL CAJON, CA 92019
  Phone: (619) 312-0347
  After Hours Phone: (619) 312-0347
  Website: www.lamaestra.org
  Email: aschmaltz@lamaestra.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-5:30PM
  SA 8:30AM-2:00PM

- ACCESSIBILITY: CONTACT PROVIDER
  Real, Maria
  Provider ID: 185267
  Provider Gender: Female
  License Number: NP17328
  NPI: 1548450471
  Provider English Spoken: Y
  Cultural Competency: N
  Hospital Affiliation: SCRIPPS
  MERCY HOSPITAL, SCRIPPS
  MERCY HOSPITAL CHULA VISTA
  Board Certified Specialty: No
  165 S 1ST ST
  EL CAJON, CA 92019
  Phone: (619) 312-0347
  After Hours Phone: (619) 312-0347
  Website: www.lamaestra.org
  Email: aschmaltz@lamaestra.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

- CERTIFIED NURSE PRACTITIONER
  REGEV, SHANEE
  Provider ID: 569910
  Provider Gender: Female
  License Number: NP95022460
  NPI: 1477218121
  Provider English Spoken: Y
  Cultural Competency: N
  Board Certified Specialty: No
  875 EL CAJON BLVD
  EL CAJON, CA 92020
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
  Website: www.syhealth.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

- CERTIFIED NURSE PRACTITIONER
  REGEV, SHANEE
  Provider ID: 569910
  Provider Gender: Female
  License Number: NP95022460
  NPI: 1477218121
  Provider English Spoken: Y
  Cultural Competency: N
  Board Certified Specialty: No
  875 EL CAJON BLVD
  EL CAJON, CA 92020
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
  Website: www.syhealth.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

REID, EMILY
Provider ID: 185267
Provider Gender: Female
License Number: NP95002766
NPI: 1083081467
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
   SA 8:30AM-2:00PM

SMITH, SHARON
Provider ID: 418340
Provider Gender: Female
License Number: NP15444
NPI: 1780603597
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

WILLIAMS, BREAHNA
Provider ID: 185267
Provider Gender: Female
License Number: NP95001840
NPI: 1063884864
- Provider English Spoken: Y
- Provider Language(s): Spanish
Cultural Competency: N
Board Certified Specialty: No
165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

CERTIFIED NURSE PRACTITIONER
VILLANUEVA DE GUTIE, BERENICE
Provider ID: 185267
Provider Gender: Female
License Number: NP95002188
NPI: 1952795536
- Provider English Spoken: Y
- Provider Language(s): Spanish
Cultural Competency: N
Board Certified Specialty: No
165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

CERTIFIED NURSE PRACTITIONER
WILLIAMS, TAKISHA
Provider ID: 418340
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
- Provider English Spoken: Y
- Provider Language(s): Spanish
Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhircsd.org
Email: janellek@fhircsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM
CERTIFIED NURSE PRACTITIONER
WILLIAMS, TAKISHA
Provider ID: 418340
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE
CORRY, ANDREA
Provider ID: 418340
Provider Gender: Female
License Number: NM1721
NPI: 1255489571
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CHIROPRACTOR
SOSA, DAVID
Provider ID: 206354
Provider Gender: Male
License Number: DC33150
NPI: 1013308675
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1111 W CHASE AVE
EL CAJON, CA 92020
Phone: (619) 515-2499
After Hours Phone: (619) 515-2499
Website: www.fhcsd.org
Email: jaquelinc@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CHIROPRACTOR
SOSA, DAVID
Provider ID: 418340
Provider Gender: Male
License Number: DC33150
NPI: 1013308675
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

CHIROPRACTOR
UY, ASHLEY
Provider ID: 418340
Provider Gender: Female
License Number: DC33869
NPI: 1174059760
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese
Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

ENDOCRINOLOGY
METABOLISM DIABETES
NAGELBERG, JODI
Provider ID: 418340
Provider Gender: Female
License Number: A146838
NPI: 1720474141
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CHIROPRACTOR
UY, ASHLEY
Provider ID: 418340
Provider Gender: Female
License Number: DC33869
NPI: 1174059760
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese
Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

ENDOCRINOLOGY
METABOLISM DIABETES
NAGELBERG, JODI
Provider ID: 418340
Provider Gender: Female
License Number: A146838
NPI: 1720474141
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM
D2. 主治医生名录

- Provider English Spoken: Y  
  Cultural Competency: N  
  Board Certified Specialty: No
- Provider ID: 418340
- Provider Gender: Female
- License Number: A144974
- NPI: 1275948473
- Provider English Spoken: Y  
  Provider Language(s) Spoken: Arabic
- Cultural Competency: N  
  Board Certified Specialty: No
- 525 E MAIN ST  
  EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
  Email: janellek@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE
AL ANI, NAJWAN
- Provider ID: 418340
- Provider Gender: Female
- License Number: A144974
- NPI: 1275948473
- Provider English Spoken: Y  
  Provider Language(s) Spoken: Arabic
- Cultural Competency: N  
  Board Certified Specialty: No
- 525 E MAIN ST  
  EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
  Email: janellek@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE
ALGHAMDI, ASMA
- Provider ID: 569910
- Provider Gender: Female
- License Number: A167529
- NPI: 1316310840
- Provider English Spoken: Y  
  Cultural Competency: N  
  Board Certified Specialty: No
- 875 EL CAJON BLVD  
  EL CAJON, CA 92020
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
BRUHN, JOSHUA
- Provider ID: 418340
- Provider Gender: Male
- License Number: A186694
- NPI: 1447888284
- Provider English Spoken: Y  
  Cultural Competency: N  
  Board Certified Specialty: No
- 875 EL CAJON BLVD  
  EL CAJON, CA 92020
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- 525 E MAIN ST
## D2. 主治医生名录

### CORMAN, DANIEL
Provider ID: 418340  
Provider Gender: Male  
License Number: 20A13060  
NPI: 1629339593
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0|150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

### DOMINGUEZ, DENNIS
Provider ID: 569910  
Provider Gender: Male  
License Number: G43179  
NPI: 1225063811
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0|150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

### BRUHN, JOSHUA
Provider ID: 418340  
Provider Gender: Male  
License Number: A186694  
NPI: 1447888284
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0|150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

### DOMINGUEZ, DENNIS
Provider ID: 569910  
Provider Gender: Male  
License Number: G43179  
NPI: 1225063811
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0|150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### BRUHN, JOSHUA
Provider ID: 418340  
Provider Gender: Male  
License Number: A186694  
NPI: 1447888284
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0|150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

#### DOMINGUEZ, DENNIS
Provider ID: 569910  
Provider Gender: Male  
License Number: G43179  
NPI: 1225063811
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0|150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

#### FAMILY PRACTICE

#### DOMINGUEZ, DENNIS
Provider ID: 569910  
Provider Gender: Male  
License Number: G43179  
NPI: 1225063811
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0|150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

#### FAMILY PRACTICE

#### DOMINGUEZ, DENNIS
Provider ID: 569910  
Provider Gender: Male  
License Number: G43179  
NPI: 1225063811
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0|150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

#### FAMILY PRACTICE

#### DOMINGUEZ, DENNIS
Provider ID: 569910  
Provider Gender: Male  
License Number: G43179  
NPI: 1225063811
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0|150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER
D2. 主治医生名录

- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- 875 EL CAJON BLVD
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
GHAFARI, DAUOD
Provider ID: 478971
Provider Gender: Male
License Number: A98486
NPI: 1053417691
- Provider English Spoken: Y
- Provider Language(s): Farsi, Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 133 W MAIN ST STE 100
- Phone: (619) 401-0404
- After Hours Phone: (619) 401-0404
- Website: N/A
- Email: iselaocchoa@borregohealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
GORDON, CHRISTOPHER
Provider ID: 418340
Provider Gender: Male
License Number: A83390
NPI: 1477711521
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 525 E MAIN ST
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
- Email: janellek@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE
HASTANAN, CAROL
Provider ID: 206354
Provider Gender: Male
License Number: 1087
NPI: 1087
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 1087
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
- Email: iselaocchoa@borregohealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

您的家庭医生所在的医疗小组可能有心理健康提供者。请参阅下面的列表。您可以直接联系这些提供者。请注意，有些服务可能需要心理健康提供者从Blue Shield获得预授权，以便服务能够获得覆盖。

要访问心理健康提供者的在线列表，请访问blueshieldca.com/fad。
D2. 主治医生名录

**Provider Gender: Female**
License Number: A110192
NPI: 1861648461
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 1111 W CHASE AVE
- EL CAJON, CA 92020
- Phone: (619) 515-2499
- After Hours Phone: (619) 515-2499
- Website: www.fhcsd.org
- Email: jaquelinc@fhcsd.org
- Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**HODGKIN, EDWARD**
Provider ID: 418340
Provider Gender: Male
License Number: A177445
NPI: 1922619766
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 525 E MAIN ST
- EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
- Email: jellemek@fhcsd.org
- Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**HASTANAN, CAROL**
Provider ID: 206354
Provider Gender: Female
License Number: A110192
NPI: 1861648461
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 1111 W CHASE AVE
- EL CAJON, CA 92020
- Phone: (619) 515-2499
- After Hours Phone: (619) 515-2499
- Website: www.fhcsd.org
- Email: jaquelinc@fhcsd.org
- Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**KASAWA, JOHN**
Provider ID: 569910
Provider Gender: Male
License Number: A79338
NPI: 1134230329
- Provider English Spoken: Y
- Provider Language(s) Spoken: Arabic, Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 875 EL CAJON BLVD
- EL CAJON, CA 92020
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
- Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**HODGKIN, EDWARD**
Provider ID: 418340
Provider Gender: Male
License Number: A177445
NPI: 1922619766
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 525 E MAIN ST
- EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
- Email: jellemek@fhcsd.org
- Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**KASAWA, JOHN**
Provider ID: 569910
Provider Gender: Male
License Number: A79338
NPI: 1134230329
- Provider English Spoken: Y

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

- **Provider Language(s)**
  - Spoken: Arabic, Spanish
- **Cultural Competency**: N
- **Board Certified Specialty**: No

**FAMILY PRACTICE**

**LIN, SHUANG**

- **Provider ID**: 206354
- **Provider Gender**: Female
- **License Number**: A138887
- **NPI**: 1689093684
- **Spoken**: Mandarin
- **Board Certified Specialty**: No
- **Min/Max Age**: 0\150
- **American Sign Language (ASL)**: N
- **Accessibility**: CONTACT PROVIDER

**NASSIR, BASSAM**

- **Provider ID**: 569910
- **Provider Gender**: Male
- **License Number**: A101888
- **NPI**: 1386848166
- **Spoken**: Arabic
- **Board Certified Specialty**: No
- **Min/Max Age**: 0\150
- **American Sign Language (ASL)**: N
- **Accessibility**: CONTACT PROVIDER

**PUTRUS, RAMIZ**

- **Provider ID**: 185267
- **Provider Gender**: Male
- **License Number**: A68184
- **NPI**: 1144300534
D2. 主治医生名录

- **FAMILY PRACTICE**
  - **PUTRUS, RAMIZ**
    - Provider ID: 185267
    - Provider Gender: Male
    - License Number: A68184
    - NPI: 1144300534
    - Provider English Spoken: Y
    - Cultural Competency: N
    - Board Certified Specialty: No
    - 165 S 1ST ST
      - EL CAJON, CA 92019
    - Phone: (619) 312-0347
    - After Hours Phone: (619) 312-0347
    - Website: www.lamaestra.org
    - Email: aschmaltz@lamaestra.org
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\150
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER

- **FAMILY PRACTICE**
  - **SALEM, RAMSEY**
    - Provider ID: 569910
    - Provider Gender: Male
    - License Number: A158364
    - NPI: 1245401298
    - Provider English Spoken: Y
    - Cultural Competency: N
    - Board Certified Specialty: No
    - 855 E MADISON AVE
      - EL CAJON, CA 92020
    - Phone: (619) 440-2751
    - Fax: (858) 633-4692
    - After Hours Phone: (619) 440-2751
    - Website: N/A
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Hours: M-F 8:00AM-5:00PM

- **FAMILY PRACTICE**
  - **SCHUMAKER, EDWARD**
    - Provider ID: 418501
    - Provider Gender: Male
    - License Number: 20A6433
    - NPI: 1184616872
    - Provider English Spoken: Y
    - Provider Language(s) Spoken: Spanish
    - Cultural Competency: N
    - Board Certified Specialty: No
    - 1032 BROADWAY
      - EL CAJON, CA 92021
    - Phone: (619) 795-5991
    - After Hours Phone: (619)

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

795-5991
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

SCHUMAKER, EDWARD
Provider ID: 418501
Provider Gender: Male
License Number: 20A6433
NPI: 1184616872
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

SCHUMAKER, EDWARD
Provider ID: 185267
Provider Gender: Male
License Number: 20A6433
NPI: 1184616872
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC

CENTRO MEDICO EL CAJON,
Provider ID: 478971
NPI: 1154480069
Provider English Spoken: Y
Cultural Competency: N
133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 873-8940
Fax: (619) 401-0522
Website: N/A
Email: iselaachoia@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU-SA 8:00AM-8:00PM

FQHC

CENTRO MEDICO EL CAJON,
Provider ID: 478971
NPI: 1154480069
Provider English Spoken: Y
Cultural Competency: N
133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 873-8940
Fax: (619) 401-0522
Email: iselaachoia@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

873-8940
Website: N/A
Email: iselaaochoa@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU-SA 8:00AM-8:00PM

FQHC
CHASE AVENUE FAMILY HEALTH CTRS INC,
Provider ID: 206354
NPI: 1104861681
Provider English Spoken: Y
Cultural Competency: N
1111 W CHASE AVE
EL CAJON, CA 92020
Phone: (619) 515-2499
Fax: (619) 593-7164
After Hours Phone: (619) 515-2499
Website: www.fhcsd.org
Email: jaquelinc@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC
FAMILY HLTH CTR SAN DIEGO-EL CAJON,
Provider ID: 418340
NPI: 1932561198
Provider English Spoken: Y
Cultural Competency: N
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
Fax: (619) 269-0191
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM

FQHC
LA MAESTRA CHC EL CAJON BROADWAY,
Provider ID: 418501
NPI: 1134590086
Provider English Spoken: Y
Cultural Competency: N
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
Fax: (619) 795-5992
After Hours Phone: (619) 795-5991
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

**FQHC**
**LA MAESTRA CHC EL CAJON BROADWAY,**
Provider ID: 418501
NPI: 1134590086
Provider English Spoken: Y
Cultural Competency: N
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
Fax: (619) 795-5992
After Hours Phone: (619) 795-5991
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

**FQHC**
**LA MAESTRA FAMILY CLINIC INC,**
Provider ID: 185267
NPI: 1336353721
Provider English Spoken: Y
Cultural Competency: N
165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 312-0347
Fax: (619) 749-5480
After Hours Phone: (619) 312-0347
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

**FQHC**
**LA MAESTRA FAMILY CLINIC INC,**
Provider ID: 185267
NPI: 1336353721
Provider English Spoken: Y
Cultural Competency: N
165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 312-0347
Fax: (619) 749-5480
After Hours Phone: (619) 312-0347
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:00AM-5:00PM
TH-F 8:00AM-5:00PM

**FQHC**
**SAN YSIDRO HEALTH EL CAJON,**
Provider ID: 569910
NPI: 1568845741
Provider English Spoken: Y
Cultural Competency: N
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 785-3356
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

**HEPATOLOGY**
**GISH, ROBERT**
Provider ID: 185267
Provider Gender: Male
D2. 主治医生名录

License Number: G45632  
NPI: 1548281322  

- Provider English Spoken: Y  
- Provider Language(s)  
  - Spoken: Dutch, French, Spanish, Vietnamese  
- Cultural Competency: N  
- Hospital Affiliation: LOMA LINDA UNIVERSITY COMM MED CTR  

Board Certified Specialty: No  

165 S 1ST ST  
EL CAJON, CA 92019  
Phone: (619) 312-0347  
After Hours Phone: (619) 312-0347  
Website: www.lamaestra.org  
Email: aschmaltz@lamaestra.org  

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

INTERNAL MEDICINE  
AL-TAMEEMI, AHMED  
Provider ID: 478971  
Provider Gender: Male  
License Number: A151547  
NPI: 1134513211  

- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  

133 W MAIN ST STE 100  
EL CAJON, CA 92020  
Phone: (619) 401-0404  
After Hours Phone: (619) 401-0404  
Website: N/A  
Email: iselaochoa@borregohealth.org  

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE  
AWDISHO, ALAN  
Provider ID: 569910  
Provider Gender: Male  
License Number: 20A18702  
NPI: 1164795498  

- Provider English Spoken: Y  
- Cultural Competency: N  
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  

Board Certified Specialty: No  

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

1094
D2. 主治医生名录

- After Hours Phone: (619) 662-4100
  - Website: www.syhealth.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0-150
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**AWDISHO, ALAN**

Provider ID: 569910
Provider Gender: Male
License Number: 20A18702
NPI: 1164795498

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-150
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**CARPENTER, ROBERT**

Provider ID: 569910
Provider Gender: Male
License Number: 20A10964
NPI: 1356343040

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-150
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**DUONG, MAI**

Provider ID: 418340
Provider Gender: Female
License Number: A127798
NPI: 1629339304

- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Vietnamese
- Cultural Competency: N
- Board Certified Specialty: No
- 525 E MAIN ST
  - EL CAJON, CA 92020
  - Phone: (619) 515-2498
  - After Hours Phone: (619) 515-2498
  - Website: www.fhcsd.org
  - Email: janellek@fhcsd.org

**INTERNAL MEDICINE**

**DUONG, MAI**

Provider ID: 418340
Provider Gender: Female
License Number: A127798
NPI: 1629339304

- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Vietnamese
- Cultural Competency: N
- Board Certified Specialty: No
- 525 E MAIN ST
  - EL CAJON, CA 92020
  - Phone: (619) 515-2498
  - After Hours Phone: (619) 515-2498
  - Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE
GORGES, RANDA
Provider ID: 418340
Provider Gender: Female
License Number: A138815
NPI: 1285079509
 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic
 Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
 Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
 Website: www.fhcsd.org
 Email: janellek@fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE
JABRI, ZAIN
Provider ID: 418501
Provider Gender: Male
License Number: A160760
NPI: 1891159620
 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic
 Cultural Competency: N
Hospital Affiliation: ST AGNES MEDICAL CENTER, CITY OF HOPE NATIONAL MED CTR, JOHN F KENNEDY MEMORIAL HOSP, SUTTER MEDICAL CENTER SACRAMENTO, PIONEERS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
1032 BROADWAY
EL CAJON, CA 92021
 Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE
GORGES, RANDA
Provider ID: 418340
Provider Gender: Female
License Number: A138815
NPI: 1285079509
 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic
 Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
 Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
 Website: www.fhcsd.org
 Email: janellek@fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE
JABRI, ZAIN
Provider ID: 418501
Provider Gender: Male
License Number: A160760
NPI: 1891159620
 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic
 Cultural Competency: N
Hospital Affiliation: ST AGNES MEDICAL CENTER, CITY OF HOPE NATIONAL MED CTR, JOHN F KENNEDY MEMORIAL HOSP, SUTTER MEDICAL CENTER SACRAMENTO, PIONEERS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
1032 BROADWAY
D2. 主治医生名录

EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE
MANSY, TAMARA
Provider ID: 569910
Provider Gender: Female
License Number: A164238
NPI: 1396277737
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
MAY, LOUIS
Provider ID: 569910
Provider Gender: Male
License Number: A138568
NPI: 1720497514
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: EISENHOWER MEDICAL CTR
Board Certified Specialty: No
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
MICHAEL, RAMI
Provider ID: 569910
Provider Gender: Male
License Number: A144513
NPI: 1467871673
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
875 EL CAJON BLVD
EL CAJON, CA 92020
D2. 主治医生名录

**INTERNAL MEDICINE**

**MICHAEL, RAMI**
Provider ID: 569910
Provider Gender: Male
License Number: A144513
NPI: 1467871673

- Provider English Spoken: Y
- Provider Language(s) Spoken: Arabic
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

**NADI, FAHIMA**
Provider ID: 418340
Provider Gender: Female
License Number: A175325
NPI: 1770072290

- Provider English Spoken: Y
- Provider Language(s) Spoken: Pushto
- Cultural Competency: N
- Board Certified Specialty: No
- Address: 525 E MAIN ST 
  EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
- Email: janellek@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM

**NADI, FAHIMA**
Provider ID: 418340
Provider Gender: Female
License Number: A175325
NPI: 1770072290

- Provider English Spoken: Y
- Provider Language(s) Spoken: Pushto
- Cultural Competency: N
- Board Certified Specialty: No
- Address: 525 E MAIN ST 
  EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
- Email: janellek@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM

**INTERNAL MEDICINE**

**NARAYAN, ARCHANA**
Provider ID: 569910
Provider Gender: Female
License Number: A101773
NPI: 1003053950

- Provider English Spoken: Y
- Provider Language(s) Spoken: Hindi, Kannada
- Cultural Competency: N
- Hospital Affiliation: PALOMAR MEDICAL CENTER
- Board Certified Specialty: No
- Address: 875 EL CAJON BLVD 
  EL CAJON, CA 92020
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**NARAYAN, ARCHANA**
Provider ID: 569910
Provider Gender: Female
License Number: A101773
NPI: 1003053950

- Provider English Spoken: Y
- Provider Language(s) Spoken: Hindi, Kannada
- Cultural Competency: N
- Hospital Affiliation: PALOMAR MEDICAL CENTER
- Board Certified Specialty: No
- Address: 875 EL CAJON BLVD 
  EL CAJON, CA 92020
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

**Medi-Cal Open Panel:** Yes
Min/Max Age: 0\150
**American Sign Language (ASL):** N
.accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**
**REDDY, ARJUN**
Provider ID: 428134
Provider Gender: Male
NPI: 1730132457
 PROVIDER
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified Specialty: No
860 JAMACHA RD STE 107
EL CAJON, CA 92019
Phone: (619) 456-9920
Fax: (619) 456-9340
After Hours Phone: (619) 456-9920
Website: N/A
**Medi-Cal Open Panel:** Yes
Min/Max Age: 18\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-7:00PM

**INTERNAL MEDICINE**
**ROUEL, WADI**
Provider ID: 185267
Provider Gender: Male
License Number: C55979
NPI: 1740254713
 Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Spanish, Syriac
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 269-1262
After Hours Phone: (619) 269-1262
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org

**INTERNAL MEDICINE**
**ROUEL, LINDA**
Provider ID: 308485
Provider Gender: Female
NPI: 1326128950
 Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Mandarin, Syriac
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
5442 SYCUAN RD
EL CAJON, CA 92019
Phone: (619) 445-0707
Fax: (619) 445-0988
After Hours Phone: (619) 445-0707
Website: N/A
**Medi-Cal Open Panel:** Yes
Min/Max Age: 18\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-4:00PM

**INTERNAL MEDICINE**
**ROUEL, WADI**
Provider ID: 185267
Provider Gender: Male
License Number: C55979
NPI: 1740254713
 Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Spanish, Syriac
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 269-1262
After Hours Phone: (619) 269-1262
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

INTERNAL MEDICINE
ROUEL, WADI
Provider ID: 418501
Provider Gender: Male
License Number: C55979
NPI: 1740254713
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Spanish, Syriac
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5983
After Hours Phone: (619) 795-5983
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Internal Medicine

1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5983
After Hours Phone: (619) 795-5983
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Internal Medicine

 INTERNAL MEDICINE
SHEIKH-MOHAMED, HALA
Provider ID: 569910
Provider Gender: Female
License Number: A159247
NPI: 1972946770
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Hindi, Urdu
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Internal Medicine

 INTERNAL MEDICINE
SHEIKH-MOHAMED, HALA
Provider ID: 569910
Provider Gender: Female
License Number: A159247
NPI: 1972946770
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Hindi, Urdu
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Internal Medicine
D2. 主治医生名录

**INTERNAL MEDICINE**

**TCHAKMAKJIAN, LEVON**
Provider ID: 569910
Provider Gender: Male
License Number: C144411
NPI: 1790744795

- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Armenian, Hebrew
- Cultural Competency: N
- Hospital Affiliation: NORTH BAY VACAVALLEY HOSPITAL
- Board Certified Specialty: No
- 875 EL CAJON BLVD
  EL CAJON, CA 92020
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\-150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**ZAYED, AHMAD**
Provider ID: 478971
Provider Gender: Male
License Number: A169713
NPI: 1720500929

- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Arabic, Chinese, Mandarin, Persian, Tagalog
- Cultural Competency: N
- Hospital Affiliation: RIVERSIDE COMMUNITY HOSP
- Board Certified Specialty: No
- 133 W MAIN ST STE 100
  EL CAJON, CA 92020
- Phone: (619) 401-0404
- After Hours Phone: (619) 401-0404
- Website: N/A
- Email: iselachooa@borregohealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\-999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**INTERVENTIONAL CARDIOLOGY**

**KAFRI, HASSAN**
Provider ID: 569910
Provider Gender: Male
License Number: A96002
NPI: 1730258401

- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Arabic, German,
| Russian, Spanish Cultural Competency: N |
|---------------------------|------------------|
| Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR |
| Board Certified Specialty: No |
| 875 EL CAJON BLVD EL CAJON, CA 92020 |
| Phone: (619) 662-4100 |
| After Hours Phone: (619) 662-4100 |
| Website: www.syhealth.org |
| Medi-Cal Open Panel: Yes |
| Min/Max Age: 0\150 |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |

**INTERVENTIONAL CARDIOLOGY**

**MOUSSAVIAN, MEHRAN**

Provider ID: 418340

Provider Gender: Male

License Number: 20A7241

NPI: 1689788234

Provider English Spoken: Y

Provider Language(s) Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: SHARP CHULA VISTA MED CTR, TRICITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY MEMORIAL HOSPITAL, Adventist Health and Rideout

Board Certified Specialty: No

525 E MAIN ST EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619) 515-2498

Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
ALIMONOS, LYSISTRATI  
Provider ID: 418340  
Provider Gender: Female  
License Number: 20A14919  
NPI: 1619397031  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: www.fhcsd.org  
 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
BUECHNER, CHARLENE  
Provider ID: 418340  
Provider Gender: Female  
License Number: A68463  
NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, CHULA VISTA, SHARP MARY  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: www.fhcsd.org  
 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
BULLOCH, EDGAR
Provider ID: 478971
Provider Gender: Male
License Number: A113241
NPI: 1508046376
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
Sharp Grossmont Hospital
Board Certified Specialty: No
133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 873-8940
After Hours Phone: (619) 873-8940
Website: N/A
Email: iselaaochoa@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
CARTER, KHALIL
Provider ID: 418340
Provider Gender: Male
License Number: A113001
NPI: 1225231582
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL,
GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
BULLOCH, EDGAR
Provider ID: 478971
Provider Gender: Male
License Number: A113241
NPI: 1508046376
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
Sharp Grossmont Hospital
Board Certified Specialty: No
133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 873-8940
After Hours Phone: (619) 873-8940
Website: N/A
Email: iselaaochoa@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
CARTER, KHALIL
Provider ID: 418340
Provider Gender: Male
License Number: A113001
NPI: 1225231582
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL,
GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

1105
D2. 主治医生名录

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

**OBSTETRICS / GYNECOLOGY**

**CERVANTES, SANDRA**
Provider ID: 418340
Provider Gender: Female
License Number: A118095
NPI: 1073701041
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
- Board Certified Specialty: No
- 525 E MAIN ST
  EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
- Email: janellek@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**CHAKRABARTI, PRIYA**
Provider ID: 418340
Provider Gender: Female
License Number: A163464
NPI: 1326531401
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
- Board Certified Specialty: No
- 525 E MAIN ST
  EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
- Email: janellek@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM

---

1106
D2. 主治医生名录

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

OBSTETRICS / GYNECOLOGY
DE MIK, TRAVIS
Provider ID: 418340
Provider Gender: Male
License Number: A108228
NPI: 1629277322
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 525 E MAIN ST
  EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
  Email: janellek@fhcsd.org
- Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
- American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
DORUELO, ASHLEY
Provider ID: 418340
Provider Gender: Female
License Number: A178499
NPI: 1033613732
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
- Board Certified Specialty: No
- 525 E MAIN ST
  EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
  Email: janellek@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
DE MIK, TRAVIS
Provider ID: 418340
Provider Gender: Male
License Number: A108228
NPI: 1629277322
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 525 E MAIN ST
  EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
  Email: janellek@fhcsd.org
- Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
- American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
HANLEY, LAUREN
Provider ID: 418340
Provider Gender: Female
License Number: C174771
NPI: 1053392035
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
- Board Certified Specialty: No
- 525 E MAIN ST
  EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
  Email: janellek@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
HANLEY, LAUREN
Provider ID: 418340
Provider Gender: Female
License Number: C174771
NPI: 1053392035
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp
Grossmont Hospital
Board Certified Specialty: No
133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 873-8940
After Hours Phone: (619) 873-8940
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
HO, MYLIEN
Provider ID: 478971
Provider Gender: Female
License Number: A48215
NPI: 1851464606
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified Specialty: No
133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 873-8940
After Hours Phone: (619) 873-8940
Website: N/A
Email: iselaochoa@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
KHAN, ALIYA
Provider ID: 418501
Provider Gender: Female
License Number: G50634
NPI: 1285687350
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Urdu
Cultural Competency: N
Board Certified Specialty: No
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Website: N/A
Email: iselaochoa@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-2:00PM

OBSTETRICS / GYNECOLOGY
KHAN, ALIYA
Provider ID: 418501

D2. 主治医生名录

Provider Gender: Female
License Number: G50634
NPI: 1285687350
☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Hindi, Urdu
Cultural Competency: N
Board Certified Specialty: No
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Website: www.lamaestra.org
American Sign Language (ASL): Y
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-2:00PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
Provider ID: 418340
Provider Gender: Female
License Number: A72005
NPI: 1649208711
☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON
Provider ID: 418340
Provider Gender: Female
License Number: A116680
NPI: 1700073962
☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OK
D2. 主治医生名录

NPI: 1700073962
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N

Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No
- 525 E MAIN ST
- EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
- Email: janellek@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM
- SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
MELENDEZ BERRIOS, IARA DEL

Provider ID: 418340
Provider Gender: Female
NPI: 1740514249

- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL,
GROSSMONT HOSPITAL

Board Certified Specialty: No
- 525 E MAIN ST
- EL CAJON, CA 92020
- Phone: (619) 515-2498
- After Hours Phone: (619) 515-2498
- Website: www.fhcsd.org
- Email: janellek@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM
- SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
MENDEZ, DIEGO

Provider ID: 569910
Provider Gender: Male
NPI: 1437181922

- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N

Hospital Affiliation: MERCY GENERAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, BAKERSFIELD MEMORIAL HOSP, SHARP MEMORIAL HOSPITAL, Adventist Health Bakersfield, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, KERN MEDICAL CENTER

Board Certified Specialty: No
- 875 EL CAJON BLVD
- EL CAJON, CA 92020
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
D2. 主治医生名录

OBSTETRICS / GYNECOLOGY
MENDEZ, DIEGO
Provider ID: 569910
Provider Gender: Male
License Number: A47906
NPI: 1437181922
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: MERCY GENERAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, BAKERSFIELD MEMORIAL HOSP, SHARP MEMORIAL HOSPITAL, Adventist Health Bakersfield, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, KERN MEDICAL CENTER
Board Certified Specialty: No
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

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

OBSTETRICS / GYNECOLOGY
PAPA, RHETT
Provider ID: 478971
Provider Gender: Male
License Number: 20A11733
NPI: 1063642312
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified Specialty: No
Address: 133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 873-8940
After Hours Phone: (619) 873-8940
Website: N/A
Email: iselaachoaworregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
RODRIGUEZ JEREZ, ROBERTO
Provider ID: 418340
Provider Gender: Male
License Number: A154298
NPI: 1710316450
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
Address: 525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
PAPA, RHETT
Provider ID: 478971
Provider Gender: Male
License Number: 20A11733
NPI: 1063642312
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified Specialty: No
Address: 133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 873-8940
After Hours Phone: (619) 873-8940
Website: N/A

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

RODRIGUEZ JEREZ, ROBERTO
Provider ID: 418340
Provider Gender: Male
License Number: A154298
NPI: 1710316450
Provider English Spoken: Y
Provider Language(s): Spanish
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
SAPRA, SONIA
Provider ID: 418340
Provider Gender: Female
License Number: A164859
NPI: 1952751711
Provider English Spoken: Y
Provider Language(s): Hindi
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
STABEN, REBECCA
Provider ID: 418340
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
STABEN, REBECCA
Provider ID: 418340
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
WINESBURG, JENNIFER
Provider ID: 418340
Provider Gender: Female
License Number: 20A11535
NPI: 1811162456
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
ZIEG, ALAN
Provider ID: 418340
Provider Gender: Male
License Number: G78814
NPI: 1699790634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
ZIEG, ALAN
Provider ID: 418340
Provider Gender: Male
License Number: G78814
NPI: 1699790634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
D2. 主治医生名录

**OPHTHALMOLOGY**

**ALBORZIAN, SHERVIN**

Provider ID: 418340
Provider Gender: Male
License Number: A107093
NPI: 1588825129
Provider English Spoken: Y
Provider Language(s): Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No

**OPHTHALMOLOGY**

**JARDON, JAVIER**

Provider ID: 569910
Provider Gender: Male
License Number: A131365
NPI: 1609171982
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CALIFORNIA HOSP MED CTR LOS ANGELES, EL CENTRO REGIONAL MEDICAL CENTER
Board Certified Specialty: No

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
662-4100

Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

OPHTHALMOLOGY
MANI, NASRIN
Provider ID: 569910
Provider Gender: Female
License Number: A40473
NPI: 1023061314

Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Faroese, Farsi, Persian, Spanish

Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSD MEDICAL CTR, SHARP CHULA VISTA MED CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OPHTHALMOLOGY
PAPASTERGIOU, GEORGIOS
Provider ID: 569910
Provider Gender: Male
License Number: A127706
NPI: 1790054393

Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Farsi, French, Greek, Italian, Spanish

Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OPHTHALMOLOGY
PONS, MAURICIO
Provider ID: 569910
Provider Gender: Male
License Number: A87650
NPI: 1376723759
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OPHTHALMOLOGY
SKAF, AYHAM
Provider ID: 569910
Provider Gender: Male
License Number: A120584
NPI: 1285888628
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Spanish
Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No

875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \( \leq \) 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

ADJAN, ROULA
Provider ID: 185267
Provider Gender: Female
License Number: A81682
NPI: 1992847263
Provider English Spoken: Y
Provider Language(s): Spoken: Arabic, Spanish
Cultural Competency: N
Board Certified Specialty: No
165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 280-4213
After Hours Phone: (619) 280-4213
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \( \leq \) 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

CONE, STEPHANIE
Provider ID: 185267
Provider Gender: Female
License Number: A123929
NPI: 1437444858
Provider English Spoken: Y
Provider Language(s): Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \( \leq \) 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

PROVIDER

PEDIATRICS
CONE, STEPHANIE
Provider ID: 418501
Provider Gender: Female
License Number: A123929
NPI: 1437444858

- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO
- Board Certified Specialty: No
- 1032 BROADWAY
- EL CAJON, CA 92021
- Phone: (619) 795-5991
- After Hours Phone: (619) 795-5991
- Website: www.lamaestra.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM

PEDIATRICS
FIGUEROA RODRIGUEZ, BRENDA
Provider ID: 478971
Provider Gender: Female
License Number: A114674
NPI: 1134205214

- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 133 W MAIN ST STE 100
- EL CAJON, CA 92020
- Phone: (619) 873-8940
- After Hours Phone: (619) 873-8940
- Website: N/A
- Email: iselaochoa@borregohealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

PEDIATRICS
FLEMING, TARA
Provider ID: 418340
Provider Gender: Female
License Number: A152462
NPI: 1972965242

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL
## D2. 主治医生名录

**Board Certified Specialty: No**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Email</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL):</th>
<th>Accessibility</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PEDIATRICS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HOANG, VY</strong></td>
<td>525 E MAIN ST</td>
<td>(619) 515-2498</td>
<td>(619) 515-2498</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td><a href="mailto:janellek@fhcsd.org">janellek@fhcsd.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 8:30AM-5:30PM</td>
</tr>
<tr>
<td></td>
<td>EL CAJON, CA 92020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FLEMING, TARA</strong></td>
<td>525 E MAIN ST</td>
<td>(619) 515-2498</td>
<td>(619) 515-2498</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td><a href="mailto:janellek@fhcsd.org">janellek@fhcsd.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 8:30AM-5:30PM</td>
</tr>
<tr>
<td></td>
<td>EL CAJON, CA 92020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>JACKSON, DANA</strong></td>
<td>525 E MAIN ST</td>
<td>(619) 515-2498</td>
<td>(619) 515-2498</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td><a href="mailto:janellek@fhcsd.org">janellek@fhcsd.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 8:30AM-5:30PM</td>
</tr>
<tr>
<td></td>
<td>EL CAJON, CA 92020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hospital Affiliation:**
- MARINHEALTH AND MARINHEALTH MEDICAL CENTER, SCRIPPS MERCY HOSPITAL

**PEDIATRICS**

**HOANG, VY**

Provider ID: 546310

Provider Gender: Female

NPI: 1649575135

Provider English Spoken: Y

Cultural Competency: N

GROSSMONT HOSPITAL,

SHARP MARY BIRCH HOSP

FOR WOMEN AND NEWBORNS, Rady CHILDREN'S HOSPITAL SAN DIEGO

**FLEMING, TARA**

Provider ID: 418340

Provider Gender: Female

License Number: A152462

NPI: 1972965242

Provider English Spoken: Y

Cultural Competency: N

SCARPPS MERCY HOSPITAL

**JACKSON, DANA**

Provider ID: 418340

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

Provider English Spoken: Y

Provider Language(s) Spoken: Portuguese, Spanish

Cultural Competency: N

MARINHEALTH AND MARINHEALTH MEDICAL CENTER, SCRIPPS MERCY HOSPITAL

**ACCESSIBILITY:**

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
KODSI, ALICIA
Provider ID: 418340
Provider Gender: Female
License Number: A147976
NPI: 1932514353
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

PEDIATRICS
NAGNUR, PRITI
Provider ID: 206354
Provider Gender: Female
License Number: A170055
NPI: 1316289929
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Kannada
Cultural Competency: N
Board Certified Specialty: No
1111 W CHASE AVE
EL CAJON, CA 92020
Phone: (619) 515-2499
After Hours Phone: (619) 515-2499
Website: www.fhcsd.org
Email: jaquelinc@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
NAIK, SHILPA
Provider ID: 546498
Provider Gender: Female
NPI: 1902156904
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL
Board Certified Specialty: No
844 JACKMAN ST
D2. 主治医生名录

EL CAJON, CA 92020
ê Phone: (619) 442-2560
Fax: (619) 442-7836
û After Hours Phone: (619) 442-2560
ê Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
ê Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
NGUYEN, VI
Provider ID: 546509
Provider Gender: Female
NPI: 1053540534
ê Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDREN'S HOSPITAL SAN DIEGO
Board Certified Specialty: No
ê 844 JACKMAN ST
EL CAJON, CA 92020
ê Phone: (619) 442-2560
Fax: (619) 442-7836
û After Hours Phone: (619) 442-2560
ê Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
ê Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
PINTO, ANITA
Provider ID: 546215
Provider Gender: Female
NPI: 1477663722
ê Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORN, RADY CHILDREN'S HOSPITAL SAN DIEGO
Board Certified Specialty: No
ê 844 JACKMAN ST
EL CAJON, CA 92020
ê Phone: (619) 442-2560
Fax: (619) 442-7836
û After Hours Phone: (619) 442-2560
ê Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
ê Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
RODRIGUEZ, ALDO
Provider ID: 569910
Provider Gender: Male
License Number: A134995
NPI: 1508209651
ê Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
ê 844 JACKMAN ST
EL CAJON, CA 92020
ê Phone: (619) 442-2560
Fax: (619) 442-7836
û After Hours Phone: (619) 442-2560
ê Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
ê Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PHYSICIANS ASSISTANT
ALYAS, ALISIA
Provider ID: 185267
Provider Gender: Female
License Number: PA58466
NPI: 1437768017
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
165 S 1ST ST
EL CAJON, CA 92019
 Phone: (619) 312-0347
 After Hours Phone: (619) 312-0347
 Website: www.lamaestra.org
 Email:
 aschmaltz@lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
ALYAS, ALISIA
Provider ID: 418501
Provider Gender: Female
License Number: PA58466
NPI: 1437768017
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1032 BROADWAY
EL CAJON, CA 92021
 Phone: (619) 795-5991
 After Hours Phone: (619) 795-5991
 Website: www.lamaestra.org
 Email:
 aschmaltz@lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
ALYAS, ALISIA
Provider ID: 185267
Provider Gender: Male
License Number: PA13694
NPI: 1346382611
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
165 S 1ST ST
EL CAJON, CA 92019
 Phone: (619) 312-0347
 After Hours Phone: (619) 312-0347
 Website: www.lamaestra.org
 Email:
 aschmaltz@lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
D2. 主治医生名录

Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

PHYSICIANS ASSISTANT

ARMENTA, JORGE  
Provider ID: 185267  
Provider Gender: Male  
License Number: PA13694  
NPI: 1346382611

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
165 S 1ST ST  
EL CAJON, CA 92019  
Phone: (619) 312-0347  
After Hours Phone: (619) 312-0347  
Website: www.lamaestra.org  
Email: aschmaltz@lamaestra.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

PHYSICIANS ASSISTANT

MERCER, KELLY  
Provider ID: 185267  
Provider Gender: Female  
License Number: PA18501  
NPI: 1154609790

Provider English Spoken: Y  
Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Board Certified Specialty: No  
165 S 1ST ST  
EL CAJON, CA 92019  
Phone: (619) 312-0347  
After Hours Phone: (619) 312-0347  
Website: www.lamaestra.org  
Email: aschmaltz@lamaestra.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

PHYSICIANS ASSISTANT

MERCER, KELLY  
Provider ID: 418501  
Provider Gender: Female  
License Number: PA21625  
NPI: 1154609790

Provider English Spoken: Y  
Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Board Certified Specialty: No  
1032 BROADWAY  
EL CAJON, CA 92021  
Phone: (619) 795-5991  
After Hours Phone: (619) 795-5991  
Website: www.lamaestra.org  
Email: aschmaltz@lamaestra.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM
D2. 主治医生名录

**Spoken:** Arabic  
**Cultural Competency:** N  
**Board Certified Specialty:** No  
**1032 BROADWAY**  
**EL CAJON, CA 92021**  
**Phone:** (619) 795-5991  
**After Hours Phone:** (619) 795-5991  
**Website:** www.lamaestra.org  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\150  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:30AM-5:30PM

**PHYSICIANS ASSISTANT**  
**ROSENBLATT, SHERI**  
**Provider ID:** 569910  
**Provider Gender:** Female  
**License Number:** PA22872  
**NPI:** 1114041621  
**Provider English Spoken:** Y  
**Cultural Competency:** N  
**Hospital Affiliation:** SCRIPPS MEMORIAL HOSPITAL  
**Board Certified Specialty:** No  
**875 EL CAJON BLVD**  
**EL CAJON, CA 92020**  
**Phone:** (619) 662-4100  
**After Hours Phone:** (619) 662-4100  
**Website:** www.syhealth.org  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\150  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM

**PHYSICIANS ASSISTANT**  
**TURNER, SHEREENA**  
**Provider ID:** 418340  
**Provider Gender:** Female  
**License Number:** PA20396  
**NPI:** 1992934988  
**Provider English Spoken:** Y  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** N  
**Board Certified Specialty:** No  
**525 E MAIN ST**  
**EL CAJON, CA 92020**  
**Phone:** (619) 515-2498  
**After Hours Phone:** (619) 515-2498  
**Website:** www.fhcsd.org  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\150  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:30AM-5:30PM

**PHYSICIANS ASSISTANT**  
**ZAMBRANA, GEORGE**  
**Provider ID:** 478971  
**Provider Gender:** Male
D2. 主治医生名录

License Number: PA16673
NPI: 1104836659
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 873-8940
After Hours Phone: (619) 873-8940
Website: N/A
Email: iselaacho@borregehealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU-SA 8:00AM-8:00PM

PODIATRIST
CHARP, KENNETH
Provider ID: 478971
Provider Gender: Male
License Number: DPM1536
NPI: 1841384203
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 873-8940
After Hours Phone: (619) 873-8940
Website: N/A
Email: iselaacho@borregehealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PODIATRIST
JUAREZ, LETICIA
Provider ID: 418340
Provider Gender: Female
License Number: DPM5661
NPI: 1508393778
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2400
After Hours Phone: (619) 515-2400
Website: www.fhcsd.org
Email: janelle@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
D2. 主治医生名录

PODIATRIST
JUAREZ, LETICIA
Provider ID: 418340
Provider Gender: Female
License Number: DPM5661
NPI: 1508393778
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

PODIATRIST
LE, DIANA
Provider ID: 418340
Provider Gender: Female
License Number: DPM5734
NPI: 1184112864
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: ANAHEIM REGIONAL MEDICAL CTR
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

REGISTERED PHYSICAL THERAPIST
CUMMINGS, GEORGE
Provider ID: 418340
Provider Gender: Male
License Number: PT295173
NPI: 1497236384
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>Provider</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Email</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
</tr>
</thead>
</table>
| **REGISTERED PHYSICAL THERAPIST**
**DASCENZO, EMILY**
Provider ID: 569910
Provider Gender: Female
License Number: PT40025
NPI: 1952982761
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Address: 875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

**REGISTERED PHYSICAL THERAPIST**
**GUTIERREZ, JUSTINE**
Provider ID: 418340
Provider Gender: Female
License Number: PT292482
NPI: 1851834873
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Address: 525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

**REGISTERED PHYSICAL THERAPIST**
**KUIOKA, TROY**
Provider ID: 569910
Provider Gender: Male
License Number: PT42665
NPI: 1912640053
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Address: 875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

REGISTERED PHYSICAL THERAPIST
KUIOKA, TROY
Provider ID: 569910
Provider Gender: Male
License Number: PT42665
NPI: 1912640053
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

REGISTERED PHYSICAL THERAPIST
MIGNEA, DAVID
Provider ID: 418340
Provider Gender: Male
License Number: PT293536
NPI: 1043736879
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

ENCINITAS

CERTIFIED NURSE PRACTITIONER
MACIAS, ALISSA
Provider ID: 480243
Provider Gender: Female
License Number: NP21368
NPI: 1952658445
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
MACIAS, ALISSA
Provider ID: 480243
Provider Gender: Female
License Number: NP21368
NPI: 1952658445
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
D2. 主治医生名录

- Website: N/A  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\150  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
MACIAS, ALISSA
Provider ID: 480243  
Provider Gender: Female  
License Number: NP21368  
NPI: 1952658445  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

CHIROPRACTOR
LOVERN, JENNIFER
Provider ID: 480243  
Provider Gender: Female  
License Number: DC29074  
NPI: 1235469396  
Provider English Spoken: Y  
Provider Language(s) Spoken: Italian, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
MACIAS, ALISSA
Provider ID: 480243  
Provider Gender: Female  
License Number: NP21368  
NPI: 1952658445  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

CHIROPRACTOR
LOVERN, JENNIFER
Provider ID: 480243  
Provider Gender: Female  
License Number: DC29074  
NPI: 1235469396  
Provider English Spoken: Y  
Provider Language(s) Spoken: Italian, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

CHIROPRACTOR
LOVERN, JENNIFER
Provider ID: 480243  
Provider Gender: Female  
License Number: DC29074  
NPI: 1235469396  
Provider English Spoken: Y  
Provider Language(s) Spoken: Italian, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

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

CHIROPRACTOR
LOVERN, JENNIFER
Provider ID: 480243  
Provider Gender: Female  
License Number: DC29074  
NPI: 1235469396  
Provider English Spoken: Y  
Provider Language(s) Spoken: Italian, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

1129
## American Sign Language (ASL):

- N

### CHIROPRACTOR

**LOVERN, JENNIFER**

- **Provider ID**: 480243
- **Provider Gender**: Female
- **License Number**: DC29074
- **NPI**: 1235469396
  - **Provider English Spoken**: Y
  - **Provider Language(s)**: Spoken: Italian, Spanish
  - **Cultural Competency**: N
  - **Board Certified Specialty**: No
  - **1130 2ND ST ENCINITAS, CA 92024**
  - **Phone**: (760) 753-7842
  - **After Hours Phone**: (760) 753-7842
  - **Website**: N/A
  - **Medi-Cal Open Panel**: Yes
  - **Min/Max Age**: 0\150

### FAMILY PRACTICE

**NATH, DEVARSHI**

- **Provider ID**: 480243
- **Provider Gender**: Male
- **License Number**: C54157
- **NPI**: 1275630618
  - **Provider English Spoken**: Y
  - **Provider Language(s)**: Spoken: Bengali
  - **Cultural Competency**: N
  - **Board Certified Specialty**: No
  - **1130 2ND ST ENCINITAS, CA 92024**
  - **Phone**: (760) 753-7842
  - **After Hours Phone**: (760) 753-7842
  - **Website**: N/A
  - **Medi-Cal Open Panel**: Yes
  - **Min/Max Age**: 0\150

### FAMILY PRACTICE

**NATH, DEVARSHI**

- **Provider ID**: 480243
- **Provider Gender**: Male
- **License Number**: C54157
- **NPI**: 1275630618
  - **Provider English Spoken**: Y
  - **Provider Language(s)**: Spoken: Bengali
  - **Cultural Competency**: N
  - **Board Certified Specialty**: No
  - **1130 2ND ST ENCINITAS, CA 92024**
  - **Phone**: (760) 753-7842
  - **After Hours Phone**: (760) 753-7842
  - **Website**: N/A
  - **Medi-Cal Open Panel**: Yes
  - **Min/Max Age**: 0\150

---

**D2. 主治医生名录**

<table>
<thead>
<tr>
<th>American Sign Language (ASL):</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Hours: M-TH 8:00AM-5:00PM F 8:30AM-5:30PM</td>
<td></td>
</tr>
</tbody>
</table>

**CHIROPRACTOR**

**LOVERN, JENNIFER**

- **Provider ID**: 480243
- **Provider Gender**: Female
- **License Number**: DC29074
- **NPI**: 1235469396
  - **Provider English Spoken**: Y
  - **Provider Language(s)**: Spoken: Italian, Spanish
  - **Cultural Competency**: N
  - **Board Certified Specialty**: No
  - **1130 2ND ST ENCINITAS, CA 92024**
  - **Phone**: (760) 753-7842
  - **After Hours Phone**: (760) 753-7842
  - **Website**: N/A
  - **Medi-Cal Open Panel**: Yes
  - **Min/Max Age**: 0\150

**FAMILY PRACTICE**

**NATH, DEVARSHI**

- **Provider ID**: 480243
- **Provider Gender**: Male
- **License Number**: C54157
- **NPI**: 1275630618
  - **Provider English Spoken**: Y
  - **Provider Language(s)**: Spoken: Bengali
  - **Cultural Competency**: N
  - **Board Certified Specialty**: No
  - **1130 2ND ST ENCINITAS, CA 92024**
  - **Phone**: (760) 753-7842
  - **After Hours Phone**: (760) 753-7842
  - **Website**: N/A
  - **Medi-Cal Open Panel**: Yes
  - **Min/Max Age**: 0\150

**FAMILY PRACTICE**

**NATH, DEVARSHI**

- **Provider ID**: 480243
- **Provider Gender**: Male
- **License Number**: C54157
- **NPI**: 1275630618
  - **Provider English Spoken**: Y
  - **Provider Language(s)**: Spoken: Bengali
  - **Cultural Competency**: N
  - **Board Certified Specialty**: No
  - **1130 2ND ST ENCINITAS, CA 92024**
  - **Phone**: (760) 753-7842
  - **After Hours Phone**: (760) 753-7842
  - **Website**: N/A
  - **Medi-Cal Open Panel**: Yes
  - **Min/Max Age**: 0\150

American Sign Language (ASL):
FAMILY PRACTICE
SAFI, ROOZCHEHR
Provider ID: 480243
Provider Gender: Female
License Number: A116562
NPI: 1659563641
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Board Certified Specialty: No
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 753-7842
After Hours Phone: (760) 753-7842
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
SAFI, ROOZCHEHR
Provider ID: 480243
Provider Gender: Female
License Number: A116562
NPI: 1659563641
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Board Certified Specialty: No
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 753-7842
After Hours Phone: (760) 753-7842
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
SAFI, ROOZCHEHR
Provider ID: 480243
Provider Gender: Female
License Number: A116562
NPI: 1659563641
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese
Cultural Competency: N
Board Certified Specialty: No
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 753-7842
After Hours Phone: (760) 753-7842
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
主治医生名录

FAMILY PRACTICE
WILLIE, KADEN
Provider ID: 480243
Provider Gender: Male
License Number: 20A17306
NPI: 1790133767
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese
Cultural Competency: N
Board Certified Specialty: No
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM
F 8:30AM-5:30PM

FAMILY PRACTICE
WILLIE, KADEN
Provider ID: 480243
Provider Gender: Male
License Number: 20A17306
NPI: 1790133767
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese
Cultural Competency: N
Board Certified Specialty: No
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM
F 8:30AM-5:30PM

FQHC
TRUECARE,
Provider ID: 480243
NPI: 1245246917
Provider English Spoken: Y
Cultural Competency: N
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 753-7842
After Hours Phone: (760) 753-7842
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM
F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
MOSTOFIAN, EIMANEH
Provider ID: 480243
D2. 主治医生名录

**OBSTETRICS / GYNECOLOGY**

**MOSTOFIAN, EIMANEH**

Provider ID: 480243  
Provider Gender: Female  
License Number: A97181  
NPI: 1154477628  
Provider English Spoken: Y  
Provider Language(s): Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER  
Board Certified Specialty: No  
1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-5:00PM  
F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**MOSTOFIAN, EIMANEH**

Provider ID: 480243  
Provider Gender: Female  
License Number: A97181  
NPI: 1154477628  
Provider English Spoken: Y  
Provider Language(s): Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER  
Board Certified Specialty: No  
1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-5:00PM  
F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**MOSTOFIAN, EIMANEH**

Provider ID: 480243  
Provider Gender: Female  
License Number: A97181  
NPI: 1154477628  
Provider English Spoken: Y  
Provider Language(s): Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER  
Board Certified Specialty: No  
1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-5:00PM  
F 8:30AM-5:30PM

**PEDIATRICS**

**BRION, SONJA**

Provider ID: 386639  
Provider Gender: Female  
NPI: 1306817317  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO,
D2. 主治医生名录

SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024
Phone: (760) 436-4511
Fax: (760) 436-5106
After Hours Phone: (760) 436-4511
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
CLEMENTINO, NANCY
Provider ID: 386643
Provider Gender: Female
NPI: 1619948619
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024
Phone: (760) 436-4511
Fax: (760) 436-5106
After Hours Phone: (760) 436-4511
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

MENDENHALL, ANNA
Provider ID: 386635
Provider Gender: Female
NPI: 1639140650
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024
Phone: (760) 436-4511
Fax: (760) 436-5106
After Hours Phone: (760) 436-4511
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
MURPHY, CARMEL
Provider ID: 480243
Provider Gender: Female
License Number: A103940
NPI: 1790824787
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
1130 2ND ST ENCINITAS, CA 92024
Phone: (760) 753-7842
After Hours Phone: (760) 753-7842
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
MURPHY, CARMEL
Provider ID: 480243
Provider Gender: Female
License Number: A103940
NPI: 1790824787
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

DIEGO
Board Certified Specialty: No
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 753-7842
After Hours Phone: (760) 753-7842
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
MURPHY, CARMEL
Provider ID: 480243
Provider Gender: Female
License Number: A103940
NPI: 1790824787
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 753-7842
After Hours Phone: (760) 753-7842
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
TERRY, AMANDA
Provider ID: 386739
Provider Gender: Female
NPI: 1861770885
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
499 N EL CAMINO REAL STE B100
ENCINITAS, CA 92024
Phone: (760) 436-4511
Fax: (760) 436-5106
After Hours Phone: (760) 436-4511
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

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

PEDIATRICS
TOLBA, KAMEI
Provider ID: 386624
Provider Gender: Male
NPI: 1144221763
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
499 N EL CAMINO REAL STE B100
ENCINITAS, CA 92024
Phone: (760) 436-4511
Fax: (760) 436-5106
After Hours Phone: (760) 436-4511
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

1135
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>医生</th>
<th>主治医生名录</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>Website: N/A</td>
</tr>
<tr>
<td>-</td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>-</td>
<td>Min/Max Age: 0\19</td>
</tr>
<tr>
<td>-</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>-</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>-</td>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
</tbody>
</table>

#### PHYSICIANS ASSISTANT

**CHISWICK, GARY**

- Provider ID: 480243
- Provider Gender: Male
- License Number: PA22667
- NPI: 1174964001
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: GROSSMONT HOSPITAL
- Board Certified Specialty: No
- 1130 2ND ST ENCINITAS, CA 92024
- Phone: (760) 736-6767
- After Hours Phone: (760) 736-6767
- Website: N/A

**FORSMAN, SHANA**

- Provider ID: 480243
- Provider Gender: Female
- License Number: PA19437
- NPI: 1306026737
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: GROSSMONT HOSPITAL
- Board Certified Specialty: No
- 1130 2ND ST ENCINITAS, CA 92024
- Phone: (760) 736-6767
- After Hours Phone: (760) 736-6767
- Website: N/A

**CHISWICK, GARY**

- Provider ID: 480243
- Provider Gender: Male
- License Number: PA22667
- NPI: 1174964001
- Provider English Spoken: Y
- Cultural Competency: N
PHYSICIANS ASSISTANT
FORSMAN, SHANA
Provider ID: 480243
Provider Gender: Female
License Number: PA19437
NPI: 1306026737
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
1130 2ND ST
ENCINITAS, CA 92024
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
FORSMAN, SHANA
Provider ID: 480243
Provider Gender: Female
License Number: PA19437
NPI: 1306026737
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
1130 2ND ST
ENCINITAS, CA 92024
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
CARNEY, AMY
Provider ID: 206271
Provider Gender: Female
License Number: NP8169
NPI: 1164445227
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: PALOMAR MEDICAL CENTER
 Board Certified Specialty: No
728 E VALLEY PKWY
ESCONDIDO, CA 92025
 Phone: (760) 737-6900
 After Hours Phone: (760) 737-6900
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

ESCONDIDO

CERTIFIED NURSE PRACTITIONER
CARNEY, AMY
Provider ID: 206271
Provider Gender: Female
License Number: NP8169
NPI: 1164445227
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: PALOMAR MEDICAL CENTER
 Board Certified Specialty: No
728 E VALLEY PKWY
ESCONDIDO, CA 92025
 Phone: (760) 737-6900
 After Hours Phone: (760) 737-6900
 Website: N/A
 Medi-Cal Open Panel: Yes
D2. 主治医生名录

Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-TU 8:00AM-5:00PM
W 9:00AM-5:00PM
TH-F 8:00AM-5:00PM

CERTIFIED NURSE PRACTITIONER

HACINAS, REYNALDO
Provider ID: 419344
Provider Gender: Male
License Number: NP95003024
NPI: 1215304860
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025
 Phone: (760) 767-5051
 After Hours Phone: (760) 767-5051
 Website: N
 Email:
iselaochoa@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

KAHL, NICHOLAS
Provider ID: 588941
Provider Gender: Male
License Number: NP95006360
NPI: 1821306598
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
704 E GRAND AVE
ESCONDIDO, CA 92025
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

MITCHELL, CATHY
Provider ID: 424775
Provider Gender: Female
License Number: NP4799
NPI: 1356365365
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
426 N DATE ST
ESCONDIDO, CA 92025
 Phone: (760) 690-5900
 After Hours Phone: (760) 690-5900
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL):
D2. 主治医生名录

704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE
PRACTITIONER
MITCHELL, CATHY
Provider ID: 424775
Provider Gender: Female
License Number: NP4799
NPI: 1356365365
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
426 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 690-5900
After Hours Phone: (760) 690-5900
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

CERTIFIED NURSE
PRACTITIONER
TODD, MIKAYLA
Provider ID: 588941
Provider Gender: Female
License Number: NP95005999
NPI: 1316478092
 Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CHIROPRACTOR
ROBINSON, DEAN
Provider ID: 588941
Provider Gender: Male
License Number: NP95005999
NPI: 1316478092
 Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 690-5900
After Hours Phone: (760) 690-5900
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CHIROPRACTOR
ROBINSON, DEAN
Provider ID: 206270
Provider Gender: Male
License Number: DC12036
NPI: 1851320337
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>Provider ID: 206270</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>License Number: DC28605</td>
</tr>
<tr>
<td>NPI: 1427252121</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s) Spoken: Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s) Spoken: Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Phone: (760) 520-8100</td>
</tr>
<tr>
<td>After Hours Phone: (760) 520-8100</td>
</tr>
<tr>
<td>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td>SA 8:00AM-0:00PM</td>
</tr>
</tbody>
</table>

#### CHIROPRACTOR

<table>
<thead>
<tr>
<th>ZECHA, RONALD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 206270</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>License Number: DC28605</td>
</tr>
<tr>
<td>NPI: 1427252121</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s) Spoken: Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s) Spoken: Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Phone: (760) 520-8100</td>
</tr>
<tr>
<td>After Hours Phone: (760) 520-8100</td>
</tr>
<tr>
<td>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

### FAMILY PRACTICE

<table>
<thead>
<tr>
<th>ARRIETA, NOEMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 588941</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>License Number: 20A11153</td>
</tr>
<tr>
<td>NPI: 1912223496</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s) Spoken: Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
</tr>
<tr>
<td>After Hours Phone: (619) 662-4100</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\120</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

### FAMILY PRACTICE

<table>
<thead>
<tr>
<th>AVILA, MICHAEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 206270</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>License Number: A159727</td>
</tr>
<tr>
<td>NPI: 1962936450</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Phone: (760) 520-8100</td>
</tr>
<tr>
<td>After Hours Phone: (760) 520-8100</td>
</tr>
<tr>
<td>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit [blueshieldca.com/fad](http://blueshieldca.com/fad).
D2. 主治医生名录

FAMILY PRACTICE
AVILA, MICHAEL
Provider ID: 206270
Provider Gender: Male
License Number: A159727
NPI: 1962936450
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:00AM-8:00PM
TH-F 8:00AM-5:00PM

FAMILY PRACTICE
CASTANER, ZALYA
Provider ID: 206270
Provider Gender: Female
License Number: A139490
NPI: 1487072179
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (760) 737-6900
After Hours Phone: (760) 737-6900
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:00AM-8:00PM
TH-F 8:00AM-5:00PM

FAMILY PRACTICE
CASTANER, ZALYA
Provider ID: 206271
Provider Gender: Female
License Number: A139490
NPI: 1487072179
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

FAMILY PRACTICE
CASTANER, ZALYA
Provider ID: 206271
Provider Gender: Female
License Number: A139490
NPI: 1487072179
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (760) 737-6900
After Hours Phone: (760) 737-6900
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:00AM-8:00PM
TH-F 8:00AM-5:00PM
### FAMILY PRACTICE

<table>
<thead>
<tr>
<th>COBIAN, VANESSA</th>
<th>Provider ID: 206271</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Gender: Female</td>
<td></td>
</tr>
<tr>
<td>License Number: A145349</td>
<td></td>
</tr>
<tr>
<td>NPI: 1134513039</td>
<td></td>
</tr>
</tbody>
</table>

- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Provider ID: 206271  
- Provider Gender: Female  
- License Number: A145349  
- NPI: 1134513039  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  
- 728 E VALLEY PKWY  
- ESCONDIDO, CA 92025  
- Phone: (760) 737-6900  
- After Hours Phone: (760) 737-6900  
- Website: N/A  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-W 8:00AM-8:00PM  
- TH-F 8:00AM-5:00PM

### FAMILY PRACTICE

<table>
<thead>
<tr>
<th>COX, VICTORIA</th>
<th>Provider ID: 588941</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Gender: Female</td>
<td></td>
</tr>
<tr>
<td>License Number: C171064</td>
<td></td>
</tr>
<tr>
<td>NPI: 1093087819</td>
<td></td>
</tr>
</tbody>
</table>

- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Provider ID: 588941  
- Provider Gender: Female  
- License Number: C171064  
- NPI: 1093087819  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  
- 704 E GRAND AVE  
- ESCONDIDO, CA 92025  
- Phone: (619) 662-4100  
- After Hours Phone: (619) 662-4100  
- Website: N/A  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\120  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F 8:00AM-5:00PM  
- SA 8:00AM-0:00PM

### FAMILY PRACTICE

<table>
<thead>
<tr>
<th>FERRAILO, NATALIE</th>
<th>Provider ID: 206270</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Gender: Female</td>
<td></td>
</tr>
<tr>
<td>License Number: A152372</td>
<td></td>
</tr>
<tr>
<td>NPI: 1306290143</td>
<td></td>
</tr>
</tbody>
</table>

- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Provider ID: 206270  
- Provider Gender: Female  
- License Number: A152372  
- NPI: 1306290143  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  
- 460 N ELM ST  
- ESCONDIDO, CA 92025  
- Phone: (760) 520-8100  
- After Hours Phone: (760) 520-8100  
- Website: www.ihpsocal.org  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F 8:00AM-5:00PM  
- SA 8:00AM-0:00PM

---

### D2. 主治医生名录

**PROVIDER**

**FAMILY PRACTICE**

<table>
<thead>
<tr>
<th>COBIAN, VANESSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 206271</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: A145349</td>
</tr>
<tr>
<td>NPI: 1134513039</td>
</tr>
</tbody>
</table>

- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Provider ID: 206271  
- Provider Gender: Female  
- License Number: A145349  
- NPI: 1134513039  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  
- 728 E VALLEY PKWY  
- ESCONDIDO, CA 92025  
- Phone: (760) 737-6900  
- After Hours Phone: (760) 737-6900  
- Website: N/A  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-W 8:00AM-8:00PM  
- TH-F 8:00AM-5:00PM

**FAMILY PRACTICE**

<table>
<thead>
<tr>
<th>COX, VICTORIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 588941</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: C171064</td>
</tr>
<tr>
<td>NPI: 1093087819</td>
</tr>
</tbody>
</table>

- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Provider ID: 588941  
- Provider Gender: Female  
- License Number: C171064  
- NPI: 1093087819  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  
- 704 E GRAND AVE  
- ESCONDIDO, CA 92025  
- Phone: (619) 662-4100  
- After Hours Phone: (619) 662-4100  
- Website: N/A  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\120  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F 8:00AM-5:00PM  
- SA 8:00AM-0:00PM

**FAMILY PRACTICE**

<table>
<thead>
<tr>
<th>FERRAILO, NATALIE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 206270</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: A152372</td>
</tr>
<tr>
<td>NPI: 1306290143</td>
</tr>
</tbody>
</table>

- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  
- Provider ID: 206270  
- Provider Gender: Female  
- License Number: A152372  
- NPI: 1306290143  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  
- 460 N ELM ST  
- ESCONDIDO, CA 92025  
- Phone: (760) 520-8100  
- After Hours Phone: (760) 520-8100  
- Website: www.ihpsocal.org  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F 8:00AM-5:00PM  
- SA 8:00AM-0:00PM

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

- Provider English Spoken: Y  
  Cultural Competency: N  
  Board Certified Specialty: No  
  Provider ID: 652372  
  Provider Gender: Female  
  License Number: 20A14772  
  NPI: 1235576059

- Provider English Spoken: Y  
  Cultural Competency: N  
  Board Certified Specialty: No  
  Provider ID: 652372  
  Provider Gender: Female  
  License Number: 20A14772  
  NPI: 1235576059

- Provider English Spoken: Y  
  Cultural Competency: N  
  Board Certified Specialty: No  
  Provider ID: 206270  
  Provider Gender: Female  
  License Number: A120771  
  NPI: 1912141391

- Provider English Spoken: Y  
  Cultural Competency: N  
  Board Certified Specialty: No  
  Provider ID: 206270  
  Provider Gender: Female  
  License Number: A120771  
  NPI: 1912141391

- Provider English Spoken: Y  
  Cultural Competency: N  
  Board Certified Specialty: No  
  Provider ID: 206270  
  Provider Gender: Female  
  License Number: A120771  
  NPI: 1912141391

FAMILY PRACTICE
HAMILTON, LISA MARIE
Provider ID: 652372  
Provider Gender: Female  
License Number: 20A14772  
NPI: 1235576059

FAMILY PRACTICE
KAUR, JATINDER
Provider ID: 206270  
Provider Gender: Female  
License Number: A120771  
NPI: 1912141391

FAMILY PRACTICE
KAUR, JATINDER
Provider ID: 206270  
Provider Gender: Female  
License Number: A120771  
NPI: 1912141391

FAMILY PRACTICE
LAI, AMARA
Provider ID: 206271  
Provider Gender: Female  
License Number: A120348  
NPI: 1790912855

Provider English Spoken: Y  
Provider Language(s) Spoken: Hindi, Urdu  
Cultural Competency: N  
Board Certified Specialty: No  
Provider ID: 206270  
Provider Gender: Female  
License Number: A120771  
NPI: 1912141391

Provider English Spoken: Y  
Provider Language(s) Spoken: Hindi, Urdu  
Cultural Competency: N  
Board Certified Specialty: No  
Provider ID: 206270  
Provider Gender: Female  
License Number: A120771  
NPI: 1912141391

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR
D2. 主治医生名录

**MEDICAL CENTER**
Board Certified Specialty: No

728 E VALLEY PKWY
ESCONDIDO, CA 92025

Phone: (760) 737-6900
After Hours Phone: (760) 737-6900

Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TU 8:00AM-5:00PM
W 9:00AM-5:00PM
TH-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**MATSHE, ZENZIWE**
Provider ID: 665448
Provider Gender: Female
NPI: 1285256073

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

460 N ELM ST
ESCONDIDO, CA 92025

Phone: (760) 520-8100
Fax: (760) 466-1373
After Hours Phone: (760) 520-8100

Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

**FAMILY PRACTICE**

**MCHENRY, KATHRYN**
Provider ID: 206270
Provider Gender: Female
License Number: 20A14292
NPI: 1326458373

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

Board Certified Specialty: No

460 N ELM ST
ESCONDIDO, CA 92025

Phone: (760) 520-8100
After Hours Phone: (760) 520-8100

Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

**FAMILY PRACTICE**

**NAKAMURA, MELANIE**
Provider ID: 206270

Phone: (760) 520-8100
After Hours Phone: (760) 520-8100

Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM
D2. 主治医生名录

Provider Gender: Female
License Number: A107557
NPI: 1104022672
Provider English Spoken: Y
Cultural Competency: N
Provider ID: 206270
NPI: 1104022672
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): Y
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

FAMILY PRACTICE
PATEL, JITENBHAI
Provider ID: 206270
Provider Gender: Male
License Number: A94128
NPI: 1902921406
Provider English Spoken: Y
Cultural Competency: N
Provider ID: 206271
Provider Gender: Male
License Number: A94128
NPI: 1902921406
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
NAKAMURA, MELANIE
Provider ID: 206270
Provider Gender: Female
License Number: A107557
NPI: 1104022672
Provider English Spoken: Y
Cultural Competency: N
Provider ID: 206271
Provider Gender: Male
License Number: A94128
NPI: 1902921406
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PATEL, JITENBHAI
Provider ID: 206271
Provider Gender: Male
License Number: A94128
NPI: 1902921406
Provider English Spoken: Y
Cultural Competency: N
Provider ID: 206270
Provider Gender: Male
License Number: A94128
NPI: 1902921406
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (760) 737-6900
After Hours Phone: (760) 737-6900
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PATEL, JITENBHAI
Provider ID: 206271
Provider Gender: Male
License Number: A94128
NPI: 1902921406
Provider English Spoken: Y
Cultural Competency: N
Provider ID: 206270
Provider Gender: Male
License Number: A94128
NPI: 1902921406
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (760) 737-6900
After Hours Phone: (760) 737-6900
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

<table>
<thead>
<tr>
<th>Provider ID: 588941</th>
<th>Provider Gender: Female</th>
<th>License Number: A148750</th>
<th>NPI: 1184019911</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider English Spoken: Y</td>
<td>Provider Language(s) Spoken: Hindi, Spanish</td>
<td>Cultural Competency: N</td>
<td>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td>704 E GRAND AVE</td>
<td>ESCONDIDO, CA 92025</td>
<td>Phone: (619) 662-4100</td>
</tr>
<tr>
<td>After Hours Phone: (619) 662-4100</td>
<td>Website: N/A</td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FAMILY PRACTICE
RAO, USHA

Provider ID: 588941
Provider Gender: Female
License Number: A148750
NPI: 1184019911

Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
RAO, USHA

Provider ID: 588941
Provider Gender: Female
License Number: A148750
NPI: 1184019911

Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
RASHCOVSKY SCHIFF, KARIN

Provider ID: 206270
Provider Gender: Female
License Number: A82173
NPI: 1699706333

Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
RODARTE, GABRIEL

Provider ID: 206266
Provider Gender: Male
License Number: A87906
NPI: 1184649212

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Language(s) Spoken</th>
<th>Address</th>
<th>Phone Number</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>206266</td>
<td>RODARTE, GABRIEL</td>
<td>Male</td>
<td>A87906</td>
<td>1184649212</td>
<td>Spanish</td>
<td>425 N DATE ST</td>
<td>(760) 520-8340</td>
<td>(760) 520-8340</td>
<td><a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
<td>Yes</td>
<td>0\21</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>206270</td>
<td>SANDHU, BASANT</td>
<td>Male</td>
<td>G61829</td>
<td>1356376164</td>
<td>Farsi, Greek, Spanish</td>
<td>728 E VALLEY PKWY</td>
<td>(760) 737-6900</td>
<td>(760) 737-6900</td>
<td>N/A</td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>206327</td>
<td>SCHULTZ, JAMES</td>
<td>Male</td>
<td>G61829</td>
<td>1356376164</td>
<td>Farsi, Greek, Spanish</td>
<td>460 N ELM ST</td>
<td>(760) 520-8100</td>
<td>(760) 520-8100</td>
<td>N/A</td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

SCHULTZ, JAMES
Provider ID: 206271
Provider Gender: Male
License Number: G61829
NPI: 1356376164
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Farsi, Greek, Spanish
Cultural Competency: N
Hospital Affiliation:
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
PALOMAR MEDICAL CENTER
Board Certified Specialty: No
- 728 E VALLEY PKWY
  ESCONDIDO, CA 92025
  Phone: (760) 737-6900
  After Hours Phone: (760) 737-6900
  Website: N/A
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
SCHULTZ, JAMES
Provider ID: 206270
Provider Gender: Male
License Number: G61829
NPI: 1356376164
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Farsi, Greek, Spanish
Cultural Competency: N
Hospital Affiliation:
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
PALOMAR MEDICAL CENTER
Board Certified Specialty: No
- 728 E VALLEY PKWY
  ESCONDIDO, CA 92025
  Phone: (760) 737-6900
  After Hours Phone: (760) 737-6900
  Website: N/A
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
TANTOD, KULIN
Provider ID: 206270
Provider Gender: Male
License Number: A109655
NPI: 1902058928
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
- 460 N ELM ST
  ESCONDIDO, CA 92025
  Phone: (760) 520-8100
  After Hours Phone: (760) 520-8100
  Website: www.ihpsocal.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
TANTOD, KULIN
Provider ID: 206270
Provider Gender: Male
License Number: A109655
NPI: 1902058928
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
- 460 N ELM ST
  ESCONDIDO, CA 92025
  Phone: (760) 520-8100
  After Hours Phone: (760) 520-8100
  Website: www.ihpsocal.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
D2. 主治医生名录

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No

460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org

FAMILY PRACTICE
THOMPSON, CHERYL
Provider ID: 206270
Provider Gender: Female
License Number: A102687
NPI: 1548429863
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No

460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org

FQHC
CENTRO MEDICO ESCONDIDO,
Provider ID: 419344
NPI: 1023349883
- Provider English Spoken: Y
- Cultural Competency: N

1121 E WASHINGTON AVE
ESCONDIDO, CA 92025
Phone: (760) 871-0606
Fax: (858) 634-6918
Website: N
Email: iselaachoia@borregohealth.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-8:00PM
SA 8:00AM-0:00PM

Email:
iselaochoa@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

Email:
iselaachoia@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM
D2. 主治医生名录

NPI: 1417640491
- Provider English Spoken: Y
- Cultural Competency: N
- 128 N BROADWAY
  ESCONDIDO, CA 92025
- Phone: (619) 515-2474
- After Hours Phone: (619) 515-2474
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FQHC
ESCONDIDO FAMILY HEALTH CENTER,
Provider ID: 652372
NPI: 1417640491
- Provider English Spoken: Y
- Cultural Competency: N
- 128 N BROADWAY
  ESCONDIDO, CA 92025
- Phone: (619) 515-2474
- After Hours Phone: (619) 515-2474
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FQHC
NEIGHBORHOOD
HEALTHCARE ESCONDIDO,
Provider ID: 206270
NPI: 1598703647
- Provider English Spoken: Y
- Cultural Competency: N
- 460 N ELM ST
  ESCONDIDO, CA 92025
- Phone: (760) 520-8100
- Fax: (360) 466-2745
- After Hours Phone: (760) 520-8100
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  SA 8:00AM-0:00PM

FQHC
NEIGHBORHOOD
HEALTHCARE ESCONDIDO,
Provider ID: 206270
NPI: 1598703647
- Provider English Spoken: Y
- Cultural Competency: N
- 460 N ELM ST
  ESCONDIDO, CA 92025
- Phone: (760) 520-8100
- Fax: (360) 466-2745
- After Hours Phone: (760) 520-8100
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  SA 8:00AM-0:00PM

FQHC
NEIGHBORHOOD
HEALTHCARE PEDIATRICS
AND PRENATAL,
Provider ID: 424775
NPI: 1437335353
- Provider English Spoken: Y
- Cultural Competency: N
- 426 N DATE ST
  ESCONDIDO, CA 92025
- Phone: (760) 690-5900
- Fax: (360) 462-2747
- After Hours Phone: (760) 690-5900
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\21
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

**Hours:** M-F 8:00AM-5:00PM

**FQHC NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL,**
Provider ID: 206266
NPI: 1265618185
- Provider English Spoken: Y
- Cultural Competency: N
- 425 N DATE ST
  ESCONDIDO, CA 92025
- Phone: (760) 520-8340
- Fax: (360) 462-2752
- After Hours Phone: (760) 520-8340
- Website: www.ihpsocal.org
  Medi-Cal Open Panel: Yes
  American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-5:00PM

**FQHC NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY,**
Provider ID: 206271
NPI: 1720264641
- Provider English Spoken: Y
- Cultural Competency: N
- 728 E VALLEY PKWY
  ESCONDIDO, CA 92025
- Phone: (760) 737-6900
- Fax: (360) 462-2748
- After Hours Phone: (760) 737-6900
- Website: N/A
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\21
  American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-TU 8:00AM-5:00PM
  W 9:00AM-5:00PM
  TH-F 8:00AM-5:00PM

**FQHC SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE,**
Provider ID: 588941
NPI: 1801438239
- Provider English Spoken: Y
- Cultural Competency: N
- 704 E GRAND AVE
  ESCONDIDO, CA 92025
- Phone: (619) 662-4100
- Fax: (619) 662-7952
- After Hours Phone: (619) 662-4100
- Website: N/A
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\120
  American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**FQHC SAN YSIDRO HEALTH ESCONDIDO FAMILY**
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>MEDICINE,</th>
<th>Provider ID: 588941</th>
<th>NPI: 1801438239</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>704 E GRAND AVE</td>
<td>ESCONDIDO, CA 92025</td>
<td></td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
<td>Fax: (619) 662-7952</td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (619) 662-4100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\120</td>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERNAL MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGUERO, AMETHYST</td>
</tr>
<tr>
<td>Provider ID: 652372</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: 20A19473</td>
</tr>
<tr>
<td>NPI: 1568021913</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s) Spoken: Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>128 N BROADWAY</td>
</tr>
<tr>
<td>ESCONDIDO, CA 92025</td>
</tr>
<tr>
<td>Phone: (760) 546-2858</td>
</tr>
<tr>
<td>After Hours Phone: (760) 546-2858</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERNAL MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARRERA, JORGE</td>
</tr>
<tr>
<td>Provider ID: 588941</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>License Number: G58033</td>
</tr>
<tr>
<td>NPI: 1184728586</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s) Spoken: Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>704 E GRAND AVE</td>
</tr>
<tr>
<td>ESCONDIDO, CA 92025</td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
</tr>
<tr>
<td>After Hours Phone: (619) 662-4100</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\120</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERNAL MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEN, MARGARET</td>
</tr>
<tr>
<td>Provider ID: 652372</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: 20A19473</td>
</tr>
<tr>
<td>NPI: 1568021913</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s) Spoken: Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>704 E GRAND AVE</td>
</tr>
<tr>
<td>ESCONDIDO, CA 92025</td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
</tr>
<tr>
<td>After Hours Phone: (619) 662-4100</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\120</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>
D2. 主治医生名录

Provider ID: 206270
Provider Gender: Female
License Number: A61751
NPI: 1659305084
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Greek, Spanish
Cultural Competency: N
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

INTERNAL MEDICINE
CHEN, MARGARET
Provider ID: 206270
Provider Gender: Female
License Number: A61751
NPI: 1659305084
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Greek, Spanish
Cultural Competency: N
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

INTERNAL MEDICINE
CHEN, MARGARET
Provider ID: 235296
Provider Gender: Female
NPI: 1659305084
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Greek, Spanish
Cultural Competency: N
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

INTERNAL MEDICINE
VETTICADEN, SANTOSH
Provider ID: 206270
Provider Gender: Male
License Number: C53062
NPI: 1679102461
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Greek, Spanish
Cultural Competency: N
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

PEDiATRICS
D2. 主治医生名录

AGUILAR, EDITA
Provider ID: 424775
Provider Gender: Female
License Number: A56054
NPI: 1467407411
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
426 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 690-5900
After Hours Phone: (760) 690-5900
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

AGUILAR, EDITA
Provider ID: 206266
Provider Gender: Female
License Number: A56054
NPI: 1467407411
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
After Hours Phone: (760) 520-8340
Website: www.ihapsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

ALDANA, NANCY
Provider ID: 424775
Provider Gender: Female
License Number: A62467
NPI: 1558371963
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No
426 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
After Hours Phone: (760) 520-8340
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

ALDANA, NANCY
Provider ID: 424775
Provider Gender: Female
License Number: A62467
NPI: 1558371963
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
CHOW, BYRON
Provider ID: 206270
Provider Gender: Male
License Number: A78116
NPI: 1619907607
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
625 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025
Phone: (760) 746-2641
Fax: (760) 740-2178
After Hours Phone: (760) 746-2641
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
COHEN, CARA
Board Certified Specialty: No
426 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
After Hours Phone: (760) 520-8340
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

PEDIATRICS
CURET, ZULMA
Provider ID: 206270
Provider Gender: Female
License Number: A119661
NPI: 1841561107
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RAY
CHILDREN'S HOSPITAL SAN DIEGO

PEDIATRICS
DOSHI, NEELIMA
Provider ID: 424775
Provider Gender: Female
License Number: A67626
NPI: 1417921578
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: RAY
CHILDREN'S HOSPITAL SAN DIEGO
D2. 主治医生名录

PEDIATRICS

DOSHI, NEELIMA
Provider ID: 424775
Provider Gender: Female
License Number: A67626
NPI: 1417921578
- Provider English Spoken: Y
- Provider Language(s):
  - Spoken: Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego
Board Certified Specialty: No
- 1121 E Washington Ave
  Escondido, CA 92025
- Phone: (760) 871-0606
- After Hours Phone: (760) 871-0606
- Website: N
  Email: iselaochoa@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: SU 8:00AM-0:00PM
  M-F 8:00AM-8:00PM
  SA 8:00AM-0:00PM

PEDIATRICS

IBRAHIM, MAGED
Provider ID: 419344
Provider Gender: Male
License Number: C141296
NPI: 1952466112
- Provider English Spoken: Y
- Provider Language(s):
  - Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: Pioneers Memorial Hospital, Desert Regional Med Ctr
Board Certified Specialty: No
- 1121 E Washington Ave
  Escondido, CA 92025
- Phone: (760) 871-0606
- After Hours Phone: (760) 871-0606
- Website: N
  Email: iselaochoa@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: SU 8:00AM-0:00PM
  M-F 8:00AM-8:00PM
  SA 8:00AM-0:00PM

PEDIATRICS

MALEKSHAMRAN, KEYVAN
Provider ID: 419344
Provider Gender: Male
License Number: A94845
NPI: 1952466112
- Provider English Spoken: Y
- Provider Language(s):
  - Spoken: Farsi, Persian, Spanish
Cultural Competency: N
Hospital Affiliation: Pioneers Memorial Hospital, Desert Regional Med Ctr
Board Certified Specialty: No
- 1121 E Washington Ave
  Escondido, CA 92025
- Phone: (760) 871-0606
- After Hours Phone: (760) 871-0606
- Website: N
  Email: iselaochoa@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: SU 8:00AM-0:00PM
  M-F 8:00AM-8:00PM
  SA 8:00AM-0:00PM
D2. 主治医生名录

Provider ID: 419344
Provider Gender: Male
License Number: A94845
NPI: 1952466112
Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi, Persian, Spanish
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL,
DESERT REGIONAL MED CTR
Board Certified Specialty: No
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025
Phone: (760) 871-0606
After Hours Phone: (760) 871-0606
Website: N/A
Email: iselaochoa@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

STRAZICICH, KARLA
Provider ID: 206270
Provider Gender: Female
License Number: A45413
NPI: 1134154958
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

SONG, JOYCE
Provider ID: 661892
Provider Gender: Female
NPI: 1417510694
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
625 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025
Phone: (760) 746-2641
Fax: (760) 740-2178
After Hours Phone: (760) 746-2641
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

STRAZICICH, KARLA
Provider ID: 206270
Provider Gender: Female
License Number: A45413
NPI: 1134154958
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

TELECHEA-SANCHEZ, SELMIRA
Provider ID: 424775
Provider Gender: Female
License Number: G83438
NPI: 1730288747
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
426 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 690-5900
After Hours Phone: (760) 690-5900
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

TELECHEA-SANCHEZ,
SELMIKA
Provider ID: 424775
Provider Gender: Female
License Number: G83438
NPI: 1730288747
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Address: 426 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 690-5900
After Hours Phone: (760) 690-5900
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
SELMIKA
Provider ID: 424775
Provider Gender: Female
License Number: G83438
NPI: 1730288747
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Address: 426 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 690-5900
After Hours Phone: (760) 690-5900
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

THIRUNAGARI, HARRSHA
Provider ID: 419344
Provider Gender: Female
License Number: A64928
NPI: 1447472212
Provider English Spoken: Y
Provider Language(s)
Spoken: Hindi, Spanish, Telugu
Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, RIVERSIDE COMMUNITY HOSP, Parkview Community Hospital Medical Center
Board Certified Specialty: No
Address: 1121 E WASHINGTON AVE
ESCONDIDO, CA 92025
Phone: (760) 871-0606
After Hours Phone: (760) 871-0606
Website: N/A
Email: iselaochoa@borregohealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 8:00AM-0:00PM
M-F 8:00AM-8:00PM
SA 8:00AM-0:00PM

PEDIATRICS
ZANDKARIMI, FARIBA
Provider ID: 87737
Provider Gender: Female
NPI: 1356373674
Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi, Persian, Spanish
Cultural Competency: N
Hospital Affiliation: MERCY GENERAL HOSPITAL, RADY CHILDREN'S HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, UCSD MEDICAL CTR
Board Certified Specialty: No
Address: 240 W MISSION AVE STE A
ESCONDIDO, CA 92025
Phone: (760) 747-5400
Fax: (760) 747-2286
After Hours Phone: (760) 747-5400
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

PHYSICIANS ASSISTANT
BAISLEY, SHAWN
Provider ID: 588941
Provider Gender: Male
License Number: PA52347
NPI: 1376936120
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
SHARPE, NORMA
Provider ID: 588941
Provider Gender: Female
License Number: PA20490
NPI: 1619100237
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
BAISLEY, SHAWN
Provider ID: 588941
Provider Gender: Male
License Number: PA52347
NPI: 1376936120
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
SHARPE, NORMA
Provider ID: 588941
Provider Gender: Female
License Number: PA20490
NPI: 1619100237
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PODIATRIST
NEGRON, RICARDO
Provider ID: 206271
Provider Gender: Male
License Number: DPM5260
NPI: 1932548393
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: Providence St Joseph Hospital
Board Certified Specialty: No
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (760) 737-6900
After Hours Phone: (760) 737-6900
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
## Cultural Competency: N

### Hospital Affiliation: Providence St Joseph Hospital

### Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Provider ID</th>
<th>Provider Language(s)</th>
<th>Provider English Spoken</th>
<th>Provider Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>728 E VALLEY PKWY ESCONDIDO, CA 92025</td>
<td>(760) 737-6900</td>
<td>(760) 737-6900</td>
<td>N/A</td>
<td>N/A</td>
<td>624122</td>
<td>Y</td>
<td>N</td>
<td>Female</td>
<td>NP95003447</td>
<td>1245695006</td>
<td>CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

### Hospital Affiliation: TRI CITY MEDICAL CTR

### Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Provider ID</th>
<th>Provider Language(s)</th>
<th>Provider English Spoken</th>
<th>Provider Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>321 E ALVARADO ST FALLBROOK, CA 92028</td>
<td>(760) 723-6200</td>
<td>(760) 723-6200</td>
<td><a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></td>
<td>624122</td>
<td>6245695006</td>
<td>Y</td>
<td>N</td>
<td>Female</td>
<td>NP95003447</td>
<td>1245695006</td>
<td>CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

### Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Provider ID</th>
<th>Provider Language(s)</th>
<th>Provider English Spoken</th>
<th>Provider Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>321 E ALVARADO ST FALLBROOK, CA 92028</td>
<td>(760) 723-6200</td>
<td>(760) 723-6200</td>
<td><a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></td>
<td>624122</td>
<td>6245695006</td>
<td>Y</td>
<td>N</td>
<td>Female</td>
<td>NP95003447</td>
<td>1245695006</td>
<td>CONTACT PROVIDER</td>
</tr>
</tbody>
</table>
D2. 主治医生名录

Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
KELLEHER, BRIDGET
Provider ID: 624122
Provider Gender: Female
License Number: NP95003447
NPI: 1245695006
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Board Certified Specialty: No
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
RACKHAM, KELLY
Provider ID: 624122
Provider Gender: Male
License Number: NP95015717
NPI: 1801497284
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Cultural Competency: N
Board Certified Specialty: No

321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-4:00PM
        TU 8:00AM-0:30PM
        W-TH 8:00AM-5:00PM

CERTIFIED NURSE PRACTITIONER
RACKHAM, KELLY
Provider ID: 624122
Provider Gender: Male
License Number: NP95015717
NPI: 1801497284
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-4:00PM
        TU 8:00AM-0:30PM
        W-TH 8:00AM-5:00PM

FAMILY PRACTICE
ZAMPELLO, LISA
Provider ID: 624122
Provider Gender: Female
License Number: A145924
NPI: 1477933026
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-4:00PM
        TU 8:00AM-0:30PM
        W-TH 8:00AM-5:00PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Provider ID: 624122
Provider Gender: Female
License Number: A145924
NPI: 1477933026
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ZAMPELLO, LISA
Provider ID: 624122
Provider Gender: Female
License Number: A145924
NPI: 1477933026
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ZAMPELLO, LISA
Provider ID: 624122
Provider Gender: Female
License Number: A145924
NPI: 1477933026
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ZAMPELLO, LISA
Provider ID: 624122
Provider Gender: Female
License Number: A145924
NPI: 1477933026
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC
FALLBROOK FAMILY HLTH CTR,
Provider ID: 183910
NPI: 1982756086
Provider English Spoken: Y
Cultural Competency: N
1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4720
Fax: (760) 451-4720

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Website: N/A
Email: a.escobeclo@chsica.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

FQHC
FALLBROOK FAMILY HLTH CTR,
Provider ID: 183910
NPI: 1982756086
Provider English Spoken: Y
Cultural Competency: N

1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4720
Fax: (760) 451-4700
After Hours Phone: (760) 451-4720
Website: N/A
Email: a.escobeclo@chsica.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
TU 8:00AM-0:30PM
W-TH 8:00AM-5:00PM

FQHC
VISTA COMMUNITY CLINIC,
Provider ID: 624122
NPI: 1649662719
Provider English Spoken: Y
Cultural Competency: N

321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-4:00PM
TU 8:00AM-0:30PM
W-TH 8:00AM-5:00PM

FQHC
VISTA COMMUNITY CLINIC,
Provider ID: 624122
NPI: 1649662719
Provider English Spoken: Y
Cultural Competency: N

321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-4:00PM
TU 8:00AM-0:30PM
W-TH 8:00AM-5:00PM

FQHC
VISTA COMMUNITY CLINIC,
Provider ID: 624122
NPI: 1851300123
Provider English Spoken: Y
Cultural Competency: N

321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-4:00PM
TU 8:00AM-0:30PM
W-TH 8:00AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

W-TH 8:00AM-5:00PM

FQHC
VISTA COMMUNITY CLINIC,
Provider ID: 624122
NPI: 1851300123
Provider English Spoken: Y
Cultural Competency: N
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-4:00PM
TU 8:00AM-0:30PM
W-TH 8:00AM-5:00PM

PEDiatrics
DEL RE, AMANDA
Provider ID: 238960
Provider Gender: Female
NPI: 1548499957
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego
Board Certified Specialty: No
1107 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-0070
Fax: (760) 451-1499
After Hours Phone: (760) 451-0070
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FQHC
VISTA COMMUNITY CLINIC,
Provider ID: 624122
NPI: 1316501562
Provider English Spoken: Y
Cultural Competency: N
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDiatrics
PAIK, JULIANA
Provider ID: 504522
Provider Gender: Female
NPI: 1528167087
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego
Board Certified Specialty: No
1107 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-0070
Fax: (760) 451-1499
After Hours Phone: (760) 451-0070
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

### PEDIATRICS

#### VU, WENDY

<table>
<thead>
<tr>
<th>Provider ID: 183910</th>
<th>Provider Gender: Female</th>
<th>License Number: A169529</th>
<th>NPI: 1508148370</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
</tbody>
</table>

**1328 S MISSION RD**  
**FALLBROOK, CA 92028**

- **Phone:** (760) 451-4770
- **After Hours Phone:** (760) 451-4770
- **Website:** N/A
- **Email:** a.escobeclo@chsica.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\1999
- **American Sign Language (ASL):** N

---

#### FAMILY PRACTICE

#### JOHNSON, DANIEL

<table>
<thead>
<tr>
<th>Provider ID: 179678</th>
<th>Provider Gender: Male</th>
<th>License Number: 20A9393</th>
<th>NPI: 1245311216</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider English Spoken: Y</td>
<td>Provider Language(s) Spoken: Spanish</td>
<td>Cultural Competency: N</td>
<td>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</td>
</tr>
</tbody>
</table>

**949 PALM AVE**  
**IMPERIAL BEACH, CA 91932**

- **Phone:** (619) 429-3733
- **After Hours Phone:** (619) 429-3733
- **Website:** www.ihpsocal.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N

---

#### PEDIATRICS

#### VU, WENDY

<table>
<thead>
<tr>
<th>Provider ID: 183910</th>
<th>Provider Gender: Female</th>
<th>License Number: A169529</th>
<th>NPI: 1508148370</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
</tbody>
</table>

**1328 S MISSION RD**  
**FALLBROOK, CA 92028**

- **Phone:** (760) 451-4770
- **After Hours Phone:** (760) 451-4770
- **Website:** N/A
- **Email:** a.escobeclo@chsica.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\1999
- **American Sign Language (ASL):** N

---
D2. 主治医生名录

NPI: 1790718351
- Provider English Spoken: Y
- Cultural Competency: N
- Provider ID: 1790718351
- Provider Gender: Female
- License Number: A66830
- 949 PALM AVE
- IMPERIAL BEACH, CA 91932
- Phone: (619) 429-3733
- Fax: (619) 628-5550
- After Hours Phone: (619) 429-3733
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): Y
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

FQHC
IMPERIAL BEACH HEALTH CENTER,
Provider ID: 179678
NPI: 1790718351
- Provider English Spoken: Y
- Cultural Competency: N
- Provider ID: 179678
- Provider Gender: Female
- License Number: A66830
- 949 PALM AVE
- IMPERIAL BEACH, CA 91932
- Phone: (619) 429-3733
- Fax: (619) 628-5550
- After Hours Phone: (619) 429-3733
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

INTERNAL MEDICINE
RYAN, DANA
Provider ID: 179678
Provider Gender: Female
License Number: A66830
NPI: 1780609990
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 949 PALM AVE
- IMPERIAL BEACH, CA 91932
- Phone: (619) 429-3733
- After Hours Phone: (619) 429-3733
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

PEDIATRICS
DOKICH, SRETENKA
Provider ID: 179678
Provider Gender: Female
License Number: A51447
NPI: 1154409035
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 949 PALM AVE
- IMPERIAL BEACH, CA 91932
- Phone: (619) 429-3733
- After Hours Phone: (619) 429-3733
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

PEDIATRICS
DOKICH, SRETENKA
Provider ID: 179678
Provider Gender: Female
License Number: A51447
NPI: 1154409035
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 949 PALM AVE
- IMPERIAL BEACH, CA 91932
- Phone: (619) 429-3733
- After Hours Phone: (619) 429-3733
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

429-3733
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

LA JOLLA

PEDIATRICS
GAINOR, GRETCHEN
Provider ID: 537752
Provider Gender: Female
NPI: 1174504757
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
7300 GIRARD AVE STE 106
LA JOLLA, CA 92037
Phone: (858) 459-4351
Fax: (858) 459-4399
After Hours Phone: (858) 459-4351
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
HUNTER, WENDY
Provider ID: 377597
Provider Gender: Female
NPI: 1053515551
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
7300 GIRARD AVE STE 106
LA JOLLA, CA 92037
Phone: (858) 459-4351
Fax: (858) 459-4399
After Hours Phone: (858) 459-4351
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PARSONS, GENEVIEVE
Provider ID: 24122
Provider Gender: Female
NPI: 1699700914
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, RASY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL
Board Certified Specialty: No
7300 GIRARD AVE STE 106
LA JOLLA, CA 92037
Phone: (858) 459-4351
Fax: (858) 459-4399
After Hours Phone: (858) 459-4351
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
### PEDIATRICS
#### PASTORE, SIMONE
Provider ID: 600881  
Provider Gender: Female  
NPI: 1528588134
- Provider English Spoken: Y  
- Cultural Competency: N  
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR  
- Board Certified Specialty: No  
- After Hours Phone: (858) 457-2043  
- Website: N/A  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\19  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F 8:00AM-5:00PM

#### ROBERTS, KENDALL
Provider ID: 48933  
Provider Gender: Male  
NPI: 1265762033
- Provider English Spoken: Y  
- Cultural Competency: N  
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO  
- Board Certified Specialty: No  
- After Hours Phone: (858) 457-2043  
- Website: N/A  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\19  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F 8:00AM-5:00PM

#### SHAH, MEERA
Provider ID: 145167  
Provider Gender: Female  
NPI: 1720300239
- Provider English Spoken: Y  
- Cultural Competency: N  
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR  
- Board Certified Specialty: No  
- After Hours Phone: (858) 457-2043  
- Website: N/A  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\19  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F 8:00AM-5:00PM

#### TUNG, VIVIAN
Provider ID: 11291  
Provider Gender: Female  
NPI: 1285665133
- Provider English Spoken: Y  
- Cultural Competency: N  
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL  
- Board Certified Specialty: No  
- After Hours Phone: (858) 457-2043  
- Website: N/A  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\19  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F 8:00AM-5:00PM

---

### LA MESA

#### CERTIFIED NURSE PRACTITIONER
#### WARD, KATHERINE
Provider ID: 480827  
Provider Gender: Female  
License Number: NP95017921  
NPI: 1477223576
- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  
- After Hours Phone: (858) 457-2043  
- Website: N/A  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\19  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F 8:00AM-5:00PM  
  - 8881 FLETCHER PKWY STE 200
D2. 主治医生名录

LA MESA, CA 91942

aley, Katherine
Provider ID: 480827
Provider Gender: Female
License Number: NP5017921
NPI: 1477223576
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: VICTOR VALLEY COMMUNITY HOSP, BARSTOW COMMUNITY HOSPITAL, DESERT VALLEY HOSPITAL, Providence St Mary Medical Center, VICTOR VALLEY GLOBAL MED CTR
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC
LA MESA PEDIATRICS,
Provider ID: 480827
NPI: 1033759311
Provider English Spoken: Y
Cultural Competency: N
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
SINGH, RAMENDEEP
Provider ID: 664666
Provider Gender: Female
NPI: 1255777421
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: DESERT VALLEY HOSPITAL
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC
LA MESA PEDIATRICS,
Provider ID: 480827
NPI: 1033759311
Provider English Spoken: Y
Cultural Competency: N
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
PATEL, HEMANSHU
Provider ID: 664660
Provider Gender: Male
NPI: 1255777439
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: VICTOR VALLEY COMMUNITY HOSP, BARSTOW COMMUNITY HOSPITAL, DESERT VALLEY HOSPITAL, Providence St Mary Medical Center, VICTOR VALLEY GLOBAL MED CTR
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC
LA MESA PEDIATRICS,
Provider ID: 480827
NPI: 1033759311
Provider English Spoken: Y
Cultural Competency: N
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
WARD, KATHERINE
Provider ID: 480827
Provider Gender: Female
License Number: NP5017921
NPI: 1477223576
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
BULLOCH, EDGAR
Provider ID: 480827
Provider Gender: Male
License Number: A113241
NPI: 1508046376
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942
Phone: (619) 464-6434
After Hours Phone: (619) 464-6434
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
PAPA, RHETT
Provider ID: 480827
Provider Gender: Male
License Number: 20A11733
NPI: 1063642312
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified Specialty: No
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942
Phone: (619) 464-6434
After Hours Phone: (619) 464-6434
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
ALSHEIKH, HUDA
Provider ID: 480827
Provider Gender: Female
License Number: C133872
NPI: 1487746855
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Board Certified Specialty: No
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942
Phone: (619) 464-6434
After Hours Phone: (619) 464-6434
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
ALSHEIKH, HUDA
Provider ID: 435468
Provider Gender: Female
NPI: 1487746855
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified Specialty: No
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942
Phone: (619) 464-6434
Fax: (619) 464-5109
After Hours Phone: (619) 464-6434
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 7:30AM-6:00PM
W-F 7:30AM-6:30PM
SA 8:30AM-5:00PM

PEDIATRICS
CLAY, CORRIE
Provider ID: 536652
Provider Gender: Female
NPI: 1437207750
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp for Women and Newborns
Board Certified Specialty: No
8881 FLETCHER PKWY STE 205
LA MESA, CA 91942
Phone: (619) 464-6434
Fax: (619) 464-5109
After Hours Phone: (619) 464-6434
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-6:00PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

**PEDIATRICS**

**EMPIE, KRISTEN**
Provider ID: 648986
Provider Gender: Female
NPI: 1093343105
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 8881 Fletcher PKWY STE 200
  LA MESA, CA 91942
- Phone: (619) 464-6434
- Fax: (619) 464-5109
- After Hours Phone: (619) 464-6434
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-6:00PM
  SA 11:30AM-3:30PM

**EMPIE, KRISTEN**
Provider ID: 648987
Provider Gender: Female
NPI: 1093343105
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 8881 Fletcher PKWY STE 205
  LA MESA, CA 91942
- Phone: (619) 464-6434
- Fax: (619) 464-5109
- After Hours Phone: (619) 464-6434
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-6:00PM
  SA 11:30AM-3:30PM

**GIANFORTUNE, RACHEL**
Provider ID: 433091
Provider Gender: Female
NPI: 1912193301
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: Rady Children's Hospital San Diego, Sharp Memorial Hospital, Grossmont Hospital
- Board Certified Specialty: No
- 8881 Fletcher PKWY STE 200
  LA MESA, CA 91942
- Phone: (619) 464-6434
- Fax: (619) 464-5109
- After Hours Phone: (619) 464-6434
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-5:00PM

**GIANFORTUNE, RACHEL**
Provider ID: 450501
Provider Gender: Female
NPI: 1912193301
- Provider English Spoken: Y
  Spoken: Spanish
- Hospital Affiliation: Rady Children's Hospital San Diego, Sharp Memorial Hospital, Grossmont Hospital
- Board Certified Specialty: No
- 8881 Fletcher PKWY STE 205
  LA MESA, CA 91942
- Phone: (619) 464-6434
- After Hours Phone: (619) 464-6434
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-5:00PM

**IMUS, PAUL**
Provider ID: 239590
Provider Gender: Male
NPI: 1104116680
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: Rady Children's Hospital San Diego, Sharp Mary Birch Hospital
D2. 主治医生名录

HOSP FOR WOMEN AND NEWBORNS, GROSSMONT HOSPITAL
Board Certified Specialty: No
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942
Phone: (619) 401-0404
Fax: (619) 401-0522
After Hours Phone: (619) 401-0404
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM

PEDIATRICS
MOLINOS, NICOLE
Provider ID: 538098
Provider Gender: Female
NPI: 1538685524
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp for Women and Newborns
Board Certified Specialty: No
6942 UNIVERSITY AVE STE A
LA MESA, CA 91942
Phone: (619) 698-2184
Fax: (619) 698-2084
After Hours Phone: (619) 698-2184
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM

PEDIATRICS
RONQUILLO, RINA
Provider ID: 377359
Provider Gender: Female
NPI: 1407047749
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: Grossmont Hospital, Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp for Women and Newborns
Board Certified Specialty: No

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

NEWBORNS
Board Certified Specialty: Yes
🏥 8881 FLETCHER PKWY STE 200
LA MESA, CA 91942
Phone: (619) 464-6434
Fax: (619) 464-5109
🏥 After Hours Phone: (619) 464-6434
🏥 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
🏥 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 11:30AM-3:30PM

PEDiATRICS
WARD, KATHERINE
Provider ID: 613887
Provider Gender: Female
NPI: 1477223576
(rendered)
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
🏥 8881 FLETCHER PKWY STE 205
LA MESA, CA 91942
Phone: (619) 464-6434
Fax: (619) 464-5109
🏥 After Hours Phone: (619) 464-6434
🏥 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
🏥 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 11:30AM-3:30PM

LAKESIDE

CHIROpRACTOR
PAGE, BIANCA
Provider ID: 353843
Provider Gender: Female
License Number: DC33688
NPI: 1649787607
(rendered)
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
🏥 10039 VINE ST
LAKESIDE, CA 92040
Phone: (858) 218-3000
🏥 After Hours Phone: (858) 218-3000
🏥 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
🏥 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
FERRAIOLo, NATALIE
Provider ID: 353843
Provider Gender: Female
License Number: A152372
NPI: 1306290143
(rendered)
Provider English Spoken: Y
D2. 主治医生名录

**Cultural Competency:** N  
**Board Certified Specialty:** No  
10039 VINE ST  
LAKESIDE, CA 92040  
Phone: (858) 218-3000  
After Hours Phone: (858) 218-3000  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0–150  
American Sign Language (ASL): N

**Provider Gender:** Female  
**License Number:** A15342  
**NPI:** 1851602270  
**Provider English Spoken:** Y  
**Provider Language(s)**  
Spoken: Chinese, Mandarin, Spanish  
**Cultural Competency:** N  
**Board Certified Specialty:** No  
10039 VINE ST  
LAKESIDE, CA 92040  
Phone: (619) 440-2751  
After Hours Phone: (619) 440-2751  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0–150  
American Sign Language (ASL): N

**Hours:** M-F 8:00AM–5:00PM

---

**FQHC NEIGHBORHOOD**  
**HEALTHCARE LAKESIDE,**  
Provider ID: 353843  
NPI: 1932384120  
**Provider English Spoken:** Y  
**Cultural Competency:** N  
10039 VINE ST  
LAKESIDE, CA 92040  
Phone: (858) 218-3000  
Fax: (360) 462-2744  
After Hours Phone: (858) 218–3000  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0–150  
American Sign Language (ASL): N

**Hours:** M-F 8:00AM–5:00PM

---

**FAMILY PRACTICE**  
**FERRAILO, NATALIE**  
Provider ID: 353843  
Provider Gender: Female  
License Number: A115342  
NPI: 1851602270  
**Provider English Spoken:** Y  
**Provider Language(s)**  
Spoken: Chinese, Mandarin, Spanish  
**Cultural Competency:** N  
**Board Certified Specialty:** No  
10039 VINE ST  
LAKESIDE, CA 92040  
Phone: (619) 440-2751  
After Hours Phone: (619) 440-2751  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0–150  
American Sign Language (ASL): N

**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM–5:00PM

---

**FAMILY PRACTICE**  
**LIU BARBARO, DOROTHY**  
Provider ID: 353843  
Provider Gender: Female  
License Number: A115342  
NPI: 1851602270  
**Provider English Spoken:** Y  
**Provider Language(s)**  
Spoken: Chinese, Mandarin, Spanish  
**Cultural Competency:** N  
**Board Certified Specialty:** No  
10039 VINE ST  
LAKESIDE, CA 92040  
Phone: (619) 440-2751  
After Hours Phone: (619) 440-2751  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0–150  
American Sign Language (ASL): N

**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM–5:00PM

---

**FQHC NEIGHBORHOOD**  
**HEALTHCARE LAKESIDE,**  
Provider ID: 353843  
NPI: 1932384120  
**Provider English Spoken:** Y  
**Cultural Competency:** N  
10039 VINE ST  
LAKESIDE, CA 92040  
Phone: (858) 218-3000  
Fax: (360) 462-2744  
After Hours Phone: (858) 218-3000  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0–150  
American Sign Language (ASL): N

**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM–5:00PM

---

**FAMILY PRACTICE**  
**LIU BARBARO, DOROTHY**  
Provider ID: 353843  
Provider Gender: Female  
License Number: A115342  
NPI: 1851602270  
**Provider English Spoken:** Y  
**Provider Language(s)**  
Spoken: Chinese, Mandarin, Spanish  
**Cultural Competency:** N  
**Board Certified Specialty:** No  
10039 VINE ST  
LAKESIDE, CA 92040  
Phone: (619) 440-2751  
After Hours Phone: (619) 440-2751  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0–150  
American Sign Language (ASL): N

**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM–5:00PM

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

218-3000
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

GENERAL PRACTICE
MANNINO, ELIZABETH
Provider ID: 353843
Provider Gender: Female
License Number: A43914
NPI: 1548290463
Provider English Spoken: Y
Provider Language(s) Spoken: Italian, Spanish
Cultural Competency: N
Board Certified Specialty: No
10039 VINE ST
LAKESIDE, CA 92040
Phone: (858) 218-3000
After Hours Phone: (858) 218-3000
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

INTERNAL MEDICINE
MCFARLAND, NATHAN
Provider ID: 353843
Provider Gender: Male
License Number: A75411
NPI: 1265462196
Provider English Spoken: Y
Provider Language(s) Spoken: Italian, Spanish
Cultural Competency: N
Board Certified Specialty: No
10039 VINE ST
LAKESIDE, CA 92040
Phone: (858) 218-3000
After Hours Phone: (858) 218-3000
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

CERTIFIED NURSE PRACTITIONER
ALLEN, KATHERINE
Provider ID: 419139
Provider Gender: Female
License Number: NP95009933
NPI: 1831557024
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

CERTIFIED NURSE PRACTITIONER
ALLEN, KATHERINE
Provider ID: 419139
Provider Gender: Female
License Number: NP95009933
NPI: 1831557024
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM

7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
Board Certified Specialty: No

CERTIFIED NURSE PRACTITIONER
ARVIZU, PALOMA
Provider ID: 419139
Provider Gender: Female
License Number: NP95008782
NPI: 1689139396
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM

7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
Board Certified Specialty: No

CERTIFIED NURSE PRACTITIONER
SMITH, SHARON
Provider ID: 419139
Provider Gender: Female
License Number: NP15444
NPI: 1780603597
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM

7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
Board Certified Specialty: No

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

- **Certified Nurse Practitioner**
  - **Smith, Sharon**
    - Provider ID: 419139
    - Provider Gender: Female
    - License Number: RN428876
    - NPI: 1780603597
    - Provider English Spoken: Y
    - Provider Language(s): Spanish
    - Cultural Competency: N
    - Board Certified Specialty: No
    - 7592 Broadway
      - Lemon Grove, CA 91945
    - Phone: (619) 515-2550
    - After Hours Phone: (619) 515-2550
    - Website: N/A
    - Email: valeriade@fhcsd.org
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\150
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER

- **Certified Nurse Practitioner**
  - **TOTH, Jessica**
    - Provider ID: 419139
    - Provider Gender: Female
    - License Number: NP95001050
    - NPI: 1578993788
    - Provider English Spoken: Y
    - Provider Language(s): Spanish
    - Cultural Competency: N
    - Board Certified Specialty: No
    - 7592 Broadway
      - Lemon Grove, CA 91945
    - Phone: (619) 515-2550
    - After Hours Phone: (619) 515-2550
    - Website: N/A
    - Email: valeriade@fhcsd.org
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\150
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER

- **Certified Nurse Practitioner**
  - **Williams, Takisha**
    - Provider ID: 419139
    - Provider Gender: Female
    - License Number: NP95001050
    - NPI: 1578993788
    - Provider English Spoken: Y
    - Provider Language(s): Spanish
    - Cultural Competency: N
    - Board Certified Specialty: No
    - 7592 Broadway
      - Lemon Grove, CA 91945
    - Phone: (619) 515-2550
    - After Hours Phone: (619) 515-2550
    - Website: N/A
    - Email: valeriade@fhcsd.org
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\150
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Provider Gender: Female  License Number: NP95013978  NPI: 1881727386
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No

7592 BROADWAY  LEMON GROVE, CA 91945
- Phone: (619) 515-2550
- After Hours Phone: (619) 515-2550
- Website: N/A
- Email: valeriade@fhcsd.org
- Medi-Cal Open Panel: Yes

Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
DORN, TIA
Provider ID: 419139
Provider Gender: Female  License Number: C172318  NPI: 1285074740
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No

7592 BROADWAY  LEMON GROVE, CA 91945
- Phone: (619) 515-2550
- After Hours Phone: (619) 515-2550
- Website: N/A
- Email: valeriade@fhcsd.org
- Medi-Cal Open Panel: Yes

Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
KIM, YUHHEE
Provider ID: 419139
Provider Gender: Female  License Number: A107323  NPI: 1629289400
- Provider English Spoken: Y
- Provider Language(s) Spoken: Korean
- Cultural Competency: N
- Board Certified Specialty: No

7592 BROADWAY  LEMON GROVE, CA 91945
- Phone: (619) 515-2550
- After Hours Phone: (619) 515-2550
- Website: N/A
- Email: valeriade@fhcsd.org
- Medi-Cal Open Panel: Yes

Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
WILLIAMS, TAKISHA
Provider ID: 419139
Provider Gender: Female  License Number: NP95013978  NPI: 1881727386
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No

7592 BROADWAY  LEMON GROVE, CA 91945
- Phone: (619) 515-2550
- After Hours Phone: (619) 515-2550
- Website: N/A
- Email: valeriade@fhcsd.org
- Medi-Cal Open Panel: Yes

Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
KIM, YUHHEE
Provider ID: 419139
Provider Gender: Female  License Number: A107323  NPI: 1629289400
- Provider English Spoken: Y
- Provider Language(s) Spoken: Korean
- Cultural Competency: N
- Board Certified Specialty: No

7592 BROADWAY  LEMON GROVE, CA 91945
- Phone: (619) 515-2550
- After Hours Phone: (619) 515-2550
- Website: N/A
- Email: valeriade@fhcsd.org
- Medi-Cal Open Panel: Yes

Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
DORN, TIA
Provider ID: 419139
Provider Gender: Female  License Number: C172318  NPI: 1285074740
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No

7592 BROADWAY  LEMON GROVE, CA 91945
- Phone: (619) 515-2550
- After Hours Phone: (619) 515-2550
- Website: N/A
- Email: valeriade@fhcsd.org
- Medi-Cal Open Panel: Yes

Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
KIM, YUHHEE
Provider ID: 419139
Provider Gender: Female
D2. 主治医生名录

License Number: A107323
NPI: 1629289400
☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Korean
Cultural Competency: N
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
☎ Phone: (619) 515-2550
☎ After Hours Phone: (619) 515-2550
✉ Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER

FQHC
LEMON GROVE FAMILY HEALTH CENTER,
Provider ID: 419139
NPI: 1427282466
☐ Provider English Spoken: Y
Cultural Competency: N
7592 BROADWAY
LEMON GROVE, CA 91945
☎ Phone: (619) 515-2550
☎ Fax: (619) 825-9577
☎ After Hours Phone: (619) 515-2550
✉ Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM

INTERNAL MEDICINE
GALLARES, DANIEL
Provider ID: 419139
Provider Gender: Male
License Number: A165925
NPI: 1245689488
☐ Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
☎ Phone: (619) 515-2550
☎ Fax: (619) 825-9577
☎ After Hours Phone: (619) 515-2550
✉ Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
MAHDAI, SUZAN
Provider ID: 419139
Provider Gender: Female
License Number: A154838
NPI: 1598015679
☐ Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
☎ Phone: (619) 515-2550
☎ After Hours Phone: (619) 515-2550
✉ Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
### INTERNAL MEDICINE

**MAHDAI, SUZAN**  
Provider ID: 419139  
Provider Gender: Female  
License Number: A154838  
NPI: 1598015679  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
7592 BROADWAY  
LEMON GROVE, CA 91945  
Phone: (619) 515-2550  
After Hours Phone: (619) 515-2550  
Website: N/A  
Email: valeriade@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 9:00AM-5:00PM

### OBSTETRICS / GYNECOLOGY

**ALIMONOS, LYSISTRATI**  
Provider ID: 419139  
Provider Gender: Female  
License Number: 20A14919  
NPI: 1619397031  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
7592 BROADWAY  
LEMON GROVE, CA 91945  
Phone: (619) 515-2500  
After Hours Phone: (619) 515-2500  
Website: N/A  
Email: valeriade@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

**ALIMONOS, LYSISTRATI**  
Provider ID: 419139  
Provider Gender: Female  
License Number: 20A14919  
NPI: 1619397031  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
7592 BROADWAY  
LEMON GROVE, CA 91945  
Phone: (619) 515-2500  
After Hours Phone: (619) 515-2500  
Website: N/A  
Email: valeriade@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

**BUECHNER, CHARLENE**  
Provider ID: 419139  
Provider Gender: Female  
License Number: A68463  
NPI: 1376663831  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
7592 BROADWAY  
LEMON GROVE, CA 91945  
Phone: (619) 515-2500  
After Hours Phone: (619) 515-2500  
Website: N/A  
Email: valeriade@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

**ALIMONOS, LYSISTRATI**  
Provider ID: 419139  
Provider Gender: Female  
License Number: 20A14919  
NPI: 1619397031  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
7592 BROADWAY  
LEMON GROVE, CA 91945  
Phone: (619) 515-2500  
After Hours Phone: (619) 515-2500  
Website: N/A  
Email: valeriade@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):
<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Gender</th>
<th>License</th>
<th>NPI</th>
<th>Spoken Languages</th>
<th>Hospital Affiliation</th>
<th>Board Certified Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Email</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Website</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBSTETRICS / GYNECOLOGY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buechner, Charlene</td>
<td>419139</td>
<td>Female</td>
<td>A68463</td>
<td>1376663831</td>
<td>Y</td>
<td>Spanish</td>
<td>SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS</td>
<td>No</td>
<td>7592 BROADWAY LEMON GROVE, CA 91945</td>
<td>(619) 515-2550</td>
<td>(619) 515-2550</td>
<td><a href="mailto:valeriade@fhcsd.org">valeriade@fhcsd.org</a></td>
<td>Yes</td>
<td>0-150</td>
<td>Spanish</td>
<td>CONTACT</td>
<td>N/A</td>
</tr>
<tr>
<td>Carter, Khalil</td>
<td>419139</td>
<td>Male</td>
<td>A113001</td>
<td>1225231582</td>
<td>Y</td>
<td>Spanish</td>
<td>SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRICITY MEDICAL CTR</td>
<td>No</td>
<td>7592 BROADWAY LEMON GROVE, CA 91945</td>
<td>(619) 515-2550</td>
<td>(619) 515-2550</td>
<td><a href="mailto:valeriade@fhcsd.org">valeriade@fhcsd.org</a></td>
<td>No</td>
<td>0-150</td>
<td>N</td>
<td>CONTACT</td>
<td>N/A</td>
</tr>
<tr>
<td>Provider ID</td>
<td>Provider Gender</td>
<td>License Number</td>
<td>NPI</td>
<td>Provider English Spoken</td>
<td>Provider Language(s)</td>
<td>Board Certified Specialty</td>
<td>Hospital Affiliation</td>
<td>Phone</td>
<td>After Hours Phone</td>
<td>Website</td>
<td>Email</td>
<td>Medi-Cal Open Panel</td>
<td>Min/Max Age</td>
<td>American Sign Language (ASL)</td>
<td>Cultural Competency</td>
<td>Accessibility</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------</td>
<td>----------------</td>
<td>-----</td>
<td>-------------------------</td>
<td>----------------------</td>
<td>--------------------------</td>
<td>-----------------------</td>
<td>-------</td>
<td>-------------------</td>
<td>---------</td>
<td>-------</td>
<td>----------------------</td>
<td>-------------</td>
<td>-----------------------------</td>
<td>-------------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>419139</td>
<td>Female</td>
<td>A118095</td>
<td>1073701041</td>
<td>Y</td>
<td>Spanish</td>
<td>No</td>
<td>SCRIPPS MERCY HOSPITAL, Sharp</td>
<td>(619) 515-2550</td>
<td>(619) 515-2550</td>
<td>N/A</td>
<td><a href="mailto:valeriade@fhcsd.org">valeriade@fhcsd.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>419139</td>
<td>Female</td>
<td>A163464</td>
<td>1326531401</td>
<td>Y</td>
<td>Spanish</td>
<td>No</td>
<td>SCRIPPS MERCY HOSPITAL, Sharp</td>
<td>(619) 515-2550</td>
<td>(619) 515-2550</td>
<td>N/A</td>
<td><a href="mailto:valeriade@fhcsd.org">valeriade@fhcsd.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>419139</td>
<td>Male</td>
<td>A108228</td>
<td>1629277322</td>
<td>Y</td>
<td>Spanish</td>
<td>No</td>
<td>SCRIPPS MERCY HOSPITAL, Sharp</td>
<td>(619) 515-2550</td>
<td>(619) 515-2550</td>
<td>N/A</td>
<td><a href="mailto:valeriade@fhcsd.org">valeriade@fhcsd.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
</tbody>
</table>
DORUELO, ASHLEY
Provider ID: 419139
Provider Gender: Female
License Number: A178499
NPI: 1033613732
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FOLCH TORRES-AGUIAR, BEATRIZ
Provider ID: 419139
Provider Gender: Female
License Number: A148014
NPI: 1457794752
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

1186
D2. 主治医生名录

HANLEY, LAUREN
Provider ID: 419139
Provider Gender: Female
License Number: C174771
NPI: 1053392035
.Provider English Spoken: Y
.Provider Language(s) Spoken: Spanish
.Cultural Competency: N
.Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
.Board Certified Specialty: No

LIPSCHITZ, LISA
Provider ID: 419139
Provider Gender: Female
License Number: A72005
NPI: 1649208711
.Provider English Spoken: Y
.Provider Language(s) Spoken: Spanish
.Cultural Competency: N
.Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
.Board Certified Specialty: No

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2.主治医生名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
LOEFFLER, ALLISON
Provider ID: 419139
Provider Gender: Female
License Number: A116680
NPI: 1700073962
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
MELENDEZ BERRIOS, IARA DEL
Provider ID: 419139
Provider Gender: Female
License Number: A114181
NPI: 1740514249
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
LOEFFLER, ALLISON
Provider ID: 419139
Provider Gender: Female
License Number: A116680
NPI: 1700073962
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
MELENDEZ BERRIOS, IARA DEL
Provider ID: 419139
Provider Gender: Female
License Number: A114181
NPI: 1740514249
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
D2. 主治医生名录

RODRIGUEZ JEREZ, ROBERTO
Provider ID: 419139
Provider Gender: Male
License Number: A154298
NPI: 1710316450
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
- Board Certified Specialty: No
- 7592 BROADWAY LEMON GROVE, CA 91945
- Phone: (619) 515-2500
- After Hours Phone: (619) 515-2500
- Website: N/A
- Email: valeriade@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
SAPRA, SONIA
Provider ID: 419139
Provider Gender: Female
License Number: A164859
NPI: 1952751711
- Provider English Spoken: Y
- Provider Language(s) Spoken: Hindi
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL
- Board Certified Specialty: No
- 7592 BROADWAY LEMON GROVE, CA 91945
- Phone: (619) 515-2550
- After Hours Phone: (619) 515-2550
- Website: N/A
- Email: valeriade@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
RODRIGUEZ JEREZ, ROBERTO
Provider ID: 419139
Provider Gender: Male
License Number: A154298
NPI: 1710316450
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
- Board Certified Specialty: No
- 7592 BROADWAY LEMON GROVE, CA 91945
- Phone: (619) 515-2500
- After Hours Phone: (619) 515-2500
- Website: N/A
- Email: valeriade@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 9:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
STABEN, REBECCA
Provider ID: 419139
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
- Provider English Spoken: Y
### Obstetrics / Gynecology

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Medi-Cal Open Panel</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>STABEN, REBECCA</td>
<td>419139</td>
<td>Female</td>
<td>20A13958</td>
<td>1932269198</td>
<td>(619) 515-2550</td>
<td>(619) 515-2550</td>
<td>N/A</td>
<td>Yes</td>
<td>N</td>
<td>CONTACT PROV</td>
</tr>
<tr>
<td>WINESBURG, JENNIFER</td>
<td>419139</td>
<td>Female</td>
<td>20A11535</td>
<td>1811162456</td>
<td>(619) 515-2550</td>
<td>(619) 515-2550</td>
<td>N/A</td>
<td>Yes</td>
<td>N</td>
<td>CONTACT PROV</td>
</tr>
<tr>
<td>ZIEG, ALAN</td>
<td>419139</td>
<td>Male</td>
<td>G78814</td>
<td>1699790634</td>
<td>(619) 515-2550</td>
<td>(619) 515-2550</td>
<td>N/A</td>
<td>Yes</td>
<td>N</td>
<td>CONTACT PROV</td>
</tr>
</tbody>
</table>

**OBSERVATIONS**

- The listed providers are affiliated with Sharp Grossmont Hospital and SCRIPPS Mercy Hospital, Sharp Coronado Hosp and Healthcare Ctr.
- Some providers are bilingual in Spanish.
- Medi-Cal open panel for all listed providers.
- Min/Max Age for all providers is 0-150.
- Accessibility option is available for each provider.

---

**Cultural Competency**

- N

**Hospital Affiliation**

- Sharp Grossmont Hospital
- SCRIPPS Mercy Hospital, Sharp Coronado Hosp and Healthcare Ctr.

**Board Certified Specialty**

- No

**Contact Information**

- 7592 BROADWAY
- LEMON GROVE, CA 91945
- Phone: (619) 515-2550
- After Hours Phone: (619) 515-2550
- Website: N/A
- Email: valeriade@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-150
- American Sign Language (ASL): N

---

**Accessibility**

- CONTACT PROVIDER
- Hours: M-F 9:00AM-5:00PM

---

**OBSTETRICS / GYNECOLOGY**

- STABEN, REBECCA
- WINESBURG, JENNIFER
- ZIEG, ALAN

---

**OBSEVES**

- Listed providers may have mental health providers in their network.
- Prior authorization may be required for some services.
- Online listing of mental health providers available at blueshieldca.com/fad.
D2. 主治医生名录

CHULA VISTA
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
ZIEG, ALAN
Provider ID: 419139
Provider Gender: Male
License Number: G78814
NPI: 1699790634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSPITAL
AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
JACKSON, DANA
Provider ID: 419139
Provider Gender: Female
License Number: 20A14119
NPI: 1689060063
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation:
MARINHEALTH AND
MARINHEALTH MEDICAL CENTER, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
SLEIMAN, JOSEPH
Provider ID: 419139
Provider Gender: Male
License Number: A102060
NPI: 1093976748
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, French, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
D2. 主治医生名录

Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
FLEMING, DAVID
Provider ID: 419139
Provider Gender: Male
License Number: PA12416
NPI: 1932329505
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
GODDARD, SHANNON
Provider ID: 419139
Provider Gender: Female
License Number: PA56072
NPI: 1780961417
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
FLEMING, DAVID
Provider ID: 419139
Provider Gender: Male
License Number: PA12416
NPI: 1932329505
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
GODDARD, SHANNON
Provider ID: 419139
Provider Gender: Female
License Number: PA56072
NPI: 1780961417
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
After Hours Phone: (619) 515-2550
Website: N/A
Email: valeriade@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

National City

Certified Nurse Practitioner

Aquino, Felino
Provider ID: 417102
Provider Gender: Male
License Number: NP22974
NPI: 1356684781
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Board Certified Specialty: No
2743 Highland Ave
National City, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-6:00PM
F 8:00AM-5:00PM

Certified Nurse Practitioner

Aquino, Felino
Provider ID: 418302
Provider Gender: Male
License Number: NP22974
NPI: 1356684781
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Board Certified Specialty: No
2101 Granger Ave
National City, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

Certified Nurse Practitioner

Dharkar Surber, Sapna

D2. 主治医生名录

Provider ID: 185270
Provider Gender: Female
License Number: NP95013257
NPI: 1538707765
- Provider English Spoken: Y
- Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
- Phone: (619) 434-7308
- Fax: (619) 434-7310
- After Hours Phone: (619) 434-7308
- Website: www.lamaestra.org
- Email: aschmaltz@lamaestra.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
LIM, IMELDA
Provider ID: 418302
Provider Gender: Female
License Number: NP95000203
NPI: 1093130395
- Provider English Spoken: Y
- Provider Language(s) Spoken: Tagalog
- Cultural Competency: N
Board Certified Specialty: No
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
- Phone: (844) 200-2426
- After Hours Phone: (844) 200-2426
- Website: www.operationsamahan.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
DHARKAR SURBER, SAPNA
Provider ID: 185270
Provider Gender: Female
License Number: NP95013257
NPI: 1538707765
- Provider English Spoken: Y
- Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
- Phone: (619) 434-7308
- Fax: (619) 434-7310
- After Hours Phone: (619) 434-7308
- Website: www.lamaestra.org
- Email: aschmaltz@lamaestra.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

PROVIDER
Hours: M-F 8:00AM-5:00PM

CERTIFIED NURSE PRACTITIONER
LIM, IMELDA
Provider ID: 417102
Provider Gender: Female
License Number: NP95000203
NPI: 1093130395
- Provider English Spoken: Y
- Provider Language(s) Spoken: Tagalog
- Cultural Competency: N
Board Certified Specialty: No
2101 GRANGER AVE
NATIONAL CITY, CA 91950
- Phone: (844) 200-2426
- After Hours Phone: (844) 200-2426
- Website: www.operationsamahan.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-6:00PM
F 8:00AM-5:00PM
Cultural Competency: N  
Board Certified Specialty: No  
2101 GRANGER AVE  
NATIONAL CITY, CA 91950  
📞 Phone: (844) 200-2426  
📞 After Hours Phone: (844) 200-2426  
🌐 Website: www.operationsamahan.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
☯️ Accessibility: CONTACT PROVIDER  
Hours: M-Th 8:00AM-6:00PM  
F 8:00AM-5:00PM  

CERTIFIED NURSE PRACTITIONER  
LUM, YUIN-WAH  
Provider ID: 418930  
Provider Gender: Female  
License Number: NP95010663  
NPI: 1942764477  
☐ Provider English Spoken: Y  
文化节: N  
Board Certified Specialty: No  
1000 EUCLID AVE  
NATIONAL CITY, CA 91950  
📞 Phone: (619) 515-2399  
📞 After Hours Phone: (619) 515-2399  
🌐 Website: www.fhcsd.org  
Email: lucinaj@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
☯️ Accessibility: CONTACT PROVIDER  

CERTIFIED NURSE PRACTITIONER  
LIM, IMELDA  
Provider ID: 417102  
Provider Gender: Female  
License Number: NP95000203  
NPI: 1093130395  
☐ Provider English Spoken: Y  
語言: Tagalog  
文化节: N  
Board Certified Specialty: No  
2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
📞 Phone: (844) 200-2426  
📞 After Hours Phone: (844) 200-2426  
🌐 Website: www.operationsamahan.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
☯️ Accessibility: CONTACT PROVIDER  

CERTIFIED NURSE PRACTITIONER  
LUM, YUIN-WAH  
Provider ID: 418930  
Provider Gender: Female  
License Number: NP95010663  
NPI: 1942764477  
☐ Provider English Spoken: Y  
文化节: N  
Board Certified Specialty: No  
1000 EUCLID AVE  
NATIONAL CITY, CA 91950  
📞 Phone: (619) 515-2399  
📞 After Hours Phone: (619) 515-2399  
🌐 Website: www.fhcsd.org  
Email: lucinaj@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
☯️ Accessibility: CONTACT PROVIDER  

CERTIFIED NURSE PRACTITIONER  
NEVAREZ, IRENE  
Provider ID: 185270  
Provider Gender: Female  
License Number: NP95009891  
NPI: 1003166646  
☐ Provider English Spoken: Y  
语言: Spanish  
文化节: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Board Certified Specialty: No  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
📞 Phone: (619) 564-8765  
📞 After Hours Phone: (619) 564-8765  
🌐 Website: www.lamaestra.org  
Email: aschmaltz@lamaestra.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
☯️ Accessibility: CONTACT PROVIDER
CERTIFIED NURSE Practitioner
NEVAREZ, IRENE
Provider ID: 185270
Provider Gender: Female
License Number: NP95009891
NPI: 1003166646
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Board Certified Specialty: No
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

CERTIFIED NURSE Practitioner
REAL, MARIA
Provider ID: 185270
Provider Gender: Female
License Number: NP17328
NPI: 1548450471
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

CERTIFIED NURSE Practitioner
OCHOA, ERLINDA
Provider ID: 185270
Provider Gender: Female
License Number: NP4430
NPI: 1346437464
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
<table>
<thead>
<tr>
<th>Provider ID: 18548450471</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: SCRIPPS</td>
</tr>
<tr>
<td>MERCY HOSPITAL, SCRIPPS</td>
</tr>
<tr>
<td>MERCY HOSPITAL CHULA VISTA</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>217 HIGHLAND AVE NATIONAL CITY, CA 91950</td>
</tr>
<tr>
<td>Phone: (619) 434-7308</td>
</tr>
<tr>
<td>After Hours Phone: (619) 434-7308</td>
</tr>
<tr>
<td>Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:aschmaltz@lamaestra.org">aschmaltz@lamaestra.org</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:30PM</td>
</tr>
</tbody>
</table>

### CERTIFIED NURSE PRACTITIONER

<table>
<thead>
<tr>
<th>REID, EMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 185270</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: NP95002766 NPI: 1083081467</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>217 HIGHLAND AVE NATIONAL CITY, CA 91950</td>
</tr>
<tr>
<td>Phone: (619) 434-7308</td>
</tr>
<tr>
<td>After Hours Phone: (619) 434-7308</td>
</tr>
<tr>
<td>Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:aschmaltz@lamaestra.org">aschmaltz@lamaestra.org</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:30PM</td>
</tr>
</tbody>
</table>

### CERTIFIED NURSE PRACTITIONER

<table>
<thead>
<tr>
<th>VERDUZCO GONZALEZ, AURORA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 185270</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: NP95001961 NPI: 1932452323</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s) Spoken: Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>217 HIGHLAND AVE NATIONAL CITY, CA 91950</td>
</tr>
<tr>
<td>Phone: (619) 434-7308</td>
</tr>
<tr>
<td>After Hours Phone: (619) 434-7308</td>
</tr>
<tr>
<td>Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:aschmaltz@lamaestra.org">aschmaltz@lamaestra.org</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:30PM</td>
</tr>
</tbody>
</table>
1198

D2. 主治医生名录

CERTIFIED NURSE PRACTITIONER
VILLANUEVA DE GUTIE, BERENICE
Provider ID: 185270
Provider Gender: Female
License Number: NP95002188
NPI: 1952795536
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org

CERTIFIED NURSE PRACTITIONER
WILLIAMS, BREAHNA
Provider ID: 185270
Provider Gender: Female
License Number: NP95001840
NPI: 1063884864
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
### FAMILY PRACTICE

**ALGHAMDI, ASMA**  
Provider ID: 227418  
Provider Gender: Female  
License Number: A167529  
NPI: 1316310840  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  

- **Address:** 2400 E 8TH ST STE A, NATIONAL CITY, CA 91950  
- **Phone:** (619) 662-4100  
- **After Hours Phone:** (619) 662-4100  
- **Website:** syhealth.org/clinics/paradise-hills-family-clinic  
- **Medi-Cal Open Panel:** Yes  
- **Min/Max Age:** 0\150  
- **American Sign Language (ASL):** N  
- **Accessibility:** CONTACT PROVIDER  
- **Hours:** M-F 8:00AM-5:00PM

**ANDAYA, MIKHAEL**  
Provider ID: 418930  
Provider Gender: Male  
License Number: A176878  
NPI: 1780189209  
Provider English Spoken: Y  
Provider Language(s) Spoken: Tagalog  
Cultural Competency: N  
Board Certified Specialty: No  

- **Address:** 1000 EUCLID AVE, NATIONAL CITY, CA 91950  
- **Phone:** (619) 515-2399  
- **After Hours Phone:** (619) 515-2399  
- **Website:** www.fhcsd.org  
- **Email:** lucinaj@fhcsd.org  
- **Medi-Cal Open Panel:** Yes  
- **Min/Max Age:** 0\150  
- **American Sign Language (ASL):** N  
- **Accessibility:** CONTACT PROVIDER

**BAEZ, BEATRICE**  
Provider ID: 417102  
Provider Gender: Female  
License Number: A74777  
NPI: 1245372507  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  

- **Address:** 2743 HIGHLAND AVE, NATIONAL CITY, CA 91950  
- **Phone:** (844) 200-2426  
- **After Hours Phone:** (844) 200-2426  
- **Website:** www.operationsamahan.org  
- **Medi-Cal Open Panel:** Yes  
- **Min/Max Age:** 0\150  
- **American Sign Language (ASL):** N
### FAMILY PRACTICE

#### BAEZ, BEATRICE
- **Provider ID:** 417102
- **Provider Gender:** Female
- **License Number:** A74777
- **NPI:** 1245372507
- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Spanish
- **Cultural Competency:** N
- **Board Certified Specialty:** No
- **Address:** 2743 HIGHLAND AVE
  - **Phone:** (844) 200-2426
  - **After Hours Phone:** (844) 200-2426
- **Website:** www.operationsamahan.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\-150
- **American Sign Language (ASL):** N

#### CANLAS, AVELINO
- **Provider ID:** 417102
- **Provider Gender:** Male
- **License Number:** A74854
- **NPI:** 1275682528
- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Tagalog
- **Cultural Competency:** N
- **Hospital Affiliation:** CHULA VISTA COMM HOSP
- **Board Certified Specialty:** No
- **Address:** 2743 HIGHLAND AVE
  - **Phone:** (844) 200-2426
  - **After Hours Phone:** (844) 200-2426
- **Website:** www.operationsamahan.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\-150
- **American Sign Language (ASL):** N

#### CAMPBELL, BRIANNA
- **Provider ID:** 227418
- **Provider Gender:** Female
- **License Number:** A157488
- **NPI:** 1316479892
- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **Hospital Affiliation:** CHULA VISTA COMM HOSP
- **Board Certified Specialty:** No
- **Address:** 2400 E 8TH ST STE A
  - **Phone:** (619) 662-4100
  - **After Hours Phone:** (619) 662-4100
- **Website:** syhealth.org/clinics/paradise-hills-family-clinic
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\-150
- **American Sign Language (ASL):** N

### FAMILY PRACTICE

#### CANLAS, AVELINO
- **Provider ID:** 417102
- **Provider Gender:** Male
- **License Number:** A74854
- **NPI:** 1275682528
- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Tagalog
- **Cultural Competency:** N
- **Hospital Affiliation:** PARADISE VALLEY HOSPITAL
- **Board Certified Specialty:** No
- **Address:** 2743 HIGHLAND AVE
  - **Phone:** (844) 200-2426
  - **After Hours Phone:** (844) 200-2426
- **Website:** www.operationsamahan.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\-150
- **American Sign Language (ASL):** N

### FAMILY PRACTICE

#### CAMPBELL, BRIANNA
- **Provider ID:** 227418
- **Provider Gender:** Female
- **License Number:** A157488
- **NPI:** 1316479892
- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **Hospital Affiliation:** CHULA VISTA COMM HOSP
- **Board Certified Specialty:** No
- **Address:** 2400 E 8TH ST STE A
  - **Phone:** (619) 662-4100
  - **After Hours Phone:** (619) 662-4100
- **Website:** syhealth.org/clinics/paradise-hills-family-clinic
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\-150
- **American Sign Language (ASL):** N

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
FAMILY PRACTICE
CARRIEDO CENICEROS, MARIA
Provider ID: 227412
Provider Gender: Female
License Number: A78373
NPI: 1295746618
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Board Certified Specialty: No
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinic
s/national- city- family- clinic- 1
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
CEVALLOS, JAMES
Provider ID: 227412
Provider Gender: Male
License Number: A55469
NPI: 1720181829
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 474-3722
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinic
s/national- city- family- clinic- 1
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
DILLON, MAYRA
Provider ID: 227412
Provider Gender: Female
License Number: A112571
NPI: 1629232715
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 336-2323
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinic
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
HERNANDEZ, JOANNA
Provider ID: 227412
Provider Gender: Female
License Number: A138919
NPI: 1154749315
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinic
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
LANUZA, MARK
Provider ID: 418930
Provider Gender: Male
FAMILY PRACTICE

LAW, KAREN
Provider ID: 227418
Provider Gender: Female
License Number: A138534
NPI: 1205253150
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-3:30PM
TU 10:30AM-5:30PM
W 8:30AM-3:30PM
TH 10:30AM-5:30PM
F 8:30AM-3:30PM

2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/paradise-hills-family-clinic
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

FAMILY PRACTICE

LEUTE, ERIC
Provider ID: 227418
Provider Gender: Male
License Number: A80832
NPI: 1720171507
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LAW, KAREN
Provider ID: 227418
Provider Gender: Female
License Number: A138534
NPI: 1205253150
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LEUTE, ERIC
Provider ID: 227418
Provider Gender: Male
License Number: A80832
NPI: 1720171507
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LAW, KAREN
Provider ID: 227418
Provider Gender: Female
License Number: A138534
NPI: 1205253150
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LEUTE, ERIC
Provider ID: 227418
Provider Gender: Male
License Number: A80832
NPI: 1720171507
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LAW, KAREN
Provider ID: 227418
Provider Gender: Female
License Number: A138534
NPI: 1205253150
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LEUTE, ERIC
Provider ID: 227418
Provider Gender: Male
License Number: A80832
NPI: 1720171507
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LAW, KAREN
Provider ID: 227418
Provider Gender: Female
License Number: A138534
NPI: 1205253150
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LEUTE, ERIC
Provider ID: 227418
Provider Gender: Male
License Number: A80832
NPI: 1720171507
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LAW, KAREN
Provider ID: 227418
Provider Gender: Female
License Number: A138534
NPI: 1205253150
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LEUTE, ERIC
Provider ID: 227418
Provider Gender: Male
License Number: A80832
NPI: 1720171507
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LAW, KAREN
Provider ID: 227418
Provider Gender: Female
License Number: A138534
NPI: 1205253150
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LEUTE, ERIC
Provider ID: 227418
Provider Gender: Male
License Number: A80832
NPI: 1720171507
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LAW, KAREN
Provider ID: 227418
Provider Gender: Female
License Number: A138534
NPI: 1205253150
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LEUTE, ERIC
Provider ID: 227418
Provider Gender: Male
License Number: A80832
NPI: 1720171507
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>Board Certified Specialty: No</th>
<th>American Sign Language (ASL): N</th>
</tr>
</thead>
<tbody>
<tr>
<td>2400 E 8TH ST STE A</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>NATIONAL CITY, CA 91950</td>
<td></td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
<td>FAMILY PRACTICE</td>
</tr>
<tr>
<td>After Hours Phone: (619) 662-4100</td>
<td>MEDINA, ALEXANDER</td>
</tr>
<tr>
<td>Website: syhealth.org/clinic</td>
<td>Provider ID: 361428</td>
</tr>
</tbody>
</table>
s/paradise-hills-family-clinic | Provider Gender: Male            |
|Mederi-Cal Open Panel: Yes    | License Number: A133539          |
| Min/Max Age: 0/150            | NPI: 1467714436                  |
| American Sign Language (ASL): | Provider English Spoken: Y       |
| N                             | Provider Language(s)             |
| Accessibility: CONTACT       | Spoken: Spanish                  |
| PROVIDER                      | Cultural Competency: N           |
| Hospital Affiliation: SCRIPPS |                                    |
| MEMORIAL HOSPITAL             |                                    |
| Board Certified Specialty: No |                                    |
| 330 E 8TH ST                 | Spoken: Spanish                  |
| NATIONAL CITY, CA 91950       | Cultural Competency: N           |
| Phone: (619) 662-4100         | Hospital Affiliation: SCRIPPS     |
| After Hours Phone: (619) 662-4100 | MEDINA, ALEXANDER               |
| Website: www.syhealth.org    | Provider ID: 361428              |
| Email: dinah.pierce@syhealth.org | Provider Gender: Male            |
|Mederi-Cal Open Panel: Yes    | License Number: A133539          |
| Min/Max Age: 0/150            | NPI: 1467714436                  |
| American Sign Language (ASL): | Provider English Spoken: Y       |
| N                             | Provider Language(s)             |
| Accessibility: CONTACT       | Spoken: Spanish                  |
| PROVIDER                      | Cultural Competency: N           |
| Board Certified Specialty: No |                                    |
| 2400 E 8TH ST                 | Spoken: Spanish                  |
| NATIONAL CITY, CA 91950       | Cultural Competency: N           |
| Phone: (619) 662-4100         | Hospital Affiliation: SCRIPPS     |
| After Hours Phone: (619) 662-4100 | MEDINA, ALEXANDER               |
| Website: www.syhealth.org    | Provider ID: 361428              |
| Email: dinah.pierce@syhealth.org | Provider Gender: Male            |
|Mederi-Cal Open Panel: Yes    | License Number: A133539          |
| Min/Max Age: 0/150            | NPI: 1467714436                  |
| American Sign Language (ASL): | Provider English Spoken: Y       |
| N                             | Provider Language(s)             |
| Accessibility: CONTACT       | Spoken: Spanish                  |
| PROVIDER                      | Cultural Competency: N           |
| Board Certified Specialty: No |                                    |
| 2400 E 8TH ST                 | Spoken: Spanish                  |
| NATIONAL CITY, CA 91950       | Cultural Competency: N           |
| Phone: (619) 662-4100         | Hospital Affiliation: SCRIPPS     |
| After Hours Phone: (619) 662-4100 | MEDINA, ALEXANDER               |
| Website: syhealth.org/clinic | Provider ID: 361428              |
s/paradise-hills-family-clinic | Provider Gender: Male            |
|Mederi-Cal Open Panel: Yes    | License Number: A133539          |
| Min/Max Age: 0/150            | NPI: 1467714436                  |
| American Sign Language (ASL): | Provider English Spoken: Y       |
| N                             | Provider Language(s)             |
| Accessibility: CONTACT       | Spoken: Spanish                  |
| PROVIDER                      | Cultural Competency: N           |
| Board Certified Specialty: No |                                    |
| 2400 E 8TH ST                 | Spoken: Spanish                  |
| NATIONAL CITY, CA 91950       | Cultural Competency: N           |
| Phone: (619) 662-4100         | Hospital Affiliation: SCRIPPS     |
| After Hours Phone: (619) 662-4100 | MEDINA, ALEXANDER               |
| Website: syhealth.org/clinic | Provider ID: 361428              |
s/paradise-hills-family-clinic | Provider Gender: Male            |
|Mederi-Cal Open Panel: Yes    | License Number: A133539          |
| Min/Max Age: 0/150            | NPI: 1467714436                  |
| American Sign Language (ASL): | Provider English Spoken: Y       |
| N                             | Provider Language(s)             |
| Accessibility: CONTACT       | Spoken: Spanish                  |
| PROVIDER                      | Cultural Competency: N           |
| Board Certified Specialty: No |                                    |
| 2400 E 8TH ST                 | Spoken: Spanish                  |
| NATIONAL CITY, CA 91950       | Cultural Competency: N           |
| Phone: (619) 662-4100         | Hospital Affiliation: SCRIPPS     |
| After Hours Phone: (619) 662-4100 | MEDINA, ALEXANDER               |
| Website: syhealth.org/clinic | Provider ID: 361428              |
s/paradise-hills-family-clinic | Provider Gender: Male            |
|Mederi-Cal Open Panel: Yes    | License Number: A133539          |
| Min/Max Age: 0/150            | NPI: 1467714436                  |
| American Sign Language (ASL): | Provider English Spoken: Y       |
| N                             | Provider Language(s)             |
| Accessibility: CONTACT       | Spoken: Spanish                  |
| PROVIDER                      | Cultural Competency: N           |
| Board Certified Specialty: No |                                    |
| 2400 E 8TH ST                 | Spoken: Spanish                  |
| NATIONAL CITY, CA 91950       | Cultural Competency: N           |
| Phone: (619) 662-4100         | Hospital Affiliation: SCRIPPS     |
| After Hours Phone: (619) 662-4100 | MEDINA, ALEXANDER               |
| Website: syhealth.org/clinic | Provider ID: 361428              |
s/paradise-hills-family-clinic | Provider Gender: Male            |
|Mederi-Cal Open Panel: Yes    | License Number: A133539          |
| Min/Max Age: 0/150            | NPI: 1467714436                  |
| American Sign Language (ASL): | Provider English Spoken: Y       |
| N                             | Provider Language(s)             |
| Accessibility: CONTACT       | Spoken: Spanish                  |
| PROVIDER                      | Cultural Competency: N           |
| Board Certified Specialty: No |                                    |
| 2400 E 8TH ST                 | Spoken: Spanish                  |
| NATIONAL CITY, CA 91950       | Cultural Competency: N           |
| Phone: (619) 662-4100         | Hospital Affiliation: SCRIPPS     |
| After Hours Phone: (619) 662-4100 | MEDINA, ALEXANDER               |
| Website: syhealth.org/clinic | Provider ID: 361428              |
s/paradise-hills-family-clinic | Provider Gender: Male            |
|Mederi-Cal Open Panel: Yes    | License Number: A133539          |
| Min/Max Age: 0/150            | NPI: 1467714436                  |
| American Sign Language (ASL): | Provider English Spoken: Y       |
| N                             | Provider Language(s)             |
| Accessibility: CONTACT       | Spoken: Spanish                  |
| PROVIDER                      | Cultural Competency: N           |
| Board Certified Specialty: No |                                    |
D2. 主治医生名录

N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
M OHAME DI, NA DIA
Provider ID: 227418
Provider Gender: Female
License Number: A146819
NPI: 1477947364

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
2400 E 8TH ST STE A NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 259-2807
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinic
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR

FAMILY PRACTICE
NAV ARRO, VA NESS A
Provider ID: 227418
Provider Gender: Female
License Number: A113624
NPI: 1952563421

Provider English Spoken: Y
Provider Language(s) Spoken: Filipino, Spanish, Tagalog
Cultural Competency: N
Board Certified Specialty: No
2400 E 8TH ST STE A NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 259-2807
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Email: dinah.pierce@syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
D2. 主治医生名录

Provider ID: 361428
Provider Gender: Male
License Number: 20A12653
NPI: 1508121674
- Provider English Spoken: Y
- Provider Language(s) Spoken: Farsi, Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- 330 E 8TH ST
  NATIONAL CITY, CA 91950
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
- Email: dinah.pierce@syhealth.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
OCEGUEDA, JOSHUA
Provider ID: 227412
Provider Gender: Male
License Number: A165184
NPI: 1336643345
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- 1136 D AVE
  NATIONAL CITY, CA 91950
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: syhealth.org/clinics/national-city-family-clinic-1
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
RICHARDSON, DANIELLE
Provider ID: 227418
Provider Gender: Female
License Number: A127555
NPI: 1609142892
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
- Board Certified Specialty: No
- 2400 E 8TH ST STE A
  NATIONAL CITY, CA 91950
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: syhealth.org/clinics/paradise-hills-family-clinic
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
RICHARDSON, DANIELLE
Provider ID: 227418
Provider Gender: Female
License Number: A127555
NPI: 1609142892
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
- Board Certified Specialty: No
- 2400 E 8TH ST STE A
  NATIONAL CITY, CA 91950
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: syhealth.org/clinic
D2. 主治医生名录

**FAMILY PRACTICE**

**ROBERTS, POMAI**

Provider ID: 227412  
Provider Gender: Female  
License Number: A103218  
NPI: 1023278314  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
1136 D AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: syhealth.org/clinic/s/national-city-family-clinic-1  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**SCHUMAKER, EDWARD**

Provider ID: 185270  
Provider Gender: Male  
License Number: 20A6433  
NPI: 1184616872  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 434-7308  
After Hours Phone: (619) 434-7308  
Website: www.lamaestra.org  
Email: aschmaltz@lamaestra.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**SNOOK, BRIAN**

Provider ID: 227418  
Provider Gender: Male  
License Number: A103218  
NPI: 1023278314  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
1136 D AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: syhealth.org/clinic/s/national-city-family-clinic-1  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

License Number: 20A11518
NPI: 1295977353
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 2400 E 8TH ST STE A
  NATIONAL CITY, CA 91950
  Phone: (619) 662-4100
  Fax: (619) 259-2806
  After Hours Phone: (619) 662-4100
  Website: syhealth.org/clinic
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
STONES, RACHEL
Provider ID: 185270
Provider Gender: Female
License Number: A167184
NPI: 1720583040
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 217 HIGHLAND AVE
  NATIONAL CITY, CA 91950
  Phone: (619) 280-4213
  After Hours Phone: (619) 280-4213
  Website: www.lamaestra.org
  Email: aschmaltz@lamaestra.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: TH 8:00AM-2:00PM

FAMILY PRACTICE
VELASQUEZ, SHARON
Provider ID: 227418
Provider Gender: Female
License Number: A71304
NPI: 1972732584
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
- Board Certified Specialty: No
- 2400 E 8TH ST STE A
  NATIONAL CITY, CA 91950
  Phone: (619) 662-4100
  Fax: (619) 259-2807
  After Hours Phone: (619) 662-4100
  Website: syhealth.org/clinic
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: TH 8:00AM-2:00PM
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>Provider Group</th>
<th>Provider Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAMILY PRACTICE</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **VELASQUEZ, SHARON** | Provider ID: 227418  
Provider Gender: Female  
License Number: A71304  
NPI: 1972732584  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
Phone: (619) 662-4100  
Fax: (619) 259-2807  
After Hours Phone: (619) 662-4100  
Website: syhealth.org/clinic/paradise-hills-family-clinic  |
| **LA MAESTRA FAMILY CLINIC INC,** | Provider ID: 185270  
NPI: 1336353721  
Provider English Spoken: Y  
Cultural Competency: N  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 434-7308  
Fax: (619) 434-7310  
After Hours Phone: (619) 434-7308  
Website: www.lamaestra.org  
Email: aschmaltz@lamaestra.org  |
| **FAMILY HEALTH CTR SD NATIONAL CITY,** | Provider ID: 418930  
NPI: 1417409228  
Provider English Spoken: Y  
Cultural Competency: N  
1000 EUCLID AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 515-2399  
Fax: (619) 269-0053  
After Hours Phone: (619) 515-2399  
Website: www.fhcsd.org  
Email: lucinaj@fhcsd.org  |
| **FQHC** | Provider English Spoken: Y  
Cultural Competency: N  
Hours: M 8:30AM-3:30PM  
TU 10:30AM-5:30PM  
W 8:30AM-3:30PM  
TH 10:30AM-5:30PM  
F 8:30AM-3:30PM  |
| **LA MAESTRA FAMILY CLINIC INC,** | Provider ID: 185270  
NPI: 1336353721  
Provider English Spoken: Y  
Cultural Competency: N  |
| **FQHC** | Provider English Spoken: Y  
Cultural Competency: N  
Hours: TH 8:00AM-2:00PM  |
D2. 主治医生名录

FQHC
OPERATION SAMAHAN - NATIONAL C,
Provider ID: 417102
NPI: 1801907449
Provider English Spoken: Y
Cultural Competency: N
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 474-3919
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FQHC
OPERATION SAMAHAN - NATIONAL C,
Provider ID: 417102
NPI: 1801907449
Provider English Spoken: Y
Cultural Competency: N
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 474-3919
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FQHC
OPERATION SAMAHAN - NATIONAL C,
Provider ID: 417102
NPI: 1801907449
Provider English Spoken: Y
Cultural Competency: N
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 474-3919
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FQHC
OPERATION SAMAHAN
GRANGER SCHOOL BASED,
Provider ID: 418302
NPI: 1205134517
Provider English Spoken: Y
Cultural Competency: N
2101 GRANGER AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 434-8999
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FQHC
SAN YSIDRO HEALTH
NATIONAL CITY,
Provider ID: 227412
NPI: 1003869363
Provider English Spoken: Y
Cultural Competency: N
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 474-3722
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinic
2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 259-2807
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/national-city-family-clinic
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

SAN YSIDRO HEALTH SOUTH BAY,
Provider ID: 361428
NPI: 1851757215
Provider English Spoken: Y
Cultural Competency: N
330 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 434-3514
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Email: dinah.pierce@syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

SAN YSIDRO HEALTH SOUTH BAY,
Provider ID: 361428
NPI: 1851757215
Provider English Spoken: Y
Cultural Competency: N
330 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 434-3514
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Email: dinah.pierce@syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

HEPATOLOGY
GISH, ROBERT
Provider ID: 185270
Provider Gender: Male
License Number: G45632
NPI: 1548281322
Provider English Spoken: Y
Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese
Cultural Competency: N
Hospital Affiliation: LOMA LINDA UNIVERSITY COMM MED CTR
Board Certified Specialty: No
217 HIGHLAND AVE NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

INTERNAL MEDICINE
HEKMAT, RAZI
Provider ID: 78388
Provider Gender: Male
NPI: 1871501205
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL
Board Certified Specialty: No
610 EUCLID AVE STE 201 NATIONAL CITY, CA 91950
Phone: (619) 267-8181
Fax: (619) 479-6750
After Hours Phone: (619) 267-8181
Website: N/A
Email: SIEAB@AOL.COM
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM
D2. 主治医生名录

LAMANTIA, MICHELE
Provider ID: 227412
Provider Gender: Female
License Number: G71855
NPI: 1124176102
☑ Provider English Spoken: Y
☑ Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinic
s/national- city- family- clinic- 1
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
LAMANTIA, MICHELE
Provider ID: 361428
Provider Gender: Female
License Number: G71855
NPI: 1124176102
☑ Provider English Spoken: Y
☑ Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
330 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Email:
dinah.pierce@syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
ROUEL, WADI
Provider ID: 185270
Provider Gender: Male
License Number: C55979
NPI: 1740254713
☑ Provider English Spoken: Y
☑ Provider Language(s)
  Spoken: Arabic, Spanish, Syriac
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
D2. 主治医生名录

INTERNAL MEDICINE
ROUEL, WADI
Provider ID: 185270
Provider Gender: Male
License Number: C55979
NPI: 1740254713
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Spanish, Syriac
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
Provider English Spoken: CONTACT PROVIDER
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

NEUROLOGY
CANTU-REYNA, GUILLERMO
Provider ID: 185270
Provider Gender: Male
License Number: A41375
NPI: 1447389101
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
Board Certified Specialty: No
Provider English Spoken: CONTACT PROVIDER
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
ASLIAN, AZITA
Provider ID: 227418
Provider Gender: Female
License Number: A118227
NPI: 1851667661
Provider English Spoken: CONTACT PROVIDER
Accessibility: CONTACT PROVIDER

CHULA VISTA MED CTR
Board Certified Specialty: No
Provider English Spoken: CONTACT PROVIDER
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Gender</th>
<th>Min/Max Age</th>
<th>Open Panel</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hospital Affiliation</th>
<th>Board Certified Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASLIAN, AZITA</td>
<td>227418</td>
<td>Female</td>
<td>0\150</td>
<td>Yes</td>
<td>N</td>
<td>CONTACT</td>
<td>Hemet Global Medical Center, Menifee Global Medical Center, SCIRPPS MERCY HOSPITAL, CHULA VISTA, SCIRPPS MERCY HOSPITAL</td>
<td>No</td>
<td>2400 E 8TH ST STE A NATIONAL CITY, CA 91950</td>
<td>(619) 662-4100</td>
<td>(619) 662-4100</td>
<td>(619) 470-1945</td>
<td>N/A</td>
<td><a href="mailto:BAILONYPEDIATRICS@GMAIL.COM">BAILONYPEDIATRICS@GMAIL.COM</a></td>
</tr>
<tr>
<td>BAILONY, AHMAD</td>
<td>146949</td>
<td>Male</td>
<td>0\19</td>
<td>Yes</td>
<td>N</td>
<td>CONTACT</td>
<td>SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORN, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, SHARP MEMORIAL HOSPITAL</td>
<td>No</td>
<td>655 EUCLID AVE STE 205 NATIONAL CITY, CA 91950</td>
<td>(619) 470-1945</td>
<td>(619) 475-5048</td>
<td>(619) 470-1945</td>
<td>N/A</td>
<td><a href="mailto:BAILONY@YAHOO.COM">BAILONY@YAHOO.COM</a></td>
</tr>
<tr>
<td>BAILONY, MOHAMMED</td>
<td>30132</td>
<td>Male</td>
<td>0\19</td>
<td>Yes</td>
<td>N</td>
<td>CONTACT</td>
<td>SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORN, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, SHARP MEMORIAL HOSPITAL</td>
<td>Yes</td>
<td>655 EUCLID AVE STE 201 NATIONAL CITY, CA 91950</td>
<td>(619) 267-8601</td>
<td>(619) 267-2242</td>
<td>(619) 267-8601</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

267-8601
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM

PEDIATRICS
BONSU, BEMA
Provider ID: 227412
Provider Gender: Male
License Number: C55180
NPI: 1932106986
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL OAKLAND
Board Certified Specialty: No
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/national- city- family- clinic- 1

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
CONE, STEPHANIE
Provider ID: 185270
Provider Gender: Female
License Number: A123929
NPI: 1437444858
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RACY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
D2. 主治医生名录

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider Language(s) Spoken</th>
<th>Min/Max Age</th>
<th>Board Certified Specialty</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:aschmaltz@lamaestra.org">aschmaltz@lamaestra.org</a></td>
<td>418930</td>
<td>Male</td>
<td>A163862</td>
<td>1184121253</td>
<td>Y</td>
<td>0\150</td>
<td>No</td>
<td>(619) 515-2399</td>
<td>(619) 515-2399</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td><a href="mailto:lucinaj@fhcsd.org">lucinaj@fhcsd.org</a></td>
</tr>
<tr>
<td>FRESNO, BLANCA</td>
<td>102433</td>
<td>Male</td>
<td>1346258787</td>
<td>610 EUCLID AVE STE 302</td>
<td>A163862</td>
<td>0\19</td>
<td>(619) 527-7700</td>
<td>(619) 527-3226</td>
<td>N/A</td>
<td>610 EUCLID AVE STE 302</td>
<td>102433</td>
</tr>
<tr>
<td>GARCIA, RAFAEL</td>
<td>84954</td>
<td>Male</td>
<td>1053414086</td>
<td>610 EUCLID AVE STE 302</td>
<td>A163862</td>
<td>0\19</td>
<td>(619) 527-7700</td>
<td>(619) 527-3226</td>
<td>N/A</td>
<td>610 EUCLID AVE STE 302</td>
<td>84954</td>
</tr>
</tbody>
</table>

**Accessibility:** CONTACT PROVIDER

**Hours:**
- M-F 8:00AM-5:00PM
D2. 处方医生名录

**PEDIATRICS**

**RANA, DEBORAH**  
Provider ID: 227418  
Provider Gender: Female  
License Number: G88347  
NPI: 1033191457  
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, CHULA VISTA COMM HOSP
- Board Certified Specialty: No
- 2400 E 8TH ST STE A NATIONAL CITY, CA 91950  
- Phone: (619) 662-4100  
- After Hours Phone: (619) 662-4100  
- Website: syhealth.org/clinics/paradise-hills-family-clinic
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**VALENCIA, MARILES**  
Provider ID: 104060  
Provider Gender: Female  
NPI: 1275541625  
- Provider Language(s) Spoken: Spanish, Tagalog  
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, Rady CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL
- Board Certified Specialty: No  
- 655 EUCLID AVE STE 207 NATIONAL CITY, CA 91950  
- Phone: (619) 475-4575  
- Fax: (619) 475-4578  
- After Hours Phone: (619) 475-4575  
- Website: N/A  
- Email: PEDIATRICSiNPARADISE@YAHOO.COM
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**UY, CARMELITA**  
Provider ID: 424443  
Provider Gender: Female  
NPI: 1154431484  
- Provider Language(s) Spoken: Spanish, Tagalog  
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, Rady CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL
- Board Certified Specialty: No
- 655 EUCLID AVE STE 207 NATIONAL CITY, CA 91950  
- Phone: (619) 475-4575  
- Fax: (619) 475-4578  
- After Hours Phone: (619) 475-4575  
- Website: N/A  
- Email: PEDIATRICSiNPARADISE@YAHOO.COM
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**
D2. 主治医生名录

ARMENTA, JORGE
Provider ID: 185270
Provider Gender: Male
License Number: PA13694
NPI: 1346382611
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

PHYSICIANS ASSISTANT
BANGS, SASHA
Provider ID: 418930
Provider Gender: Female
License Number: PA55660
NPI: 1720524374
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1000 EUCLID AVE
NATIONAL CITY, CA 91950
Phone: (619) 515-2399
After Hours Phone: (619) 515-2399
Website: www.fhcsd.org
Email: lucinaj@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
ARMENTA, JORGE
Provider ID: 185270
Provider Gender: Male
License Number: PA13694
NPI: 1346382611
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
BANGS, SASHA
Provider ID: 418930
Provider Gender: Female
License Number: PA55660
NPI: 1720524374
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1000 EUCLID AVE
NATIONAL CITY, CA 91950
Phone: (619) 515-2399
After Hours Phone: (619) 515-2399
Website: www.fhcsd.org
Email: lucinaj@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
MARTINEZ MURGUIA, IRENE
Provider ID: 185270
Provider Gender: Female
License Number: PA20296
NPI: 1447492889
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
MARTINEZ MURGUIA, IRENE
Provider ID: 185270
Provider Gender: Female
License Number: PA20296
NPI: 1447492889
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
MARTINEZ MURGUIA, IRENE
Provider ID: 185270
D2. 主治医生名录

Provider Gender: Female
License Number: PA20296
NPI: 1447492889

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
MERCER, KELLY
Provider ID: 185270
Provider Gender: Female
License Number: PA21625
NPI: 1154609790

Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified Specialty: No

217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

PHYSICIANS ASSISTANT
MERCER, KELLY
Provider ID: 185270
Provider Gender: Female
License Number: PA21625
NPI: 1154609790

Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified Specialty: No

217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 434-7308
After Hours Phone: (619) 434-7308
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OCEANSIDE

CERTIFIED NURSE PRACTITIONER
BAEK, KILHYO
Provider ID: 206341
Provider Gender: Female
License Number: NP95003571
NPI: 1053776914

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

1220
D2. 主治医生名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM SA 9:00AM-4:00PM

CERTIFIED NURSE PRACTITIONER
BAEK, KILHYO
Provider ID: 206341
Provider Gender: Female
License Number: NP95003571
NPI: 1053776914
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM SA 9:00AM-4:00PM

CERTIFIED NURSE PRACTITIONER
BAEK, KILHYO
Provider ID: 206341
Provider Gender: Female
License Number: NP95003571
NPI: 1053776914
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM SA 9:00AM-4:00PM

CERTIFIED NURSE PRACTITIONER
BAEK, KILHYO
Provider ID: 206341
Provider Gender: Female
License Number: NP95003571
NPI: 1053776914
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM SA 9:00AM-4:00PM

CERTIFIED NURSE PRACTITIONER
BROMAN, GRETCHEN
Provider ID: 402436
Provider Gender: Female
License Number: NP95007885
NPI: 1922421288
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
D2. 主治医生名录

- **After Hours Phone:** (760) 631-5000
- **Website:** www.vistacommunityclinic.org
- **Email:** credentialing@vcc.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\999
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F 8:00AM-5:00PM
  SA 9:00AM-4:00PM

**CERTIFIED NURSE PRACTITIONER**

- **BROMAN, GRETCHEN**
  - **Provider ID:** 402436
  - **Provider Gender:** Female
  - **License Number:** NP95007885
  - **NPI:** 1922421288
  - **Provider English Spoken:** Y
  - **Cultural Competency:** N
  - **Board Certified Specialty:** No
  - **517 N HORNE ST**
  - **OCEANSIDE, CA 92054**
  - **Phone:** (760) 631-5000
  - **After Hours Phone:** (760) 631-5000
  - **Website:** www.vistacommunityclinic.org
  - **Email:** credentialing@vcc.org
  - **Medi-Cal Open Panel:** Yes
  - **Min/Max Age:** 0\999
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Hours:** M-F 8:00AM-5:00PM
  SA 9:00AM-4:00PM

- **HALGEDAHL, YI**
  - **Provider ID:** 402434
  - **Provider Gender:** Female
  - **License Number:** NP95006826
  - **NPI:** 1619246907
  - **Provider English Spoken:** Y
  - **Provider Language(s) Spoken:** Mandarin
  - **Cultural Competency:** N
  - **Board Certified Specialty:** No
  - **818 PIER VIEW WAY**
  - **OCEANSIDE, CA 92054**
  - **Phone:** (760) 631-5000
  - **After Hours Phone:** (760) 631-5000
  - **Website:** www.vistacommunityclinic.org
  - **Email:** credentialing@vcc.org
  - **Medi-Cal Open Panel:** Yes
  - **Min/Max Age:** 0\999
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Hours:** M-F 8:00AM-5:00PM

**CERTIFIED NURSE PRACTITIONER**

- **BROMAN, GRETCHEN**
  - **Provider ID:** 402436
  - **Provider Gender:** Female
  - **License Number:** NP95007885
  - **NPI:** 1922421288
  - **Provider English Spoken:** Y
  - **Cultural Competency:** N
  - **Board Certified Specialty:** No
  - **517 N HORNE ST**
  - **OCEANSIDE, CA 92054**
  - **Phone:** (760) 631-5000
  - **After Hours Phone:** (760) 631-5000
  - **Website:** www.vistacommunityclinic.org
  - **Email:** credentialing@vcc.org
  - **Medi-Cal Open Panel:** Yes
  - **Min/Max Age:** 0\999
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Hours:** M-F 8:00AM-5:00PM
  SA 9:00AM-4:00PM

**CERTIFIED NURSE PRACTITIONER**

- **BROMAN, GRETCHEN**
  - **Provider ID:** 402436
  - **Provider Gender:** Female
  - **License Number:** NP95007885
  - **NPI:** 1922421288
  - **Provider English Spoken:** Y
  - **Cultural Competency:** N
  - **Board Certified Specialty:** No
  - **517 N HORNE ST**
  - **OCEANSIDE, CA 92054**
  - **Phone:** (760) 631-5000
  - **After Hours Phone:** (760) 631-5000
  - **Website:** www.vistacommunityclinic.org
  - **Email:** credentialing@vcc.org
  - **Medi-Cal Open Panel:** Yes
  - **Min/Max Age:** 0\999
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Hours:** M-F 8:00AM-5:00PM
D2. 主治医生名录

**PRACTITIONER**

**HALGEDAHL, YI**

Provider ID: 402436  
Provider Gender: Female  
License Number: NP95006826  
NPI: 1619246907  

- Provider English Spoken: Y  
- Provider Language(s)  
  - Spoken: Mandarin  
- Cultural Competency: N  
- Board Certified Specialty: No  

517 N HORNE ST  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
After Hours Phone: (760) 631-5000  
Website: www.vistacommunityclinic.org  
Email: credentialing@vcc.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  

Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CERTIFIED NURSE PRACTITIONER**

**HALGEDAHL, YI**

Provider ID: 402434  
Provider Gender: Female  
License Number: NP95006826  
NPI: 1619246907  

- Provider English Spoken: Y  
- Provider Language(s)  
  - Spoken: Mandarin  
- Cultural Competency: N  
- Board Certified Specialty: No  

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
After Hours Phone: (760) 631-5000  
Website: www.vistacommunityclinic.org  
Email: credentialing@vcc.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  

Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CERTIFIED NURSE PRACTITIONER**

**HALGEDAHL, YI**

Provider ID: 402436  
Provider Gender: Female  
License Number: NP95006826  
NPI: 1619246907  

- Provider English Spoken: Y  
- Provider Language(s)  
  - Spoken: Mandarin  
- Cultural Competency: N  
- Board Certified Specialty: No  

517 N HORNE ST  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
After Hours Phone: (760) 631-5000  
Website: www.vistacommunityclinic.org  
Email: credentialing@vcc.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  

Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

Cultural Competency: N
Board Certified Specialty: No

1. 517 N HORNE ST
   OCEANSIDE, CA 92054
   Phone: (760) 631-5000
   After Hours Phone: (760) 631-5000
   Website: www.vistacommunityclinic.org
   Email: credentialing@vcc.org
   Medi-Cal Open Panel: Yes
   Min/Max Age: 0\999
   American Sign Language (ASL): N
   Accessibility: CONTACT PROVIDER
   Hours: M-F 8:00AM-5:00PM
   SA 9:00AM-4:00PM

2. CERTIFIED NURSE PRACTITIONER
   HALGEDAHL, YI
   Provider ID: 206341
   Provider Gender: Female
   License Number: NP95006826
   NPI: 1619246907
   Provider English Spoken: Y
   Provider Language(s) Spoken: Mandarin
   Cultural Competency: N
   Board Certified Specialty: No
   Provider Language(s) Spoken: Mandarin
   Accessibility: CONTACT PROVIDER
   Hours: M-F 8:00AM-5:00PM
   SA 9:00AM-4:00PM

3. 818 PIER VIEW WAY
   OCEANSIDE, CA 92054
   Phone: (760) 631-5000
   After Hours Phone: (760) 631-5000
   Website: www.vistacommunityclinic.org
   Email: credentialing@vcc.org
   Medi-Cal Open Panel: Yes
   Min/Max Age: 0\999
   American Sign Language (ASL): N
   Accessibility: CONTACT PROVIDER
   Hours: M-F 8:00AM-5:00PM

4. CERTIFIED NURSE PRACTITIONER
   HALGEDAHL, YI
   Provider ID: 402434
   Provider Gender: Female
   License Number: NP95006826
   NPI: 1619246907
   Provider English Spoken: Y
   Provider Language(s) Spoken: Mandarin
   Cultural Competency: N
   Board Certified Specialty: No
   Provider Language(s) Spoken: Mandarin
   Accessibility: CONTACT PROVIDER
   Hours: M-F 8:00AM-5:00PM

5. 4700 N RIVER RD
   OCEANSIDE, CA 92057
   Phone: (844) 308-5003
   After Hours Phone: (844) 308-5003
   Website: www.vistacommunityclinic.org
   Medi-Cal Open Panel: Yes
   Min/Max Age: 0\999
   American Sign Language (ASL): N
   Provider English Spoken: Y
   Provider Language(s) Spoken: Mandarin
   Cultural Competency: N
   Board Certified Specialty: No
   Provider Language(s) Spoken: Mandarin
   Accessibility: CONTACT PROVIDER
   Hours: M-F 8:00AM-5:00PM

6. CERTIFIED NURSE PRACTITIONER
   HALGEDAHL, YI
   Provider ID: 402434
   Provider Gender: Female
   License Number: NP95006826
   NPI: 1619246907
   Provider English Spoken: Y
   Provider Language(s) Spoken: Mandarin
   Cultural Competency: N
   Board Certified Specialty: No
   Provider Language(s) Spoken: Mandarin
   Accessibility: CONTACT PROVIDER
   Hours: M-F 8:00AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

CERTIFIED NURSE PRACTITIONER
HALGEDAHL, YI
Provider ID: 206341
Provider Gender: Female
License Number: NP95006826
NPI: 1619246907

Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
Cultural Competency: N
Board Certified Specialty: No

4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (844) 308-5003
After Hours Phone: (844) 308-5003
Website: www.vistacomunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

CERTIFIED NURSE PRACTITIONER
HALGEDAHL, YI
Provider ID: 206341
Provider Gender: Female
License Number: NP95006826
NPI: 1619246907

Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
Cultural Competency: N
Board Certified Specialty: No

4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (844) 308-5003
After Hours Phone: (844) 308-5003
Website: www.vistacomunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

CERTIFIED NURSE PRACTITIONER
DONNELL, MARTI
Provider ID: 206341
Provider Gender: Female
License Number: C50708
NPI: 1235151366

1225
D2. 主治医生名录

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
- Board Certified Specialty: No

- 4700 N RIVER RD
- OCEANSIDE, CA 92057
- Phone: (760) 631-5000
- After Hours Phone: (760) 631-5000
- Website: www.vistacommunityclinic.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-5:00PM
  SA 9:00AM-4:00PM

FAMILY PRACTICE DONNELL, MARTI
Provider ID: 206341
Provider Gender: Female
License Number: C50708
NPI: 1235151366
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
- Board Certified Specialty: No

- 4700 N RIVER RD
- OCEANSIDE, CA 92057
- Phone: (760) 631-5000
- After Hours Phone: (760) 631-5000
- Website: www.vistacommunityclinic.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-5:00PM
  SA 9:00AM-4:00PM
D2. 主治医生名录

MEMORIAL HOSPITAL
ENCINITAS
Board Certified Specialty: No

4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FAMILY PRACTICE
FATLAND, SARAH
Provider ID: 206341
Provider Gender: Female
License Number: 20A18374
NPI: 1831354026
Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FAMILY PRACTICE
DONNELL, MARTI
Provider ID: 206341
Provider Gender: Female
License Number: C50708
NPI: 1235151366
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL
ENCINITAS
Board Certified Specialty: No

4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FAMILY PRACTICE
FATLAND, SARAH
Provider ID: 206341
Provider Gender: Female
License Number: 20A18374
NPI: 1831354026
Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FAMILY PRACTICE
FATLAND, SARAH
Provider ID: 206341
Provider Gender: Female
License Number: 20A18374
NPI: 1831354026
Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FAMILY PRACTICE
D2. 主治医生名录

FATLAND, SARAH
Provider ID: 206341
Provider Gender: Female
License Number: 20A18374
NPI: 1831354026
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FAMILY PRACTICE
FATLAND, SARAH
Provider ID: 206341
Provider Gender: Female
License Number: 20A18374
NPI: 1831354026
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FAMILY PRACTICE
PANICKER, CIBU
Provider ID: 206341
Provider Gender: Male
License Number: A149340
NPI: 1235492760
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

PANICKER, CIBU
Provider ID: 206341
Provider Gender: Male
License Number: A149340
NPI: 1235492760
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PANICKER, CIBU
Provider ID: 206341
Provider Gender: Male
License Number: A149340
NPI: 1235492760
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PONSFORD, DIANA
Provider ID: 402436
Provider Gender: Female
License Number: 20A17371
NPI: 1407204969
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Board Certified Specialty: No
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Email: credentialing@vcc.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PANICKER, CIBU
Provider ID: 206341
Provider Gender: Male
License Number: A149340
NPI: 1235492760
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

MEDICAL CTR
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

FAMILY PRACTICE
PONSFORD, DIANA
Provider ID: 402436
Provider Gender: Female
License Number: 20A17371
NPI: 1407204969
.Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Board Certified Specialty: No
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Email: credentialing@vcc.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FAMILY PRACTICE
VIDAL, MONICA
Provider ID: 206341
Provider Gender: Female
License Number: 20A8949
NPI: 1871791749
.Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Email: credentialing@vcc.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM
D2. 主治医生名录

FAMILY PRACTICE
VIDAL, MONICA
Provider ID: 206341
Provider Gender: Female
License Number: 20A8949
NPI: 1871791749
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FAMILY PRACTICE
VIDAL, MONICA
Provider ID: 206341
Provider Gender: Female
License Number: 20A8949
NPI: 1871791749
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FQHC
TRUECARE,
D2. 主治医生名录

Provider ID: 480247
NPI: 1245246917
- Provider English Spoken: Y
- Cultural Competency: N
- 2210 MESA DR STE 300
  OCEANSIDE, CA 92054
- Phone: (760) 757-5841
- Fax: (760) 736-8740
- After Hours Phone: (760) 757-5841
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  SA 8:00AM-4:30PM

FQHC
VISTA COMMUNITY CLINIC,
Provider ID: 206341
NPI: 1649662719
- Provider English Spoken: Y
- Cultural Competency: N
- 4700 N RIVER RD
  OCEANSIDE, CA 92057
- Phone: (760) 631-5000
- Fax: (760) 414-3892
- After Hours Phone: (760) 631-5000
- Website: www.vistacommunityclinic.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\1999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  SA 9:00AM-4:00PM

FQHC
VISTA COMMUNITY CLINIC,
Provider ID: 206341
NPI: 1851300123
- Provider English Spoken: Y
- Cultural Competency: N
- 4700 N RIVER RD
  OCEANSIDE, CA 92057
- Phone: (760) 631-5000
- Fax: (760) 414-3892
- After Hours Phone: (760) 631-5000
- Website: www.vistacommunityclinic.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\1999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  SA 9:00AM-4:00PM

FQHC
VISTA COMMUNITY CLINIC,
Provider ID: 206341
NPI: 13165001562
- Provider English Spoken: Y
- Cultural Competency: N
- 4700 N RIVER RD
  OCEANSIDE, CA 92057
- Phone: (760) 631-5000
- Fax: (760) 414-3892
- After Hours Phone: (760) 631-5000
- Website: www.vistacommunityclinic.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\1999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  SA 9:00AM-4:00PM

FQHC
VISTA COMMUNITY CLINIC,
Provider ID: 206341
NPI: 13165001562
- Provider English Spoken: Y
- Cultural Competency: N
- 4700 N RIVER RD
  OCEANSIDE, CA 92057
- Phone: (760) 631-5000
- Fax: (760) 414-3892
- After Hours Phone: (760) 631-5000
- Website: www.vistacommunityclinic.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\1999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  SA 9:00AM-4:00PM

1232
D2. 主治医生名录

Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FQHC
VISTA COMMUNITY CLINIC, Provider ID: 206341
NPI: 1649662719

Provider English Spoken: Y
Cultural Competency: N

4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892

After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FQHC
VISTA COMMUNITY CLINIC HORNE STREET,
Provider ID: 402436
NPI: 1609094036

Provider English Spoken: Y
Cultural Competency: N

517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892

After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Email: credentialing@vcc.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FQHC
VISTA COMMUNITY CLINIC ORNE STREET,
Provider ID: 402436
NPI: 1609094036

Provider English Spoken: Y
Cultural Competency: N

517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892

After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Email: credentialing@vcc.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM
D2. 主治医生名录

<table>
<thead>
<tr>
<th>Provider</th>
<th>Provider ID</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
<th>Email</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>After Hours Phone</th>
<th>FQHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISTA COMMUNITY CLINIC</td>
<td>402436</td>
<td>1609094036</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 8:00AM-5:00PM, SA 9:00AM-4:00PM</td>
<td><a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></td>
<td><a href="mailto:credentialing@vcc.org">credentialing@vcc.org</a></td>
<td>Yes</td>
<td>0\999</td>
<td>(760) 631-5000</td>
<td>517 N HORNE ST, OCEANSIDE, CA 92054</td>
</tr>
<tr>
<td>VISTA COMMUNITY CLINIC</td>
<td>402434</td>
<td>1629357355</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-TU 8:00AM-5:00PM, W 8:00AM-7:00PM, TH-F 8:00AM-5:00PM, SA 9:00AM-4:00PM</td>
<td><a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></td>
<td><a href="mailto:credentialing@vcc.org">credentialing@vcc.org</a></td>
<td>Yes</td>
<td>0\999</td>
<td>(760) 631-5000</td>
<td>818 PIER VIEW WAY, OCEANSIDE, CA 92054</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

631-5000
Website: www.vistacommunityclinic.org
Email: credentialing@vcc.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:00AM-5:00PM
W 8:00AM-7:00PM
TH-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

GENERAL PRACTICE
RONAN, KEVIN
Provider ID: 206341
Provider Gender: Male
License Number: G77176
NPI: 1225017353
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

GENERAL PRACTICE
RONAN, KEVIN
Provider ID: 206341
Provider Gender: Male
License Number: G77176
NPI: 1225017353
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

GENERAL PRACTICE
RONAN, KEVIN
Provider ID: 206341
Provider Gender: Male
License Number: G77176
NPI: 1225017353
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
GENERAL PRACTICE
RONAN, KEVIN
Provider ID: 206341
Provider Gender: Male
License Number: G77176
NPI: 1225017353
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
CALHOUN, CHANELLE
Provider ID: 344145
Provider Gender: Female
NPI: 1437166709
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No
2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>English Spoken</th>
<th>Language(s)</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
<th>Board Certified Specialty</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>614195</td>
<td>CHEN, MING</td>
<td>Female</td>
<td>G75390</td>
<td>1851525505</td>
<td>Y</td>
<td>Mandarin, Portuguese, Spanish, Taiwanese</td>
<td>N</td>
<td>Adventist Health Delano</td>
<td>No</td>
<td></td>
<td></td>
<td>N/A</td>
<td>Yes</td>
<td>0-19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>480247</td>
<td>CALHOUN, CHANELLE</td>
<td>Female</td>
<td>G75390</td>
<td>1437166709</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS</td>
<td>No</td>
<td></td>
<td></td>
<td>N/A</td>
<td>Yes</td>
<td>0-150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>240736</td>
<td>CURLEY, EDWARD</td>
<td>Male</td>
<td>G75390</td>
<td>1164434312</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>TRI CITY MEDICAL CTR</td>
<td>No</td>
<td></td>
<td></td>
<td>N/A</td>
<td>Yes</td>
<td>0-19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
</tbody>
</table>
D2. 主治医生名录

Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-4:30PM

PEDIATRICS
CURLEY, EDWARD
Provider ID: 480247
Provider Gender: Male
License Number: A73814
NPI: 1164434312
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Board Certified Specialty: No

2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-4:30PM

PEDIATRICS
CURLEY, EDWARD
Provider ID: 480247
Provider Gender: Male
License Number: A73814
NPI: 1164434312
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Board Certified Specialty: No

2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-4:30PM
D2. 主治医生名录

PEDIATRICS
DANIELS, SARAH
Provider ID: 433806
Provider Gender: Female
NPI: 1730446527
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, Rady
CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,
SCRIPPS MEMORIAL
Hospital Board Certified Specialty: No
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Email: credentialing@vcc.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
GUNTA, SUJANA
Provider ID: 402434
Provider Gender: Female
License Number: A109056
NPI: 1932304342
Provider English Spoken: Y
Provider Language(s): Spoken: Hindi, Marathi, Spanish, Telugu
Cultural Competency: N
Hospital Affiliation: Rady
CHILDRENS HOSPITAL SAN DIEGO, TRI CITY MEDICAL CTR
Board Certified Specialty: No
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Email: credentialing@vcc.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

**PEDIATRICS**

**GUNTA, SUJANA**
Provider ID: 402434
Provider Gender: Female
License Number: A109056
NPI: 1932304342
- Provider English Spoken: Y
- Provider Language(s) Spoken: Hindi, Marathi, Spanish, Telugu
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, TRI CITY MEDICAL CTR
- Board Certified Specialty: No
- 3605 VISTA WAY BLDG B
  - Phone: (760) 547-1010
  - Fax: (760) 547-1011
  - After Hours Phone: (760) 547-1010
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  - SA 8:00AM-0:00PM

**PEDIATRICS**

**KRAMER, MELISSA**
Provider ID: 469759
Provider Gender: Female
NPI: 1467833467
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
- Board Certified Specialty: No
- 3605 VISTA WAY BLDG B
  - Phone: (760) 631-5000
  - Fax: (760) 547-1011
  - After Hours Phone: (760) 631-5000
- Website: www.vistacommunityclinic.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  - SA 8:00AM-0:00PM

**PEDIATRICS**

**MACINTYRE, ELIZABETH**
Provider ID: 543354
Provider Gender: Female
NPI: 1336520766
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 3605 VISTA WAY BLDG B STE 130
  - Phone: (760) 547-1010
  - Fax: (760) 547-1011
  - After Hours Phone: (760) 547-1010
- Website: www.vistacommunityclinic.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  - SA 8:00AM-0:00PM

**PEDIATRICS**

**MCCAMMACK, BRADLEY**
Provider ID: 206341
Provider Gender: Male
License Number: A130883
NPI: 1629368857
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: TRI CITY MEDICAL CTR
- Board Certified Specialty: No
- 4700 N RIVER RD
  - OCEANSIDE, CA 92057
  - Phone: (760) 631-5000
  - Fax: (760) 414-3731
  - After Hours Phone: (760) 631-5000
  - Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
D2. 主治医生名录

PEDIATRICS
MCCAMMACK, BRADLEY
Provider ID: 206341
Provider Gender: Male
License Number: A130883
NPI: 1629368857
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Board Certified Specialty: No

PEDIATRICS
MCCAMMACK, BRADLEY
Provider ID: 206341
Provider Gender: Male
License Number: A130883
NPI: 1629368857
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Board Certified Specialty: No

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Spoken: Spanish</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDIATRICS</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>MILLER, DONALD</td>
<td>Hospital Affiliation: TRI CITY</td>
</tr>
<tr>
<td>Provider ID: 433589</td>
<td>MEDICAL CTR, SCRIPPS</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
<td>MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>NPI: 1154356582</td>
<td>ENCINITAS, Rady CHILDRENS HOSPITAL SAN DIEGO</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Hospital Affiliation: TRI CITY</td>
<td></td>
</tr>
<tr>
<td>Provider Language(s)</td>
<td>MEDICAL CTR, SCRIPPS</td>
</tr>
<tr>
<td>PALOMAR MEDICAL CENTER,</td>
<td>MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>UCSF BENIOFF CHILDREN'S</td>
<td>ENCINITAS, Rady CHILDRENS HOSPITAL SAN DIEGO,</td>
</tr>
<tr>
<td>HOSPITAL OAKLAND, SCRIPPS</td>
<td>PALOMAR MEDICAL CENTER,</td>
</tr>
<tr>
<td>MEDICAL CENTER, UCSF</td>
<td>SCRIPPS</td>
</tr>
<tr>
<td>BENIOFF CHILDREN'S</td>
<td>MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>HOSPITAL OAKLAND, SCRIPPS</td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>MEDICAL CTR, SCRIPPS</td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>PALOMAR MEDICAL CENTER,</td>
<td>Min/Max Age: 0/19</td>
</tr>
<tr>
<td>UCSF BENIOFF CHILDREN'S</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>HOSPITAL OAKLAND, SCRIPPS</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>MEDICAL CTR, SCRIPPS</td>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td>PALOMAR MEDICAL CENTER,</td>
<td>PHYSICIANS ASSISTANT</td>
</tr>
<tr>
<td>UCSF BENIOFF CHILDREN'S</td>
<td>CHISWICK, GARY</td>
</tr>
<tr>
<td>HOSPITAL OAKLAND, SCRIPPS</td>
<td>Provider ID: 480247</td>
</tr>
<tr>
<td>MEDICAL CTR, SCRIPPS</td>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>PALOMAR MEDICAL CENTER,</td>
<td>License Number: PA22667</td>
</tr>
<tr>
<td>UCSF BENIOFF CHILDREN'S</td>
<td>NPI: 1174964001</td>
</tr>
<tr>
<td>HOSPITAL OAKLAND, SCRIPPS</td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>MEDICAL CTR, SCRIPPS</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>PALOMAR MEDICAL CENTER,</td>
<td>Hospital Affiliation: GROSSMONT HOSPITAL</td>
</tr>
<tr>
<td>UCSF BENIOFF CHILDREN'S</td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>HOSPITAL OAKLAND, SCRIPPS</td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>MEDICAL CTR, SCRIPPS</td>
<td>Min/Max Age: 0/150</td>
</tr>
<tr>
<td>PALOMAR MEDICAL CENTER,</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>UCSF BENIOFF CHILDREN'S</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>HOSPITAL OAKLAND, SCRIPPS</td>
<td>PHYSICIANS ASSISTANT</td>
</tr>
<tr>
<td>MEDICAL CTR, SCRIPPS</td>
<td>CHISWICK, GARY</td>
</tr>
<tr>
<td>PALOMAR MEDICAL CENTER,</td>
<td>Provider ID: 480247</td>
</tr>
<tr>
<td>UCSF BENIOFF CHILDREN'S</td>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>HOSPITAL OAKLAND, SCRIPPS</td>
<td>License Number: PA22667</td>
</tr>
<tr>
<td>MEDICAL CTR, SCRIPPS</td>
<td>NPI: 1174964001</td>
</tr>
<tr>
<td>PALOMAR MEDICAL CENTER,</td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>UCSF BENIOFF CHILDREN'S</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>HOSPITAL OAKLAND, SCRIPPS</td>
<td>Hospital Affiliation: GROSSMONT HOSPITAL</td>
</tr>
<tr>
<td>MEDICAL CTR, SCRIPPS</td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>PALOMAR MEDICAL CENTER,</td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>UCSF BENIOFF CHILDREN'S</td>
<td>Min/Max Age: 0/150</td>
</tr>
<tr>
<td>HOSPITAL OAKLAND, SCRIPPS</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>MEDICAL CTR, SCRIPPS</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>
D2. 主治医生名录

 Provider Gender: Male
 License Number: PA22667
 NPI: 1174964001

 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation:
 GROSSMONT HOSPITAL
 Board Certified Specialty: No

 2210 MESA DR STE 300
 OCEANSIDE, CA 92054
 Phone: (760) 966-3306
 After Hours Phone: (760) 966-3306
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

 PHYSICIANS ASSISTANT
 CHISWICK, GARY
 Provider ID: 480247
 Provider Gender: Male
 License Number: PA22667
 NPI: 1174964001

 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation:
 GROSSMONT HOSPITAL
 Board Certified Specialty: No

 2210 MESA DR STE 300
 OCEANSIDE, CA 92054
 Phone: (760) 966-3306
 After Hours Phone: (760) 966-3306
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

 PHYSICIANS ASSISTANT
 RUSSO, KRISTA
 Provider ID: 480247
 Provider Gender: Female
 License Number: PA53036
 NPI: 1922471192

 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No

 2210 MESA DR STE 300
 OCEANSIDE, CA 92054
 Phone: (760) 966-3306
 After Hours Phone: (760) 966-3306
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

 PHYSICIANS ASSISTANT
 RUSSO, KRISTA
 Provider ID: 480247
 Provider Gender: Female
 License Number: PA53036
 NPI: 1922471192

 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No

 2210 MESA DR STE 300
 OCEANSIDE, CA 92054
 Phone: (760) 966-3306
 After Hours Phone: (760) 966-3306
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

 Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
 You may contact these providers directly. Please note that some services may require the mental health
 provider to obtain prior authorization from Blue Shield, in order for services to be covered.
 To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

OCEANSIDE, CA 92054

Physicians Assistant

RUSSO, KRISTA
Provider ID: 480247
Provider Gender: Female
License Number: PA53036
NPI: 192247192

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

2210 MESA DR STE 300
OCEANSIDE, CA 92054

Phone: (760) 966-3306
After Hours Phone: (760) 966-3306
Website: N/A

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

POWAY

FAMILY PRACTICE
KAUR, JATINDER
Provider ID: 481187
Provider Gender: Female
License Number: A120771
NPI: 1912141391

Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Urdu
Cultural Competency: N
Board Certified Specialty: No

13010 POWAY RD
POWAY, CA 92064

Phone: (858) 218-3000
After Hours Phone: (858) 218-3000
Website: N/A

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FQHC NEIGHBORHOOD HEALTHCARE PAUMA VALLEY,

Provider ID: 206267
NPI: 1407031693

Provider English Spoken: Y
Cultural Competency: N

16650 HIGHWAY 76
PAUMA VALLEY, CA 92061

Phone: (760) 742-9919
Fax: (858) 633-4696

After Hours Phone: (760) 742-9919
Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-4:30PM

FQHC

NEIGHBORHOOD HEALTHCARE PAUMA VALLEY

PAUMA VALLEY

FAMILY PRACTICE
KAUR, JATINDER
Provider ID: 481187
Provider Gender: Female
License Number: A120771
NPI: 1912141391

Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Urdu
Cultural Competency: N
Board Certified Specialty: No

13010 POWAY RD
POWAY, CA 92064

Phone: (858) 218-3000
After Hours Phone: (858) 218-3000
Website: N/A

Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FQHC
NEIGHBORHOOD
HEALTHCARE GOLD FAMILY
HEALTH CENTER,
Provider ID: 481187
NPI: 1023518768
 Provider English Spoken: Y
Cultural Competency: N
13010 POWAY RD
POWAY, CA 92064
Phone: (858) 218-3000
Fax: (360) 462-2742
 After Hours Phone: (858) 218-3000
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

INTERNAL MEDICINE
CAPARSO, AMANDA
Provider ID: 602426
Provider Gender: Female
NPI: 1003046004
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
13010 POWAY RD
POWAY, CA 92064
Phone: (760) 737-6935
Fax: (760) 741-2782
 After Hours Phone: (760) 737-6935
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FQHC
NEIGHBORHOOD
HEALTHCARE GOLD FAMILY
HEALTH CENTER,
Provider ID: 481187
NPI: 1023518768
 Provider English Spoken: Y
Cultural Competency: N
13010 POWAY RD
POWAY, CA 92064
Phone: (858) 218-3000
Fax: (360) 462-2742
 After Hours Phone: (858) 218-3000
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

INTERNAL MEDICINE
WINE, DAVID
Provider ID: 612886
Provider Gender: Male
NPI: 1811985542
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
15611 POMERADO RD STE 400
POWAY, CA 92064
Phone: (858) 675-3100
Fax: (858) 487-4736
 After Hours Phone: (858) 675-3100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
CURET, ZULMA
Provider ID: 481187
Provider Gender: Female
License Number: A119661
NPI: 1841561107
 Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RAY CHILDRENS HOSPITAL SAN DIEGO
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>PEDIATRICS</th>
<th>LINDBACK, SARAH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 161834</td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
</tr>
<tr>
<td>NPI: 1427345487</td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>Hospital Affiliation: PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, Rady Childrens Hospital San Diego</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>15725 Pomerado Rd Ste 203</td>
<td></td>
</tr>
<tr>
<td>POWAY, CA 92064</td>
<td></td>
</tr>
<tr>
<td>Phone: (858) 673-3340</td>
<td></td>
</tr>
<tr>
<td>Fax: (858) 673-1075</td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (858) 673-3340</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\19</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PEDIATRICS</th>
<th>LOSTETTER, ADRIENNE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 261797</td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
</tr>
<tr>
<td>NPI: 1881607984</td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp for Women and Newborns, Palomar Health</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>15725 Pomerado Rd Ste 203</td>
<td></td>
</tr>
<tr>
<td>POWAY, CA 92064</td>
<td></td>
</tr>
<tr>
<td>Phone: (858) 673-3340</td>
<td></td>
</tr>
<tr>
<td>Fax: (858) 673-1075</td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (858) 673-3340</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\19</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
</tr>
</tbody>
</table>

---

*Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.*

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

**PEDiATRICS**

**MORTIMER, DORI**

- Provider ID: 230552
- Provider Gender: Female
- NPI: 1417928417
- Provider English Spoken: Y
- Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Palomar Health
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N

**RENDLER, NATHAN**

- Provider ID: 30205
- Provider Gender: Male
- NPI: 1275531337
- Provider English Spoken: Y
- Provider Language(s): Hebrew, Spanish, Yiddish
- Hospital Affiliation: Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Palomar Health
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N

**RAMGREN, AILEEN**

- Provider ID: 397707
- Provider Gender: Female
- NPI: 1356785505
- Provider English Spoken: Y
- Hospital Affiliation: Rady Childrens Hospital San Diego
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N

**TAI, KUANGKAI**

- Provider ID: 351834
- Provider Gender: Male
- NPI: 1396744066
- Provider English Spoken: Y
- Provider Language(s): Chinese, Mandarin, Spanish
- Hospital Affiliation: Palomar Health, Rady Childrens Hospital San Diego
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N

**BALDWIN, DONNA**

- Provider ID: 4051247123
- Provider Gender: Female
- NPI: 1357928417
- Provider English Spoken: Y
- Hospital Affiliation: Rady Childrens Hospital San Diego
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N
D2. 主治医生名录

Provider ID: 481187
Provider Gender: Female
License Number: PA23310
NPI: 1649692369
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 13010 POWAY RD
  POWAY, CA 92064
- Phone: (858) 218-3000
- After Hours Phone: (858) 218-3000
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-4:30PM

**RAMONA**

**CERTIFIED NURSE PRACTITIONER**

**DOAN, CHINH**

Provider ID: 449438
Provider Gender: Female
License Number: NP18874
NPI: 1083845069
- Provider English Spoken: Y
- Provider Language(s) Spoken: Vietnamese
- Cultural Competency: N
- Board Certified Specialty: No
- 220 ROTANZI ST
  RAMONA, CA 92065
- Phone: (760) 736-6767
- After Hours Phone: (760) 736-6767
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**FQHC TRUECARE,**

Provider ID: 449438
NPI: 1245246917
- Provider English Spoken: Y
- Cultural Competency: N
- 220 ROTANZI ST
  RAMONA, CA 92065
- Phone: (760) 736-6767
- After Hours Phone: (760) 736-6767
- Fax: (760) 736-8740
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  SA 8:00AM-0:00PM
D2. 主治医生名录

INTERNAL MEDICINE
YUNG, DORIS
Provider ID: 449438
Provider Gender: Female
License Number: A89893
NPI: 1730386863
Provider English Spoken: Y
Provider Language(s)
  Spoken: Chinese, Mandarin, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No
220 ROTANZI ST
RAMONA, CA 92065
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
CHISWICK, GARY
Provider ID: 449438
Provider Gender: Male
License Number: PA22667
NPI: 1174964001
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified Specialty: No
220 ROTANZI ST
RAMONA, CA 92065
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
REIFENBERGER, JODY
Provider ID: 449438
Provider Gender: Female
License Number: PA22669

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Provider Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>English Spoken</th>
<th>Cultural Competency</th>
<th>Board Certified Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>449438</td>
<td>REIFENBERGER, JODY</td>
<td>Female</td>
<td>PA22669</td>
<td>1386741072</td>
<td>Y</td>
<td>N</td>
<td>No</td>
<td>220 ROTANZI ST RAMONA, CA 92065</td>
<td>(760) 736-6767</td>
<td>(760) 736-6767</td>
<td><a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>449438</td>
<td>RUSSO, KRISTA</td>
<td>Female</td>
<td>PA53036</td>
<td>1922471192</td>
<td>Y</td>
<td>N</td>
<td>No</td>
<td>220 ROTANZI ST RAMONA, CA 92065</td>
<td>(760) 736-6767</td>
<td>(760) 736-6767</td>
<td><a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>449438</td>
<td>ZANGEN, ROCHELLE</td>
<td>Female</td>
<td>PA51494</td>
<td>1447681150</td>
<td>Y</td>
<td>N</td>
<td>No</td>
<td>220 ROTANZI ST RAMONA, CA 92065</td>
<td>(760) 736-6767</td>
<td>(760) 736-6767</td>
<td><a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
</tbody>
</table>
D2. 主治医生名录

SAN DIEGO

CARDIOVASCULAR DISEASE

GARIBYAN, VARTAN
Provider ID: 417937
Provider Gender: Male
License Number: 20A12504
NPI: 1790084143
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS GREEN HOSPITAL
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-9:00PM
F 8:00AM-5:00PM

CERTIFIED NURSE
PRACTITIONER

ALVAREZ, LISA
Provider ID: 206363
Provider Gender: Female
License Number: NP19911
NPI: 1417262718
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE
PRACTITIONER

AQUINO, FELINO
Provider ID: 432308
Provider Gender: Male
License Number: 20A12504
NPI: 1790084143
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

License Number: NP22974  NPI: 1356684781
- Provider English Spoken: Y
- Provider Language(s): Tagalog
- Cultural Competency: N
- Board Certified Specialty: No
- 9855 ERMA RD STE 105
  SAN DIEGO, CA 92131
  Phone: (844) 200-2426
  After Hours Phone: (844) 200-2426
- Website: www.operationsamaha.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
AQUINO, FELINO
Provider ID: 418535
Provider Gender: Male
License Number: NP22974
NPI: 1356684781
- Provider English Spoken: Y
- Provider Language(s): Tagalog
- Cultural Competency: N
- Board Certified Specialty: No
- 9995 CARMEL MOUNTAIN RD STE B10 AND B11
  SAN DIEGO, CA 92129
  Phone: (844) 200-2426
  After Hours Phone: (844) 200-2426
- Website: www.operationsamaha.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
ARTS, SERENA
Provider ID: 403583
Provider Gender: Female
License Number: NP10769
NPI: 1801881552
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 1501 IMPERIAL AVE
  SAN DIEGO, CA 92101
  Phone: (619) 233-8500
  After Hours Phone: (619) 233-8500
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
D2. 主治医生名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
ARTS, SERENA
Provider ID: 403583
Provider Gender: Female
License Number: NPI0769
NPI: 1801881552
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
BELEN, NEZER
Provider ID: 206363
Provider Gender: Male
License Number: NP95009292
NPI: 1386120723
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
BELEN, NEZER
Provider ID: 206363
Provider Gender: Male
License Number: NP95009292
NPI: 1386120723
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
BELTRON, KIMBERLY
Provider ID: 403583
Provider Gender: Female
License Number: NP95020497
NPI: 1871295493
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

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

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

CERTIFIED NURSE PRACTITIONER
BESTERFELDT, LYDIA
Provider ID: 482070
Provider Gender: Female
License Number: NP95013060
NPI: 1265929442
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- Phone: (858) 810-8700
- After Hours Phone: (858) 810-8700
- Website: www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0 \(\leq \) 150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:30AM-5:30PM
- SA 9:00AM-4:00PM

CERTIFIED NURSE PRACTITIONER
BURNS, DELLA
Provider ID: 233597
Provider Gender: Female
License Number: NP7413
NPI: 1871577023
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- Phone: (619) 563-0250
- After Hours Phone: (619) 563-0250
- Website: www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0 \(\leq \) 150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
CELESTIN-RAMSEY, AKANKE
Provider ID: 451167
Provider Gender: Female
License Number: NP8563
NPI: 1447450275
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org/clinics/king-chavez-health-center
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0 \(\leq \) 150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
CERTIFIED NURSE PRACTITIONER
CELESTIN-RAMSEY, AKANKE
Provider ID: 451167
Provider Gender: Female
License Number: NP8563
NPI: 1447450275
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.syhealth.org
Min/Max Age: 0\150
American Sign Language (ASL): N

CERTIFIED NURSE PRACTITIONER
CHASE, AVA LOU
Provider ID: 206360
Provider Gender: Female
License Number: NP95000602
NPI: 1164496386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

CERTIFIED NURSE PRACTITIONER
DHARKAR SURBER, SAPNA
Provider ID: 185268
Provider Gender: Female
License Number: NP95013257
NPI: 1538707765
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
NPI: 1538707765
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
- Board Certified Specialty: No
- 4060 FAIRMOUNT AVE
  SAN DIEGO, CA 92105
- Phone: (619) 255-9155
- After Hours Phone: (619) 255-9155
- Website: www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0/150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  SA 8:00AM-2:00PM

CERTIFIED NURSE PRACTITIONER
DO, ELAINE
- Provider ID: 233532
- Provider Gender: Female
- License Number: NP95019446
- NPI: 1215696307
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO
- Board Certified Specialty: No
- 4305 UNIVERSITY AVE STE 150
  SAN DIEGO, CA 92105
- Phone: (619) 280-2058
- After Hours Phone: (619) 280-2058
- Website: www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0/150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  SA 8:00AM-2:00PM

CERTIFIED NURSE PRACTITIONER
GARCIA, JOHNNY
- Provider ID: 206363
- Provider Gender: Male
- License Number: NP95007000
- NPI: 1932622156
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 4725 MARKET ST
  SAN DIEGO, CA 92102
- Phone: (619) 515-2560
- After Hours Phone: (619) 515-2560
- Website: www.fhcsd.org
- Email: nancyl@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0/150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  SA 8:00AM-2:00PM

CERTIFIED NURSE PRACTITIONER
GARCIA, JOHNNY
- Provider ID: 206363
- Provider Gender: Male
- License Number: NP95007000
- NPI: 1932622156
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

CERTIFIED NURSE PRACTITIONER
GOLDFINGER, SARAH
Provider ID: 206360
Provider Gender: Female
License Number: NP95011313
NPI: 1134686744
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
HA, THU
Provider ID: 482070
Provider Gender: Female
License Number: NP95010517
NPI: 1346443983
Provider English Spoken: Y
Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

CERTIFIED NURSE PRACTITIONER
HA, THU
Provider ID: 206046
Provider Gender: Female
License Number: NP95010517
NPI: 1346443983
- Provider English Spoken: Y
- Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No

HA, THU
Provider ID: 206046
Provider Gender: Female
License Number: NP95010517
NPI: 1346443983
- Provider English Spoken: Y
- Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No

CERTIFIED NURSE PRACTITIONER
HARRINGTON, BARBARA LORRAINE
Provider ID: 185268
Provider Gender: Female
License Number: NP17008
NPI: 1659579134
- Provider English Spoken: Y
- Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No

CERTIFIED NURSE PRACTITIONER
HARRINGTON, BARBARA LORRAINE
Provider ID: 185268
Provider Gender: Female
License Number: NP17008
NPI: 1659579134
- Provider English Spoken: Y
- Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Provider ID: 185268
Provider Gender: Female
License Number: NPI17008
NPI: 1659579134
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE
PRACTITIONER
HETTIG, JUDITH
Provider ID: 402851
Provider Gender: Female
License Number: NP3439
NPI: 1396815866
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE
PRACTITIONER
HILL, GENIELYN
Provider ID: 417101
Provider Gender: Female
License Number: NP95020046
NPI: 1710632435
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-4:30PM
D2. 主治医生名录

Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-4:30PM

CERTIFIED NURSE PRACTITIONER
HILLIARD, THESALONICA
Provider ID: 417101
Provider Gender: Female
License Number: NP95010585
NPI: 1861956724
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-4:30PM

CERTIFIED NURSE PRACTITIONER
HOANG, CHI
Provider ID: 482070
Provider Gender: Female
License Number: NP95004600
NPI: 1902350994
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
HOGAN, ROSELYNN JOY
Provider ID: 206360
Provider Gender: Female
License Number: NP17852
NPI: 1205019510
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
D2. 主治医生名录

CERTIFIED NURSE PRACTITIONER
HOGAN, ROSELYNN JOY
Provider ID: 206360
Provider Gender: Female
License Number: NP17852
NPI: 1205019510
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
HORNEY, KRISTAN
Provider ID: 403583
Provider Gender: Female
License Number: NP95007712
NPI: 1720590904
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

CERTIFIED NURSE PRACTITIONER
INSTONE, SUSAN
Provider ID: 482070
Provider Gender: Female
License Number: NP4858
NPI: 1710223268
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
INSTONE, SUSAN
Provider ID: 233532
Provider Gender: Female
License Number: NP4858
NPI: 1710223268
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
After Hours Phone: (619) 280-2058
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

CERTIFIED NURSE PRACTITIONER
INSTONE, SUSAN
Provider ID: 482070
Provider Gender: Female
License Number: NP4858
NPI: 1710223268
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

JOHNSON, SHAWNA AKIKO
Provider ID: 233597
Provider Gender: Female
License Number: NP95002518
NPI: 1922237809
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
JOHNSON, SHAWNA AKIKO
Provider ID: 233597
Provider Gender: Female
License Number: NP95002518
NPI: 1922237809
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Website: www.sdfamilycare.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Certified Nurse Practitioner</th>
<th>Provider ID</th>
<th>Provider Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Provider Language(s) Spoken</th>
<th>Cultural Competency</th>
<th>Board Certified Specialty</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEMP, KATHRINE</td>
<td>403583</td>
<td>Female</td>
<td>NP95018497</td>
<td>1316615313</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>No</td>
<td>M-F 8:00AM-5:30PM</td>
</tr>
<tr>
<td>KEM, KATHRINE</td>
<td>403583</td>
<td>Female</td>
<td>NP95018497</td>
<td>1316615313</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>No</td>
<td>M-F 8:00AM-5:30PM</td>
</tr>
<tr>
<td>KHAN, MATTHEW</td>
<td>417987</td>
<td>Male</td>
<td>NP17838</td>
<td>1942456124</td>
<td>Y</td>
<td>English</td>
<td>N</td>
<td>No</td>
<td>M-F 8:30AM-5:30PM</td>
</tr>
<tr>
<td>KI, TRISH</td>
<td>482070</td>
<td>Female</td>
<td>NP23847</td>
<td>1376840199</td>
<td>Y</td>
<td>Vietnamese</td>
<td>N</td>
<td>No</td>
<td>M-F 8:30AM-5:30PM</td>
</tr>
</tbody>
</table>
D2. 主治医生名录

810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER
KI, TRISH
Provider ID: 206046
Provider Gender: Female
License Number: NP23847
NPI: 1376840199
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER
KI, TRISH
Provider ID: 206046
Provider Gender: Female
License Number: NP23847
NPI: 1376840199
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER
KI, TRISH
Provider ID: 206046
Provider Gender: Female
License Number: NP23847
NPI: 1376840199
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER
KI, TRISH
Provider ID: 206046
Provider Gender: Female
License Number: NP23847
NPI: 1376840199
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER
Ki, Trish
Provider ID: 482070
Provider Gender: Female
License Number: NP23847
NPI: 1376840199
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
7011 Linda Vista Rd
San Diego, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Certified Nurse Practitioner
Kloberdanz, Kelsey
Provider ID: 417937
Provider Gender: Female
License Number: NP95005293
NPI: 1235672502
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4094 4th Ave
San Diego, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Certified Nurse Practitioner
Lennon, Ryan
Provider ID: 624977
Provider Gender: Female
License Number: NP95027593
NPI: 1558084855
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
2204 National Ave
San Diego, CA 92113
Phone: (619) 515-2355
After Hours Phone: (619) 515-2355
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Certified Nurse Practitioner
Lieber, Carol
Provider ID: 517403
Provider Gender: Female
License Number: NP20849

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

<table>
<thead>
<tr>
<th>NPI: 1487889846</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s): Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>316 25TH ST</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92102</td>
</tr>
<tr>
<td>Phone: (619) 238-5551</td>
</tr>
<tr>
<td>After Hours Phone: (619) 238-5551</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\120</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

**CERTIFIED NURSE PRACTITIONER**

**LIEBER, CAROL**

Provider ID: 517403
Provider Gender: Female
License Number: NP20849
NPI: 1487889846

- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Board Certified Specialty: No
  - 316 25TH ST
  - SAN DIEGO, CA 92102
  - Phone: (619) 238-5551
  - After Hours Phone: (619) 238-5551
  - Website: N/A
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\120
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**LIM, IMELDA**

Provider ID: 417101
Provider Gender: Female
License Number: NP95000203
NPI: 1093130395

- Provider English Spoken: Y
- Provider Language(s): Tagalog
- Cultural Competency: N
- Board Certified Specialty: No
  - 10737 CAMINO RUIZ STE 235
  - SAN DIEGO, CA 92126
  - Phone: (844) 200-2426
  - After Hours Phone: (844) 200-2426
  - Website: www.operationsamahan.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-TU 8:30AM-5:30PM
  - W 10:00AM-7:00PM
  - TH-F 8:30AM-5:30PM

**CERTIFIED NURSE PRACTITIONER**

**LOVE, VICKI**

Provider ID: 206363
Provider Gender: Female
License Number: NP17362
NPI: 1699759134

- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
  - 4725 MARKET ST
  - SAN DIEGO, CA 92102
  - Phone: (619) 515-2560
  - After Hours Phone: (619) 515-2560
  - Website: www.fhcsd.org
  - Email: nancyl@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

(certified nurse practitioner)

LOVE, VICKI
Provider ID: 206363
Provider Gender: Female
License Number: NP17362
NPI: 1699759134
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

MARTIN, RIA
Provider ID: 206363
Provider Gender: Female
License Number: NP95005321
NPI: 1437695079
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

LU, TAMMY
Provider ID: 206360
Provider Gender: Female
License Number: NP95007253
NPI: 1457879132
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

MARTIN, RIA
Provider ID: 206363
Provider Gender: Female
License Number: NP95005321
NPI: 1437695079
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

LU, TAMMY
Provider ID: 206360
Provider Gender: Female
License Number: NP95007253
NPI: 1457879132
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**Your PCP's physician group may have mental health providers in its network. Please refer to the list below.**

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
CERTIFIED NURSE PRACTITIONER
MARTINEZ, CAROLYN
Provider ID: 214492
Provider Gender: Female
License Number: NP22031
NPI: 1609101997
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 1016 OUTER RD
  SAN DIEGO, CA 92154
- Phone: (619) 429-3733
- After Hours Phone: (619) 429-3733
- Website: www.ibclinic.org
- Email: avaldez@ibclinic.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M 8:30AM-5:00PM
  TU-TH 8:30AM-8:00PM
  F 8:30AM-5:00PM

CERTIFIED NURSE PRACTITIONER
MELTZER, VIRGINIA
Provider ID: 233532
Provider Gender: Female
License Number: NP95015948
NPI: 1821684390
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
- Board Certified Specialty: No
- 4305 UNIVERSITY AVE STE 150
  SAN DIEGO, CA 92105
- Phone: (619) 280-2058
- After Hours Phone: (619) 280-2058
- Website: www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\22
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  SA 8:00AM-2:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
## D2. 主治医生名录

<table>
<thead>
<tr>
<th>PRACTITIONER</th>
<th>MENDOZA, GRETEL MARIE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID:</td>
<td>417101</td>
</tr>
<tr>
<td>Provider Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>License Number:</td>
<td>NP95002233</td>
</tr>
<tr>
<td>NPI:</td>
<td>1245652387</td>
</tr>
<tr>
<td>Provider English Spoken:</td>
<td>Y</td>
</tr>
<tr>
<td>Cultural Competency:</td>
<td>N</td>
</tr>
<tr>
<td>Board Certified Specialty:</td>
<td>No</td>
</tr>
<tr>
<td>Phone:</td>
<td>(844) 200-2426</td>
</tr>
<tr>
<td>After Hours Phone:</td>
<td>(844) 200-2426</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.operationsmahan.org">www.operationsmahan.org</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel:</td>
<td>Yes</td>
</tr>
<tr>
<td>Min/Max Age:</td>
<td>0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL):</td>
<td>N</td>
</tr>
<tr>
<td>Accessibility:</td>
<td>CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRACTITIONER</th>
<th>NEVAREZ, IRENE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID:</td>
<td>185268</td>
</tr>
<tr>
<td>Provider Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>License Number:</td>
<td>NP95009891</td>
</tr>
<tr>
<td>NPI:</td>
<td>1003166646</td>
</tr>
<tr>
<td>Provider English Spoken:</td>
<td>Y</td>
</tr>
<tr>
<td>Provider Language(s):</td>
<td>Spanish</td>
</tr>
<tr>
<td>Cultural Competency:</td>
<td>N</td>
</tr>
<tr>
<td>Hospital Affiliation:</td>
<td>UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</td>
</tr>
<tr>
<td>Phone:</td>
<td>(619) 564-8765</td>
</tr>
<tr>
<td>After Hours Phone:</td>
<td>(619) 564-8765</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.lamaestra.org">www.lamaestra.org</a></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:aschmaltz@lamaestra.org">aschmaltz@lamaestra.org</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel:</td>
<td>Yes</td>
</tr>
<tr>
<td>Min/Max Age:</td>
<td>0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL):</td>
<td>N</td>
</tr>
<tr>
<td>Accessibility:</td>
<td>CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRACTITIONER</th>
<th>NOCEDA, ANA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID:</td>
<td>233532</td>
</tr>
<tr>
<td>Provider Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>License Number:</td>
<td>NP19505</td>
</tr>
<tr>
<td>NPI:</td>
<td>1386971760</td>
</tr>
</tbody>
</table>

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Tagalog
- **Cultural Competency:** N
- **Hospital Affiliation:** RADY CHILDRENS HOSPITAL SAN DIEGO
- **Board Certified Specialty:** No
- **4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105**
- **Phone:** (619) 280-2058
- **After Hours Phone:** (619) 280-2058
- **Website:** www.sdfamilycare.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\22
- **American Sign Language (ASL):** Y
- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F 8:00AM-5:00PM
  SA 8:00AM-2:00PM

**CERTIFIED NURSE PRACTITIONER**

- **NOCEDA, ANA**
  - **Provider ID:** 482070
  - **Provider Gender:** Female
  - **License Number:** NP19505
  - **NPI:** 1386971760
- **7011 LINDA VISTA RD SAN DIEGO, CA 92111**
- **Phone:** (858) 810-8700
- **After Hours Phone:** (858) 810-8700
- **Website:** www.sdfamilycare.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** Y
- **Accessibility:** CONTACT PROVIDER
- **Hours:** M 8:30AM-5:30PM
  Tu 8:30AM-9:00PM
  W-F 8:30AM-5:30PM
  Sa 9:00AM-4:00PM

**CERTIFIED NURSE PRACTITIONER**

- **NOCEDA, ANA**
  - **Provider ID:** 233532
  - **Provider Gender:** Female
  - **License Number:** NPI19505
  - **NPI:** 1386971760
- **4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105**
- **Phone:** (619) 280-2058
- **After Hours Phone:** (619) 280-2058
- **Website:** www.sdfamilycare.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\22
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Hours:** M 8:30AM-5:30PM
  Tu 8:30AM-9:00PM
  W-F 8:30AM-5:30PM
  Sa 9:00AM-4:00PM
D2. 主治医生名录

OCAMPO, ELAINE
Provider ID: 482070
Provider Gender: Female
License Number: NP95003427
NPI: 1063856805
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin, Yue Chinese
Cultural Competency: N
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
OCAMPO, ELAINE
Provider ID: 206046
Provider Gender: Female
License Number: NP95003427
NPI: 1063856805
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin, Yue Chinese
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
OCAMPO, ELAINE
Provider ID: 206046
Provider Gender: Female
License Number: NP95003427
NPI: 1063856805
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin, Yue Chinese
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
OCAMPO, ELAINE
Provider ID: 482070
Provider Gender: Female
License Number: NP95003427
NPI: 1063856805
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Mandarin, Yue Chinese
 Cultural Competency: N
 Board Certified Specialty: No

4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560
 Website: www.sdfamilycare.org

Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
ODA, THAGHAR
Provider ID: 206363
Provider Gender: Female
License Number: NP95000205
NPI: 1063835692
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Amharic, Arabic
 Cultural Competency: N
 Board Certified Specialty: No

4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560
 Website: www.fhcsd.org
 Email: nancyl@fhcsd.org

Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
ODA, THAGHAR
Provider ID: 206363
Provider Gender: Female
License Number: RN810863
NPI: 1063835692
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Amharic, Arabic
 Cultural Competency: N
 Board Certified Specialty: No

4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560
 Website: www.fhcsd.org
 Email: nancyl@fhcsd.org

Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
ODA, THAGHAR
Provider ID: 206363
Provider Gender: Female
License Number: NP95000205
NPI: 1063835692
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Amharic, Arabic
 Cultural Competency: N
 Board Certified Specialty: No

4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560
 Website: www.fhcsd.org
 Email: nancyl@fhcsd.org

Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
ODA, THAGHAR
Provider ID: 206360
Provider Gender: Female
License Number: RN810863
NPI: 1063835692
Provider English Spoken: Y
Provider Language(s) Spoken: Amharic, Arabic
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
ORPILLA, IMELDA
Provider ID: 418535
Provider Gender: Female
License Number: NP95003211
NPI: 1790785988
Provider English Spoken: Y
Provider Language(s) Spoken: Amharic, Arabic
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Provider Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>417101</td>
<td>Orpilla, Imelda</td>
<td>Female</td>
<td>NP95003211</td>
<td>1790785988</td>
<td>(844) 200-2426 (844) 200-2426</td>
<td></td>
<td><a href="http://www.operationsamahan.org">www.operationsamahan.org</a></td>
<td>0\150</td>
<td>Tagalog</td>
<td>CONTACT</td>
</tr>
<tr>
<td>206363</td>
<td>Owen, Michael</td>
<td>Female</td>
<td>NP95001492</td>
<td>1073869145</td>
<td>(619) 515-2560 (619) 515-2560</td>
<td></td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td>0\150</td>
<td>Spanish</td>
<td>CONTACT</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

CERTIFIED NURSE PRACTITIONER
OWEN, MICHAEL
Provider ID: 206363
Provider Gender: Female
License Number: NP95001492
NPI: 1073869145
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

CERTIFIED NURSE PRACTITIONER
PADILLA, MICHELE
Provider ID: 403583
Provider Gender: Female
License Number: NP95020636
NPI: 1356083828
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

CERTIFIED NURSE PRACTITIONER
PADILLA, MICHELE
Provider ID: 482070
Provider Gender: Male
License Number: NP95012511
NPI: 1073169769
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
D2. 主治医生名录

Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER
PATIAG, DANIEL
Provider ID: 206046
Provider Gender: Male
License Number: NP95012511
NPI: 1073169769
 Provider English Spoken: Y
 Provider Language(s) Spoken: Tagalog
 Cultural Competency: N
 Board Certified Specialty: No
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 After Hours Phone: (858) 279-0925
 Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER
PATIAG, DANIEL
Provider ID: 206046
Provider Gender: Male
License Number: NP95012511
NPI: 1073169769
 Provider English Spoken: Y
 Provider Language(s) Spoken: Tagalog
 Cultural Competency: N
 Board Certified Specialty: No
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 After Hours Phone: (858) 279-0925
 Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER
PATIAG, DANIEL
Provider ID: 206046
Provider Gender: Male
License Number: NP95012511
NPI: 1073169769
 Provider English Spoken: Y
 Provider Language(s) Spoken: Tagalog
 Cultural Competency: N
 Board Certified Specialty: No
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 After Hours Phone: (858) 279-0925
 Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER
PATIAG, DANIEL
Provider ID: 206046
Provider Gender: Male
License Number: NP95012511
NPI: 1073169769
 Provider English Spoken: Y
 Provider Language(s) Spoken: Tagalog
 Cultural Competency: N
 Board Certified Specialty: No
 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 After Hours Phone: (858) 810-8700
 Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER
QUINTO, CINDY
D2. 主治医生名录

 Provider ID: 482070
 Provider Gender: Female
 License Number: NPI16433
 NPI: 1902810377
 - Provider English Spoken: Y
 - Provider Language(s) Spoken: French, Lao, Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Board Certified Specialty: No
 - 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 - Phone: (858) 810-8700
 - After Hours Phone: (858) 810-8700
 - Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 - Accessibility: CONTACT PROVIDER

 CERTIFIED NURSE PRACTITIONER
 QUINTO, CINDY
 Provider ID: 233532
 Provider Gender: Female
 License Number: NPI16433
 NPI: 1902810377
 - Provider English Spoken: Y
 - Provider Language(s) Spoken: French, Lao, Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Board Certified Specialty: No
 - 4305 UNIVERSITY AVE STE 150
 SAN DIEGO, CA 92105
 - Phone: (619) 280-2058
 - After Hours Phone: (619) 280-2058
 - Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\22
 American Sign Language (ASL): N
 - Accessibility: CONTACT PROVIDER

 Hours: M-F 8:00AM-5:00PM
 SA 8:00AM-2:00PM

 Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
 You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
 To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

REID, EMILY
Provider ID: 185268
Provider Gender: Female
License Number: NP95002766
NPI: 1083081467
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 4060 FAIRMOUNT AVE
  SAN DIEGO, CA 92105
- Phone: (619) 255-9155
- After Hours Phone: (619) 255-9155
- Website: www.lamaestra.org
- Email: aschmaltz@lamaestra.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
ROGERS, TANYA
Provider ID: 417987
Provider Gender: Female
License Number: NP95004443
NPI: 1558710038
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 4874 POLK AVE
  SAN DIEGO, CA 92105
- Phone: (619) 515-2426
- After Hours Phone: (619) 515-2426
- Website: www.fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
ROGERS, TANYA
Provider ID: 417987
Provider Gender: Female
License Number: NP95004443
NPI: 1558710038
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 4874 POLK AVE
  SAN DIEGO, CA 92105
- Phone: (619) 515-2426
- After Hours Phone: (619) 515-2426
- Website: www.fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
SABIN, NANCY
Provider ID: 482070
Provider Gender: Female
License Number: NP4668
NPI: 1285732586
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 7011 LINDA VISTA RD
  SAN DIEGO, CA 92111
- Phone: (858) 810-8700
- After Hours Phone: (858) 810-8700
- Website: www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

CERTIFIED NURSE PRACTITIONER
SABIN, NANCY
Provider ID: 206046
Provider Gender: Female
License Number: NP4668
NPI: 1285732586
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM
TU 8:00AM-8:00PM
W-F 8:00AM-5:00PM
SA 9:00AM-1:00PM

CERTIFIED NURSE PRACTITIONER
SABIN, NANCY
Provider ID: 482070
Provider Gender: Female
License Number: NP4668
NPI: 1285732586
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-9:00PM
W-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

CERTIFIED NURSE PRACTITIONER
SABIN, NANCY
Provider ID: 206046
Provider Gender: Female
License Number: NP4668
NPI: 1285732586
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM
TU 8:00AM-9:00PM
W-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Provider ID: 206046
Provider Gender: Female
License Number: NP4668
NPI: 1285732586
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
  Cultural Competency: N
  Board Certified Specialty: No

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
- Phone: (858) 279-0925
- After Hours Phone: (858) 279-0925
- Website: www.sdfamilycare.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0-150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M 8:00AM-5:00PM
         TU 8:00AM-8:00PM
         W-F 8:00AM-5:00PM
         SA 9:00AM-1:00PM

CERTIFIED NURSE PRACTITIONER
SANTANGELO, JOANNE
Provider ID: 206046
Provider Gender: Female
License Number: NP2390
NPI: 1619370475
- Provider English Spoken: Y
  Cultural Competency: N
  Board Certified Specialty: No

7011 LINDA VISTA RD
SAN DIEGO, CA 92111
- Phone: (858) 810-8700
- After Hours Phone: (858) 810-8700
- Website: www.sdfamilycare.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0-150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M 8:00AM-5:00PM
         TU 8:00AM-8:00PM
         W-F 8:00AM-5:00PM
         SA 9:00AM-1:00PM

CERTIFIED NURSE PRACTITIONER
SANTANGELO, JOANNE
Provider ID: 206046
Provider Gender: Female
License Number: NP2390
NPI: 1619370475
- Provider English Spoken: Y
  Cultural Competency: N
  Board Certified Specialty: No

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
- Phone: (858) 279-0925
- After Hours Phone: (858) 279-0925

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE
Provider ID: 482070
Provider Gender: Female
License Number: NP2390
NPI: 1619370475
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM
TU 8:00AM-8:00PM
W-F 8:00AM-5:00PM
SA 9:00AM-1:00PM

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE
Provider ID: 482070
Provider Gender: Female
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM
TU 8:00AM-8:00PM
W-F 8:00AM-5:00PM
SA 9:00AM-1:00PM

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE
Provider ID: 206046
Provider Gender: Female
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM
TU 8:00AM-8:00PM
W-F 8:00AM-5:00PM
SA 9:00AM-1:00PM

Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE
Provider ID: 206046
Provider Gender: Female
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM
TU 8:00AM-8:00PM
W-F 8:00AM-5:00PM
SA 9:00AM-1:00PM

Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE
Provider ID: 206046
Provider Gender: Female
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM
TU 8:00AM-8:00PM
W-F 8:00AM-5:00PM
SA 9:00AM-1:00PM

Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 9:00AM-4:00PM
D2. 主治医生名录

Hours: M 8:00AM-5:00PM
TU 8:00AM-8:00PM
W-F 8:00AM-5:00PM
SA 9:00AM-1:00PM

CERTIFIED NURSE PRACTITIONER
SATTERWHITE, MAURINE
Provider ID: 206046
Provider Gender: Female
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

CERTIFIED NURSE PRACTITIONER
SATTERWHITE, MAURINE
Provider ID: 206046
Provider Gender: Female
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

CERTIFIED NURSE PRACTITIONER
SATTERWHITE, MAURINE
Provider ID: 482070
Provider Gender: Female
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

**PRACTITIONER**

**SAVILLE, EDITH**
Provider ID: 417937
Provider Gender: Female
License Number: NP7374
NPI: 1730567678
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-TH 8:00AM-9:00PM
  F 8:00AM-5:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**SEAMAN, MARY**
Provider ID: 206363
Provider Gender: Female
License Number: NP10146
NPI: 1033116652
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**SEBRING, JAN**
Provider ID: 206360
Provider Gender: Female
License Number: NP10906
NPI: 1295750339
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**SAVILLE, EDITH**
Provider ID: 417937
Provider Gender: Female
License Number: NP7374
NPI: 1730567678
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**SAVILLE, EDITH**
Provider ID: 417937
Provider Gender: Female
License Number: NP7374
NPI: 1730567678
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
D2. 主治医生名录

**PRACTITIONER**

**SEBRING, JAN**
Provider ID: 206360
Provider Gender: Female
License Number: RN486421
NPI: 1295750339

- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 1809 NATIONAL AVE
  SAN DIEGO, CA 92113
- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www.fhcsd.org
- Email: dalvarado@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**SEBRING, JAN**
Provider ID: 206360
Provider Gender: Female
License Number: NP10906
NPI: 1295750339

- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 1809 NATIONAL AVE
  SAN DIEGO, CA 92113
- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www.fhcsd.org
- Email: dalvarado@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**TAYLOR, KAYLA**
Provider ID: 206362
Provider Gender: Female
License Number: NP95006792
NPI: 1730604414

- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 3544 30TH ST
  SAN DIEGO, CA 92104
- Phone: (619) 515-2424
- After Hours Phone: (619) 515-2424
- Website: www.fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**TODD, MIKAYLA**
Provider ID: 517998
Provider Gender: Female
License Number: NP95005999

- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 3544 30TH ST
  SAN DIEGO, CA 92104
- Phone: (619) 515-2424
- After Hours Phone: (619) 515-2424
- Website: www.fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
D2. 主治医生名录

NPI: 1316478092
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- Provider ID: 206360
- Provider Gender: Female
- License Number: NP95003689
- NPI: 1255799276
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Vietnamese
- Cultural Competency: N
- Board Certified Specialty: No
- 4690 EL CAJON BLVD
  - SAN DIEGO, CA 92115
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\120
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
TRAN, KELLY
- Provider ID: 206360
- Provider Gender: Female
- License Number: NP95003689
- NPI: 1255799276
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Vietnamese
- Cultural Competency: N
- Board Certified Specialty: No
- 4690 EL CAJON BLVD
  - SAN DIEGO, CA 92115
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\120
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
TODD, MIKAYLA
- Provider ID: 517998
- Provider Gender: Female
- License Number: NP95005999
- NPI: 1316478092
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 4690 EL CAJON BLVD
  - SAN DIEGO, CA 92115
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\120
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
TRAN, KELLY
- Provider ID: 206360
- Provider Gender: Female
- License Number: NP95003689
- NPI: 1255799276
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Vietnamese
- Cultural Competency: N
- Board Certified Specialty: No
- 1809 NATIONAL AVE
  - SAN DIEGO, CA 92113
- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www.fhcsd.org
- Email: dalvarado@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
TUEROS, VICTORIA
- Provider ID: 206360
- Provider Gender: Female
- License Number: NP2286
- NPI: 1598989261
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 1809 NATIONAL AVE
  - SAN DIEGO, CA 92113
- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www.fhcsd.org
- Email: dalvarado@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
TUEROS, VICTORIA
- Provider ID: 206360
- Provider Gender: Female
- License Number: NP2286
- NPI: 1598989261
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 1809 NATIONAL AVE
  - SAN DIEGO, CA 92113
- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www.fhcsd.org
- Email: dalvarado@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

1285
D2. 主治医生名录

**Provider ID:** 206360  
**Provider Gender:** Female  
**License Number:** NP2286  
**NPI:** 1598989261
- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Spanish
- **Cultural Competency:** N
- **Board Certified Specialty:** No
  - **Address:** 1809 NATIONAL AVE  
  - **Phone:** (619) 515-2300  
  - **After Hours Phone:** (619) 515-2300
  - **Website:** www.fhcsd.org  
  - **Email:** dalvarado@fhcsd.org
  - **Medi-Cal Open Panel:** Yes
  - **Min/Max Age:** 0\150
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**  
**VEGA, TERESA**  
**Provider ID:** 206360  
**Provider Gender:** Female  
**License Number:** NP95001705  
**NPI:** 1912304569
- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Spanish
- **Cultural Competency:** N
- **Board Certified Specialty:** No
  - **Address:** 1809 NATIONAL AVE  
  - **Phone:** (619) 515-2300  
  - **After Hours Phone:** (619) 515-2300
  - **Website:** www.fhcsd.org  
  - **Email:** dalvarado@fhcsd.org
  - **Medi-Cal Open Panel:** Yes
  - **Min/Max Age:** 0\150
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**  
**VELASQUEZ, FERNANDO**  
**Provider ID:** 206360  
**Provider Gender:** Male  
**License Number:** NP95011254  
**NPI:** 1386195535
- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Spanish
- **Cultural Competency:** N
- **Board Certified Specialty:** No
  - **Address:** 1809 NATIONAL AVE  
  - **Phone:** (619) 515-2300  
  - **After Hours Phone:** (619) 515-2300
  - **Website:** www.fhcsd.org  
  - **Email:** dalvarado@fhcsd.org
  - **Medi-Cal Open Panel:** Yes
  - **Min/Max Age:** 0\150
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
D2. 主治医生名录

PROVIDER

CERTIFIED NURSE PRACTITIONER
VELASQUEZ, FERNANDO
Provider ID: 356145
Provider Gender: Male
License Number: NP95011254
NPI: 1386195535
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
2391 ISLAND AVE
SAN DIEGO, CA 92102
Phone: (619) 515-2435
After Hours Phone: (619) 515-2435
Website: N/A
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
VELASQUEZ, FERNANDO
Provider ID: 419529
Provider Gender: Male
License Number: NP95011254
NPI: 1386195535
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
2325 COMMERCIAL ST STE
1400
SAN DIEGO, CA 92113
Phone: (619) 515-2422
After Hours Phone: (619) 515-2422
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
VELASQUEZ, FERNANDO
Provider ID: 206360
Provider Gender: Female
License Number: NP95015780
NPI: 1184224396
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PRACTITIONER

VELASQUEZ, FERNANDO
Provider ID: 356145
Provider Gender: Male
License Number: NP95011254
NPI: 1386195535
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
2391 ISLAND AVE
SAN DIEGO, CA 92102
Phone: (619) 515-2435
After Hours Phone: (619) 515-2435
Website: N/A
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PRACTITIONER
VELASQUEZ, FERNANDO
Provider ID: 419529
Provider Gender: Male
License Number: NP95011254
NPI: 1386195535
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
2325 COMMERCIAL ST STE
1400
SAN DIEGO, CA 92113
Phone: (619) 515-2422
After Hours Phone: (619) 515-2422
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PRACTITIONER
VILLALOBOS, REBECA
Provider ID: 206360
Provider Gender: Female
License Number: NP95015780
NPI: 1184224396
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>English Spoken</th>
<th>Language(s) Spoken</th>
<th>Cultural Competency</th>
<th>Board Certified Specialty</th>
<th>Hours</th>
<th>Address</th>
<th>Phone</th>
<th>After Phone</th>
<th>Email</th>
<th>Medi-Cal Open Panel</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>VILLALOBOS, REBECA</td>
<td>206360</td>
<td>Female</td>
<td>NP95015780</td>
<td>1184224396</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>No</td>
<td>M-F 8:30AM-5:30PM</td>
<td>1550 BROADWAY STE 2</td>
<td>(619) 515-2525</td>
<td>(619) 515-2525</td>
<td><a href="mailto:dalvarado@fhcsd.org">dalvarado@fhcsd.org</a></td>
<td>Yes</td>
<td>0-150</td>
</tr>
<tr>
<td>WILLIAMS, BREAHNA</td>
<td>417429</td>
<td>Female</td>
<td>NP95010814</td>
<td>1841758984</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>No</td>
<td>M-F 8:30AM-5:30PM</td>
<td>1550 BROADWAY STE 2</td>
<td>(619) 515-2525</td>
<td>(619) 515-2525</td>
<td><a href="mailto:janeta@fhcsd.org">janeta@fhcsd.org</a></td>
<td>Yes</td>
<td>0-150</td>
</tr>
<tr>
<td>WEICKERT, MARIA</td>
<td>417429</td>
<td>Female</td>
<td>NP95010814</td>
<td>1841758984</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>No</td>
<td>M-F 8:30AM-5:30PM</td>
<td>1550 BROADWAY STE 2</td>
<td>(619) 515-2525</td>
<td>(619) 515-2525</td>
<td><a href="mailto:aschmaltz@lamaestra.org">aschmaltz@lamaestra.org</a></td>
<td>Yes</td>
<td>0-150</td>
</tr>
</tbody>
</table>

您可以在 afad.blueshieldca.com 上访问心理健康提供者的在线列表。
D2. 主治医生名录

Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

CERTIFIED NURSE PRACTITIONER
WILLIAMS, TAKISHA
Provider ID: 416831
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

CERTIFIED NURSE PRACTITIONER
WILLIAMS, TAKISHA
Provider ID: 402851
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

CERTIFIED NURSE PRACTITIONER
WILLIAMS, TAKISHA
Provider ID: 402851
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
### D2. 主治医生名录

**CERTIFIED NURSE PRACTITIONER**  
WOLF, CELIA  
Provider ID: 417937  
Provider Gender: Female  
License Number: NP95001899  
NPI: 1245635564  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  
- 4094 4TH AVE  
  SAN DIEGO, CA 92103  
- Phone: (619) 515-2545  
- After Hours Phone: (619) 515-2545  
- Website: www.fhcsd.org  
- Email: fabianm@fhcsd.org  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

**CERTIFIED REGISTERED NURSE MIDWIFE**  
BOSTON, LAURA  
Provider ID: 206360  
Provider Gender: Female  
License Number: NM792  
NPI: 1174553259  
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Board Certified Specialty: No  
- 1809 NATIONAL AVE  
  SAN DIEGO, CA 92113  
- Phone: (619) 515-2300  
- After Hours Phone: (619) 515-2300  
- Website: www.fhcsd.org  
- Email: dalvarado@fhcsd.org  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

**CERTIFIED REGISTERED NURSE MIDWIFE**  
GEPSHTEIN, YANA  
Provider ID: 402851  
Provider Gender: Female  
License Number: NM1662  
NPI: 1396956512  
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Hebrew  
- Cultural Competency: N  
- Board Certified Specialty: No  
- 3705 MISSION BLVD  
  SAN DIEGO, CA 92109  
- Phone: (619) 515-2444  
- After Hours Phone: (619) 515-2444  
- Website: www.fhcsd.org  
- Email: sabay@fhcsd.org  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER
D2. 主治医生名录

PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE

GEPSHTSTEIN, YANA
Provider ID: 402851
Provider Gender: Female
License Number: NM1662
NPI: 1396956512
Provider English Spoken: Y
Provider Language(s) Spoken: Hebrew
Cultural Competency: N
Board Certified Specialty: No
Licence Number: NM1662
NPI: 1396956512
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/king- chavez- health center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CHIROPRACTOR

ASSADIAN, MEHRKA
Provider ID: 451167
Provider Gender: Female
License Number: DC27523
NPI: 1295278281
Provider English Spoken: Y
Provider Language(s) Spoken: Turkish
Cultural Competency: N
Board Certified Specialty: No
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/king- chavez- health center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CHIROPRACTOR

CABALLERO, JAMES
Provider ID: 417101
Provider Gender: Male
License Number: DC27726
NPI: 1093991549
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:30PM
CHIROPRACTOR
CABALLERO, JAMES
Provider ID: 418535
Provider Gender: Male
License Number: DC27726
NPI: 1093991549
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:00AM-4:30PM
W 10:00AM-7:00PM
TH-F 8:30AM-5:30PM

CHIROPRACTOR
CABALLERO, JAMES
Provider ID: 417101
Provider Gender: Male
License Number: DC15775
NPI: 1821463159
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:30AM-5:30PM
W 10:00AM-7:00PM
TH-F 8:30AM-5:30PM

CHIROPRACTOR
CABALLERO, JAMES
Provider ID: 418535
Provider Gender: Male
License Number: DC27726
NPI: 1093991549
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:30AM-5:30PM
W 10:00AM-7:00PM
TH-F 8:30AM-5:30PM

CHIROPRACTOR
GILIBERTO, JOSEPH
Provider ID: 418535
Provider Gender: Male
License Number: DC15775
NPI: 1821463159
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:30AM-5:30PM
W 10:00AM-7:00PM
TH-F 8:30AM-5:30PM

CHIROPRACTOR
GILIBERTO, JOSEPH
Provider ID: 417101
Provider Gender: Male
License Number: DC15775
NPI: 1821463159
Provider English Spoken: Y
Provider Language(s)
D2. 主治医生名录

Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
Phone: (844) 200-2426  
After Hours Phone: (844) 200-2426  
Website: www.operationsamahan.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-4:30PM

CHIROPRACTOR  
ILCHENA, ALESANDRA  
Provider ID: 185268  
Provider Gender: Female  
License Number: DC32800  
NPI: 1871046664  
 Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER  
Board Certified Specialty: No  
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Phone: (619) 798-3947  
After Hours Phone: (619) 798-3947  
Website: www.lamaestra.org  
Email: aschmaltz@lamaestra.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

CHIROPRACTOR  
GILIBERTO, JOSEPH  
Provider ID: 417101  
Provider Gender: Male  
License Number: DC15775  
NPI: 1821463159  
 Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
Phone: (844) 200-2426  
After Hours Phone: (844) 200-2426  
Website: www.operationsamahan.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

CHIROPRACTOR  
KAZEM, AHMAD  
Provider ID: 227409  
Provider Gender: Male  
License Number: DC33300  
NPI: 1003296096  
 Provider English Spoken: Y  
Provider Language(s) Spoken: Farsi  
Cultural Competency: N  
Board Certified Specialty: No  
3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: https://www.syhealth.org/locations  
Medi-Cal Open Panel: Yes

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### CHIROPRACTOR

#### KAZEM, AHMAD
- Provider ID: 227409
- Provider Gender: Male
- License Number: DC33300
- NPI: 1003296096
- Provider English Spoken: Y
- Provider Language(s) Spoken: Farsi
- Cultural Competency: N
- Board Certified Specialty: No
- 3177 OCEAN VIEW BLVD
  - SAN DIEGO, CA 92113
  - Phone: (619) 662-4100
  - After Hours Phone: (619) 662-4100
- Website: https://www.syhealth.org/locations
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Indian Health Services: Y

#### LOVERN, JENNIFER
- Provider ID: 207382
- Provider Gender: Female
- License Number: DC29074
- NPI: 1235469396
- Provider English Spoken: Y
- Provider Language(s) Spoken: Italian, Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 2630 1ST AVE
  - SAN DIEGO, CA 92103
  - Phone: (619) 234-2158
  - After Hours Phone: (619) 234-2158
- Website: WWW.SDAIHC.ORG
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Indian Health Services: Y

#### LOVERN, JENNIFER
- Provider ID: 418535
- Provider Gender: Female
- License Number: DC29074
- NPI: 1235469396
- Provider English Spoken: Y
- Provider Language(s) Spoken: Italian, Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 9995 CARMEL MOUNTAIN RD STE B10 AND B11
  - SAN DIEGO, CA 92129
  - Phone: (844) 200-2426
  - After Hours Phone: (844) 200-2426
- Website: www.operationsamahan.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-TU 8:30AM-5:30PM
  - W 10:00AM-7:00PM
  - TH-F 8:30AM-5:30PM
D2. 主治医生名录

TOOL
9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsmahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:30AM-5:30PM
W 10:00AM-7:00PM
TH-F 8:30AM-5:30PM

CHIROPRACITOR
OLSEN, MARTIN
Provider ID: 402851
Provider Gender: Male
License Number: DC20729
NPI: 1730247990
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CHIROPRACITOR
PAGE, BIANCA
Provider ID: 417937
Provider Gender: Female
License Number: DC33688
NPI: 1649787607
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CHIROPRACITOR
ROJAS, RICHARD
Provider ID: 417937
Provider Gender: Male
License Number: DC31024
NPI: 1538318811
Provider English Spoken: Y
D2. 主治医生名录

**Cultural Competency:** N  
**Board Certified Specialty:** No  
4094 4TH AVE  
SAN DIEGO, CA 92103  
📞 Phone: (619) 515-2545  
📞 After Hours Phone: (619) 515-2545  
🌐 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 9:00AM-5:00PM

**CHIROPRACTOR**

**ROJAS, RICHARD**  
Provider ID: 417937  
Provider Gender: Male  
License Number: DC31024  
NPI: 1538318811  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
4094 4TH AVE  
SAN DIEGO, CA 92103  
📞 Phone: (619) 515-2545  
📞 After Hours Phone: (619) 515-2545  
🌐 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 9:00AM-5:00PM

**SOSA, DAVID**  
Provider ID: 417937  
Provider Gender: Male  
License Number: DC33150  
NPI: 1013308675  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
4094 4TH AVE  
SAN DIEGO, CA 92103  
📞 Phone: (619) 515-2545  
📞 After Hours Phone: (619) 515-2545  
🌐 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

**CHIROPRACTOR**

**SOSA, DAVID**  
Provider ID: 206363  
Provider Gender: Male  
License Number: DC33150  
NPI: 1013308675  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
4725 MARKET ST  
SAN DIEGO, CA 92102  
📞 Phone: (619) 515-2560  
📞 After Hours Phone: (619) 515-2560  
🌐 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
CHIROPRACTOR

**SOSA, DAVID**  
Provider ID: 206363  
Provider Gender: Male  
License Number: DC33150  
NPI: 1013308675  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
4725 MARKET ST

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Provider ID</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Board Certified Specialty</th>
<th>Address</th>
<th>Provider Gender</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Su, Vennes</td>
<td><a href="mailto:nancyl@fhcsd.org">nancyl@fhcsd.org</a></td>
<td>(619) 515-2560</td>
<td>(619) 515-2560</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROV</td>
<td>417101</td>
<td>DC34907</td>
<td>1053919928</td>
<td>Yes</td>
<td>N</td>
<td>No</td>
<td>10737 CAMINO RUIZ STE 235</td>
<td>Female</td>
<td>SCRIPPS GREEN HOSPITAL, SCRIPPS</td>
</tr>
<tr>
<td>Su, Vennes</td>
<td><a href="mailto:nancyl@fhcsd.org">nancyl@fhcsd.org</a></td>
<td>(844) 200-2426</td>
<td>(844) 200-2426</td>
<td><a href="http://www.operationsamahan.org">www.operationsamahan.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROV</td>
<td>418535</td>
<td>1699216622</td>
<td>1699216622</td>
<td>Yes</td>
<td>N</td>
<td>No</td>
<td>9995 CARMEL MOUNTAIN RD STE B10 AND B11</td>
<td>Male</td>
<td>SCRIPPS GREEN HOSPITAL, SCRIPPS</td>
</tr>
<tr>
<td>Su, Vennes</td>
<td><a href="mailto:nancyl@fhcsd.org">nancyl@fhcsd.org</a></td>
<td>(844) 200-2426</td>
<td>(858) 695-9074</td>
<td><a href="http://www.operationsamahan.org">www.operationsamahan.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROV</td>
<td>417937</td>
<td>G16236</td>
<td>1639199292</td>
<td>Yes</td>
<td>N</td>
<td>No</td>
<td>9995 CARMEL MOUNTAIN RD STE B10 AND B11</td>
<td>Male</td>
<td>SCRIPPS GREEN HOSPITAL, SCRIPPS</td>
</tr>
</tbody>
</table>

**CLINIC OUTPATIENT**

**OPERATION SAMAHAN RANCHO PENASQUITOS,**

Provider ID: 418535  
NPI: 1699216622  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
9995 CARMEL MOUNTAIN RD STE B10 AND B11  
SAN DIEGO, CA 92129  
Phone: (844) 200-2426  
Fax: (858) 695-9074  
After Hours Phone: (844) 200-2426  
Website: www.operationsamahan.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS

**DERMATOLOGY**

**BURROWS, WILLIAM**

Provider ID: 417937  
Provider Gender: Male  
License Number: G16236  
NPI: 1639199292  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS
D2. 主治医生名录

MERCY HOSPITAL
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

DERMATOLOGY
BURROWS, WILLIAM
Provider ID: 417937
Provider Gender: Male
License Number: G16236
NPI: 1639199292
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

DERMATOLOGY
CARTER, NATASHA
Provider ID: 206363
Provider Gender: Female
License Number: A140912
NPI: 1033539184
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

ENDOCRINOLOGY
METABOLISM DIABETES
AHMAD, AAKIF
Provider ID: 206360
Provider Gender: Male
License Number: 20A12732
NPI: 1720308331
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS GREEN HOSPITAL
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
D2. 主治医生名录

ENDOCRINOLOGY
METABOLISM DIABETES
AHMAD, AAKIF
Provider ID: 206360
Provider Gender: Male
License Number: 20A12732
NPI: 1720308331
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS GREEN HOSPITAL
Board Certified Specialty: No

1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

ENDOCRINOLOGY
METABOLISM DIABETES
CARRILLO, MARITZA
Provider ID: 206360
Provider Gender: Female
License Number: A163183
NPI: 1649628587
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No

1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

ENDOCRINOLOGY
METABOLISM DIABETES
CHANG, AMY
Provider ID: 206360
Provider Gender: Female
License Number: A93385
NPI: 1750568911
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL HOSPITAL ENCINITAS,
SADDLEBACK MEMORIAL MED CTR, SCRIPPS GREEN HOSPITAL
Board Certified Specialty: No

1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Provider Gender: Female
License Number: A93385
NPI: 1750568911
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SADDLEBACK MEMORIAL MED CTR, SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No
- 1809 NATIONAL AVE
  SAN DIEGO, CA 92113
- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www.fhcsd.org
- Email: dalvarado@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

ENDOCRINOLOGY
METABOLISM DIABETES
GANDHI, ANAND
Provider ID: 206360
Provider Gender: Male
License Number: A178494
NPI: 1821651779
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 1809 NATIONAL AVE
  SAN DIEGO, CA 92113
- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www.fhcsd.org
- Email: dalvarado@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

ENDOCRINOLOGY
METABOLISM DIABETES
LEVIN, MATTHEW
Provider ID: 206360
Provider Gender: Male
License Number: A77126
NPI: 1801994231
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR

Board Certified Specialty: No
- 1809 NATIONAL AVE
  SAN DIEGO, CA 92113
- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www.fhcsd.org
- Email: dalvarado@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

ENDOCRINOLOGY
METABOLISM DIABETES
GANDHI, ANAND
Provider ID: 206360
Provider Gender: Male
License Number: A178494
NPI: 1821651779
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 1809 NATIONAL AVE
  SAN DIEGO, CA 92113
- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www.fhcsd.org
- Email: dalvarado@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Spoken: Arabic
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL
Provider ID: 227409
Provider Gender: Male
License Number: A157505
NPI: 1588197826
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL
Board Certified Specialty: No

FAMILY PRACTICE

ABDALLAH, ALI
Provider ID: 206363
Provider Gender: Male
License Number: 20A15471
NPI: 1649699968
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE

BACHARACH, REBECCA
Provider ID: 417937
Provider Gender: Female
License Number: 20A15459
NPI: 1225442643
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

FAMILY PRACTICE  
BACHARACH, REBECCA  
Provider ID: 417937  
Provider Gender: Female  
License Number: 20A15459  
NPI: 1225442643  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
4094 4TH AVE  
SAN DIEGO, CA 92103  
Phone: (619) 515-2545  
After Hours Phone: (619) 515-2545  
Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE  
BAGINGITO, AUSTIN  
Provider ID: 417429  
Provider Gender: Male  
License Number: A163977  
NPI: 1942705637  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101  
Phone: (619) 515-2525  
After Hours Phone: (619) 515-2525  
Website: www.fhcsd.org  
Email: janeta@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE  
BAHRAMZI, MARIA  
Provider ID: 417987  
Provider Gender: Female  
License Number: A173486  
NPI: 1588141865  
Provider English Spoken: Y  
Provider Language(s) Spoken: Pushto  
Cultural Competency: N  
Board Certified Specialty: No  
4874 POLK AVE  
SAN DIEGO, CA 92105  
Phone: (619) 515-2426  
After Hours Phone: (619) 515-2426  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE  
BAHRAMZI, MARIA  
Provider ID: 417987  
Provider Gender: Female  
License Number: A173486  
NPI: 1588141865  
Provider English Spoken: Y  
Provider Language(s) Spoken: Pushto  
Cultural Competency: N  
Board Certified Specialty: No  
4874 POLK AVE  
SAN DIEGO, CA 92105  
Phone: (619) 515-2426  
After Hours Phone: (619) 515-2426  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

PROVIDER

FAMILY PRACTICE

BAHRAMZI, MARIA
Provider ID: 206362
Provider Gender: Female
License Number: A173486
NPI: 1588141865
Provider English Spoken: Y
Provider Language(s) Spoken: Pushto
Cultural Competency: N
Board Certified Specialty: No

3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www fhcsd org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

BAHRAMZI, MARIA
Provider ID: 206362
Provider Gender: Female
License Number: A173486
NPI: 1588141865
Provider English Spoken: Y
Provider Language(s) Spoken: Pushto
Cultural Competency: N
Board Certified Specialty: No

3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www fhcsd org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

BAIN, NATALIE
Provider ID: 206360
Provider Gender: Female
License Number: A183464
NPI: 1821677584
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www fhcsd org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

BAUTISTA, LUIS
Provider ID: 517403
Provider Gender: Male
License Number: A97270
NPI: 1295712206
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: COMMUNITY REGIONAL MEDICAL CENTER FRESNO, ST AGNES MEDICAL CENTER
Board Certified Specialty: No

316 25TH ST
SAN DIEGO, CA 92102
Phone: (619) 238-5551
After Hours Phone: (619) 238-5551
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
D2. 主治医生名录

ACCESSIBILITY: CONTACT PROVIDER

FAMILY PRACTICE
BAUTISTA, LUIS
Provider ID: 517403
Provider Gender: Male
License Number: A97270
NPI: 1295712206
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, ST AGNES MEDICAL CENTER
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 645-6405
After Hours Phone: (619) 645-6405
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

FAMILY PRACTICE
BISHOP, MELISSA
Provider ID: 403583
Provider Gender: Female
License Number: C137521
NPI: 1578667077
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 238-5551
After Hours Phone: (619) 238-5551
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

FAMILY PRACTICE
BODIFORD, SAMANTHA
Provider ID: 214492
Provider Gender: Female
License Number: A165398
NPI: 1730684200
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
After Hours Phone: (619) 429-3733
Website: www.ibclinic.org
Email: avaldez@ibclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:00PM TU-TH 8:30AM-8:00PM F 8:30AM-5:00PM

FAMILY PRACTICE
BODIFORD, SAMANTHA
Provider ID: 214492
Provider Gender: Female
License Number: A165398
NPI: 1730684200
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
After Hours Phone: (619)
D2. 主治医生名录

429-3733
Website: www.ibclinic.org
Email: avaldez@ibclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:00PM
TU-TH 8:30AM-8:00PM
F 8:30AM-5:00PM

FAMILY PRACTICE
BORTNER, ADAM
Provider ID: 206363
Provider Gender: Male
License Number: A164879
NPI: 1811491749
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
BORTNER, ADAM
Provider ID: 206363
Provider Gender: Male
License Number: A164879
NPI: 1811491749
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
BRADY, PATRICIA
Provider ID: 403583
Provider Gender: Female
License Number: C53121
NPI: 1952390437
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
BRADY, PATRICIA
Provider ID: 403583
Provider Gender: Female
License Number: C53121
NPI: 1952390437
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
BRODSKY, MARK
Provider ID: 402851
Provider Gender: Male
License Number: C53623
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:30AM-5:00PM
TH 8:30AM-9:00PM
F 8:30AM-5:00PM
D2. 主治医生名录

NPI: 1346337904
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:30AM-5:30PM
TH 9:00AM-6:00PM
F 8:30AM-5:30PM

FAMILY PRACTICE
BURTON, LUCAS
Provider ID: 206362
Provider Gender: Male
License Number: 20A20786
NPI: 1376171520
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE
BURTON, LUCAS
Provider ID: 206362
Provider Gender: Male
License Number: 20A20786
NPI: 1376171520
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE
CAMPBELL, BRIANNA
Provider ID: 451167
Provider Gender: Female
License Number: A157488
NPI: 1316479892
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
/clinics/king-chavez-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
D2. 主治医生名录

CAMPBELL, BRIANNA
Provider ID: 451167
Provider Gender: Female
License Number: A157488
NPI: 1316479892
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No
Provider Language(s) Spoken: English
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
CARRIEDO CENICEROS, MARIA
Provider ID: 227409
Provider Gender: Female
License Number: A78373
NPI: 1295746618
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Provider Language(s) Spoken: Spanish
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
CARSON, COREY
Provider ID: 206360
Provider Gender: Female
License Number: A136616
NPI: 1245599778
Provider English Spoken: Y
Provider Language(s) Spoken: English
Cultural Competency: N
Board Certified Specialty: No
Provider Language(s) Spoken: English
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
FAMILY PRACTICE
CARSON, COREY
Provider ID: 417937
Provider Gender: Female
License Number: A136616
NPI: 1245599778
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Board Certified Specialty: No
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
CHOU, BILL
Provider ID: 417937
Provider Gender: Male
License Number: 20A14794
NPI: 1730448101
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
CARSON, COREY
Provider ID: 417937
Provider Gender: Female
License Number: A136616
NPI: 1245599778
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Board Certified Specialty: No
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
CHOU, BILL
Provider ID: 206362
Provider Gender: Male
License Number: 20A14794
NPI: 1730448101
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

- Provider English Spoken: Yes
  Cultural Competency: No
  Board Certified Specialty: No
  CHUN, HYUN
  Provider ID: 206360
  Provider Gender: Male
  License Number: A163978
  NPI: 1083118988
  Provider Language(s)
  Spoken: Korean
  Website: www.fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

- FAMILY PRACTICE
  CHUN, HYUN
  Provider ID: 206360
  Provider Gender: Male
  License Number: A163978
  NPI: 1083118988
  Provider Language(s)
  Spoken: Korean
  Cultural Competency: N
  Board Certified Specialty: No
  1809 NATIONAL AVE
  SAN DIEGO, CA 92113
  Phone: (619) 515-2300
  After Hours Phone: (619) 515-2300
  Website: www.fhcsd.org
  Email: dalvarado@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

- FAMILY PRACTICE
  COLLINS, WILLIAM
  Provider ID: 206362
  Provider Gender: Male
  License Number: 20A15413
  NPI: 1417361973
  Provider Language(s)
  Spoken: Korean
  Cultural Competency: N
  Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
  JOHN SALLY THORNTON
  Board Certified Specialty: No
  4094 4TH AVE
  SAN DIEGO, CA 92103
  Phone: (619) 515-2545
  After Hours Phone: (619) 515-2545
  Website: www.fhcsd.org
  Email: fabianm@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

- FAMILY PRACTICE
  COLLINS, WILLIAM
  Provider ID: 417937
  Provider Gender: Male
  License Number: 20A15413
  NPI: 1417361973
  Provider Language(s)
  Spoken: Korean
  Cultural Competency: N
  Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
  JOHN SALLY THORNTON
  Board Certified Specialty: No
  3544 30TH ST
  SAN DIEGO, CA 92104
  Phone: (619) 515-2424
  After Hours Phone: (619) 515-2424
  Website: www.fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
D2. 主治医生名录

- **Provider English Spoken**: Y  
  - **Cultural Competency**: N  
  - **Hospital Affiliation**: UCSD MEDICAL CTR, UCSD LA JOLLA  
  - **JOHN SALLY THORNTON**  
  - **Board Certified Specialty**: No  
  - **4094 4TH AVE**  
  - **SAN DIEGO, CA 92103**  
  - **Phone**: (619) 515-2545  
  - **After Hours Phone**: (619) 515-2545  
  - **Website**: www.fhcsd.org  
  - **Email**: fabianm@fhcsd.org  
  - **Medi-Cal Open Panel**: Yes  
  - **Min/Max Age**: 0\150  
  - **Board Certified Specialty**: No  
  - **American Sign Language (ASL)**: N  
  - **Accessibility**: CONTACT PROVIDER  
  - **Hours**: SU-SA 8:30AM-5:30PM

**FAMILY PRACTICE**

- **CORMAN, DANIEL**  
  - **Provider ID**: 402851  
  - **Provider Gender**: Male  
  - **License Number**: 20A13060  
  - **NPI**: 1629339593  
  - **Provider English Spoken**: Y  
  - **Provider Language(s) Spoken**: Spanish  
  - **Cultural Competency**: N  
  - **Accessibility**: CONTACT PROVIDER  
  - **3705 MISSION BLVD**  
  - **SAN DIEGO, CA 92109**  
  - **Phone**: (619) 515-2444  
  - **After Hours Phone**: (619) 515-2444  
  - **Website**: www.fhcsd.org  
  - **Email**: sabay@fhcsd.org  
  - **Medi-Cal Open Panel**: Yes  
  - **Min/Max Age**: 0\150  
  - **American Sign Language (ASL)**: N  
  - **Accessibility**: CONTACT PROVIDER

**FAMILY PRACTICE**

- **CORMAN, DANIEL**  
  - **Provider ID**: 402851  
  - **Provider Gender**: Male  
  - **License Number**: 20A13060  
  - **NPI**: 1629339593  
  - **Provider English Spoken**: Y  
  - **Provider Language(s) Spoken**: Spanish  
  - **Cultural Competency**: N  
  - **Accessibility**: CONTACT PROVIDER  
  - **3705 MISSION BLVD**  
  - **SAN DIEGO, CA 92109**  
  - **Phone**: (619) 515-2444  
  - **After Hours Phone**: (619) 515-2444  
  - **Website**: www.fhcsd.org  
  - **Email**: sabay@fhcsd.org  
  - **Medi-Cal Open Panel**: Yes  
  - **Min/Max Age**: 0\150  
  - **American Sign Language (ASL)**: N  
  - **Accessibility**: CONTACT PROVIDER

**FAMILY PRACTICE**

- **CORMAN, DANIEL**  
  - **Provider ID**: 402851  
  - **Provider Gender**: Male  
  - **License Number**: 20A13060  
  - **NPI**: 1629339593  
  - **Provider English Spoken**: Y  
  - **Provider Language(s) Spoken**: Spanish  
  - **Cultural Competency**: N  
  - **Accessibility**: CONTACT PROVIDER  
  - **3705 MISSION BLVD**  
  - **SAN DIEGO, CA 92109**  
  - **Phone**: (619) 515-2444  
  - **After Hours Phone**: (619) 515-2444  
  - **Website**: www.fhcsd.org  
  - **Email**: sabay@fhcsd.org  
  - **Medi-Cal Open Panel**: Yes  
  - **Min/Max Age**: 0\150  
  - **American Sign Language (ASL)**: N  
  - **Accessibility**: CONTACT PROVIDER

**FAMILY PRACTICE**

- **DAPPEN, AMANDA**  
  - **Provider ID**: 227409  
  - **Provider Gender**: Female  
  - **License Number**: A153414  
  - **NPI**: 1689037111  
  - **Provider English Spoken**: Y  
  - **Cultural Competency**: N  
  - **Board Certified Specialty**: No  
  - **3177 OCEAN VIEW BLVD**  
  - **SAN DIEGO, CA 92113**  
  - **Phone**: (619) 662-4100  
  - **After Hours Phone**: (619) 662-4100  
  - **Website**: https://www.syhealth.org/locations  
  - **Medi-Cal Open Panel**: Yes  
  - **Min/Max Age**: 0\150  
  - **American Sign Language (ASL)**: N  
  - **Accessibility**: CONTACT PROVIDER  
  - **Hours**: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

- **DAPPEN, AMANDA**  
  - **Provider ID**: 227409  
  - **Provider Gender**: Female  
  - **License Number**: A153414  
  - **NPI**: 1689037111  
  - **Provider English Spoken**: Y  
  - **Cultural Competency**: N  
  - **Board Certified Specialty**: No  
  - **3177 OCEAN VIEW BLVD**  
  - **SAN DIEGO, CA 92113**  
  - **Phone**: (619) 662-4100  
  - **After Hours Phone**: (619) 662-4100  
  - **Website**: https://www.syhealth.org/locations  
  - **Medi-Cal Open Panel**: Yes  
  - **Min/Max Age**: 0\150  
  - **American Sign Language (ASL)**: N  
  - **Accessibility**: CONTACT PROVIDER  
  - **Hours**: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

- **DAPPEN, AMANDA**  
  - **Provider ID**: 227409  
  - **Provider Gender**: Female  
  - **License Number**: A153414  
  - **NPI**: 1689037111  
  - **Provider English Spoken**: Y  
  - **Cultural Competency**: N  
  - **Board Certified Specialty**: No  
  - **3177 OCEAN VIEW BLVD**  
  - **SAN DIEGO, CA 92113**  
  - **Phone**: (619) 662-4100  
  - **After Hours Phone**: (619) 662-4100  
  - **Website**: https://www.syhealth.org/locations  
  - **Medi-Cal Open Panel**: Yes  
  - **Min/Max Age**: 0\150  
  - **American Sign Language (ASL)**: N  
  - **Accessibility**: CONTACT PROVIDER  
  - **Hours**: M-F 8:00AM-5:00PM
D2. 主治医生名录

 Provider Gender: Female  
 License Number: A153414  
 NPI: 1689037111

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
  
 Address: 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: https://www.syhealth.org/locations  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

 FAMILY PRACTICE  
 DAVIS, DEIRDRÉ  
 Provider ID: 451167  
 Provider Gender: Female  
 License Number: A165432  
 NPI: 1265921365

 Provider English Spoken: Y  
 Provider Language(s): Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
  
 Address: 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org /clinics/king-chavez-health-center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-4:00PM

 FAMILY PRACTICE  
 FAMBRO, CYNTHIA  
 Provider ID: 451167  
 Provider Gender: Female  
 License Number: A153223  
 NPI: 1710331707

 Provider English Spoken: Y  
 Provider Language(s): Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
  
 Address: 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org /clinics/king-chavez-health-center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N
D2. 主治医生名录

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**FLORES, JOE**

Provider ID: 417937  
Provider Gender: Male  
License Number: A171135  
NPI: 1033647409  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
4094 4TH AVE  
SAN DIEGO, CA 92103  
Phone: (619) 515-2545  
After Hours Phone: (619) 515-2545  
Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

**FAMILY PRACTICE**

**GLEASON ROHRER, GWEN**

Provider ID: 233532  
Provider Gender: Female  
License Number: A112176  
NPI: 1710140462  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Board Certified Specialty: No  
4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
Phone: (619) 280-2058  
After Hours Phone: (619) 280-2058  
Website: www.sdfamilycare.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**FLORES, JOE**

Provider ID: 417937  
Provider Gender: Male  
License Number: A171135  
NPI: 1033647409  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
4094 4TH AVE  
SAN DIEGO, CA 92103  
Phone: (619) 515-2545  
After Hours Phone: (619) 515-2545  
Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

**FAMILY PRACTICE**

**GLEASON ROHRER, GWEN**

Provider ID: 233597  
Provider Gender: Female  
License Number: A112176  
NPI: 1710140462  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Board Certified Specialty: No  
4290 POLK AVE  
SAN DIEGO, CA 92105  
Phone: (619) 563-0250  
After Hours Phone: (619) 563-0250  
Website: www.sdfamilycare.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**GLEASON ROHRER, GWEN**

Provider ID: 233532  
Provider Gender: Female  
License Number: A112176  
NPI: 1710140462  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Board Certified Specialty: No  
4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
Phone: (619) 280-2058  
After Hours Phone: (619) 280-2058  
Website: www.sdfamilycare.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

- **FAMILY PRACTICE**
  **GLEASON ROHRER, GWEN**
  Provider ID: 233597
  Provider Gender: Female
  License Number: AT12176
  NPI: 1710140462
  Provider English Spoken: Y
  Provider Language(s) Spoken: Spanish
  Cultural Competency: N
  Hospital Affiliation: UCSD MEDICAL CTR
  Board Certified Specialty: No
  4094 4TH AVE
  SAN DIEGO, CA 92103
  Phone: (619) 515-2545
  After Hours Phone: (619) 515-2545
  Website: www.fhcsd.org
  Email: fabianm@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M-TH 8:00AM-9:00PM
  F 8:00AM-5:00PM

- **FAMILY PRACTICE**
  **GRIFFITHS, KENNETH**
  Provider ID: 417937
  Provider Gender: Male
  License Number: C52451
  NPI: 1760563068
  Provider English Spoken: Y
  Cultural Competency: N
  Hospital Affiliation: UCSD MEDICAL CTR
  Board Certified Specialty: No
  4094 4TH AVE
  SAN DIEGO, CA 92103
  Phone: (619) 515-2545
  After Hours Phone: (619) 515-2545
  Website: www.fhcsd.org
  Email: fabianm@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M-TH 8:00AM-9:00PM
  F 8:00AM-5:00PM

- **FAMILY PRACTICE**
  **GRIFFITHS, KENNETH**
  Provider ID: 417987
  Provider Gender: Female
  License Number: 20A19345
  NPI: 1285196311
  Provider English Spoken: Y
  Provider Language(s) Spoken: Spanish
  Cultural Competency: N
  Hospital Affiliation: UCSD MEDICAL CTR
  Board Certified Specialty: No
  4874 POLK AVE
  SAN DIEGO, CA 92105
  Phone: (619) 515-2426
  After Hours Phone: (619) 515-2426
  Website: www.fhcsd.org
  Email: fabianm@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M-F 8:30AM-5:30PM

- **FAMILY PRACTICE**
  **GUTIERREZ, TANIA**
  Provider ID: 417937
  Provider Gender: Female
  License Number: C52451
  NPI: 1760563068
  Provider English Spoken: Y
  Cultural Competency: N
  Hospital Affiliation: UCSD MEDICAL CTR
  Board Certified Specialty: No
  4094 4TH AVE
  SAN DIEGO, CA 92103
  Phone: (619) 515-2545
  After Hours Phone: (619) 515-2545
  Website: www.fhcsd.org
  Email: fabianm@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M-TH 8:00AM-9:00PM
  F 8:00AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
FAMILY PRACTICE
HACHOLSKI, MARK
Provider ID: 206362
Provider Gender: Male
License Number: A169591
NPI: 1568995694
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Address: 4874 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 515-2426
After Hours Phone: (619) 515-2426
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE
HAMILTON, LISA MARIE
Provider ID: 206363
Provider Gender: Female
License Number: 20A14772
NPI: 1235576059
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Address: 3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
HAMILTON, LISA MARIE
Provider ID: 418142
Provider Gender: Female
License Number: 20A14772
NPI: 1235576059
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Address: 4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
FAMILY PRACTICE
HAMILTON, LISA MARIE
Provider ID: 418142
Provider Gender: Female
License Number: 20A14772
NPI: 1235576059
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
5160 FEDERAL BLVD
SAN DIEGO, CA 92105
Phone: (619) 515-2454
After Hours Phone: (619) 515-2454
Website: www.fhcsd.org
Email: nancyf@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE
HEINRICI, ALEKA
Provider ID: 451167
Provider Gender: Female
License Number: A125329
NPI: 1780979120
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/king-chavez-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-4:00PM

FAMILY PRACTICE
KAUFHOLD, ANNE
Provider ID: 227409
Provider Gender: Female
License Number: A88893
NPI: 1164508073
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Phone: (619) 662-4100
Fax: (619) 858-1003
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

FAMILY PRACTICE
KAUFHOLD, ANNE
Provider ID: 227409
Provider Gender: Female
License Number: A88893
NPI: 1164508073
Provider English Spoken: Y
Provider Language(s)
  Spoken: Arabic, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
KAUFMAN, JENNIFER CHILYN
Provider ID: 417987
Provider Gender: Female
License Number: G149974
NPI: 1407818768
Provider English Spoken: Y
Provider Language(s)
  Spoken: Mandarin
Cultural Competency: N
Board Certified Specialty: No
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
KEFLEZIGHI, BAHGHI
Provider ID: 206363
Provider Gender: Female
License Number: A100391
NPI: 1124210844
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, Rady Childrens Hospital San Diego
Board Certified Specialty: No
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Provider Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Provider Language(s) Spoken</th>
<th>Board Certified Specialty</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>227409</td>
<td>Male</td>
<td>A112379</td>
<td>1275793929</td>
<td>Y</td>
<td>Spanish</td>
<td>No</td>
<td>N</td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>417937</td>
<td>Female</td>
<td>A177922</td>
<td>1679137780</td>
<td>Y</td>
<td>Spanish</td>
<td>No</td>
<td>N</td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>206362</td>
<td>Female</td>
<td>A177922</td>
<td>1679137780</td>
<td>Y</td>
<td>Spanish</td>
<td>No</td>
<td>N</td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>417937</td>
<td>Female</td>
<td>A177922</td>
<td>1679137780</td>
<td>Y</td>
<td>Spanish</td>
<td>No</td>
<td>N</td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
D2. 主治医生名录

- **Provider English Spoken**: Y  
  **Provider Language(s)**: Spanish  
  **Cultural Competency**: N  
  **Board Certified Specialty**: No  
  **Address**: 4094 4TH AVE SAN DIEGO, CA 92103  
  **Phone**: (619) 515-2545  
  **After Hours Phone**: (619) 515-2545  
  **Website**: www.fhcsd.org  
  **Email**: fabianm@fhcsd.org  
  **Medi-Cal Open Panel**: Yes  
  **Min/Max Age**: 0\150  
  **Accessibility**: CONTACT PROVIDER  

**FAMILY PRACTICE**  
**LEE, SANDRINE**  
**Provider ID**: 206362  
**Provider Gender**: Female  
**License Number**: 20A15068  
**NPI**: 1073909651  

- **Provider English Spoken**: Y  
- **Provider Language(s)**: French  
- **Cultural Competency**: N  
- **Board Certified Specialty**: No  
  **Address**: 3544 30TH ST SAN DIEGO, CA 92104  
  **Phone**: (619) 515-2424  
  **After Hours Phone**: (619) 515-2424  
  **Website**: www.fhcsd.org  
  **Medi-Cal Open Panel**: Yes  
  **Min/Max Age**: 0\150  
  **American Sign Language (ASL)**: N  
  **Accessibility**: CONTACT PROVIDER

**FAMILY PRACTICE**  
**LINDEMAN, KURTIS**  
**Provider ID**: 403583  
**Provider Gender**: Male  
**License Number**: A104052  
**NPI**: 1124155791  

- **Provider English Spoken**: Y  
- **Provider Language(s)**: Spanish  
- **Cultural Competency**: N  
- **Hospital Affiliation**: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
- **Board Certified Specialty**: No  
  **Address**: 1501 IMPERIAL AVE SAN DIEGO, CA 92101  
  **Phone**: (619) 233-8500  
  **After Hours Phone**: (619) 233-8500  
  **Website**: N/A  
  **Medi-Cal Open Panel**: Yes  
  **Min/Max Age**: 0\999  
  **American Sign Language (ASL)**: N  
  **Accessibility**: CONTACT PROVIDER

**FAMILY PRACTICE**  
**LINDEMAN, KURTIS**  
**Provider ID**: 403583

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Provider Gender: Male
License Number: A104052
NPI: 1124155791
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA
JOHN SALLY THORNTON, UCSD MEDICAL CTR
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
- Phone: (619) 233-8500
- After Hours Phone: (619) 233-8500
- Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
LISH, JONATHAN
Provider ID: 206360
Provider Gender: Male
License Number: A177373
NPI: 1811459456
- Provider English Spoken: Y
- Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
LIU, JIE
Provider ID: 206362
Provider Gender: Female
License Number: A147758
NPI: 1780066472
- Provider English Spoken: Y
- Provider Language(s) Spoken: Chinese, Mandarin, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
3544 30TH ST
SAN DIEGO, CA 92104
- Phone: (619) 515-2424
- After Hours Phone: (619) 515-2424
- Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

FAMILY PRACTICE
MARSTON, JACQUELINE
Provider ID: 206046
Provider Gender: Female
License Number: 20A12402
NPI: 1417205055
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
MARSTON, JACQUELINE
Provider ID: 482070
Provider Gender: Female
License Number: 20A12402
NPI: 1417205055
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No

7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
MARSTON, JACQUELINE
Provider ID: 482070
Provider Gender: Female
License Number: 20A12402
NPI: 1417205055
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No

7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
D2. 主治医生名录

- **After Hours Phone:** (858) 279-0925
- **Website:** www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**MARSTON, JACQUELINE**

Provider ID: 206046
Provider Gender: Female
License Number: 20A12402
NPI: 1417205055

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SHARP MEMORIAL HOSPITAL
- Board Certified Specialty: No
- 6973 LINDA VISTA RD
- SAN DIEGO, CA 92111
- Phone: (858) 279-0925
- After Hours Phone: (858) 279-0925
- Website: www.sdfamilycare.org

**MATICH, BRANKO**

Provider ID: 206046
Provider Gender: Male
License Number: C174985
NPI: 1023437704

- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 6973 LINDA VISTA RD
- SAN DIEGO, CA 92111
- Phone: (858) 279-0925
- After Hours Phone: (858) 279-0925
- Website: www.sdfamilycare.org

**MEDICAL HOSPITAL**

**MATICH, BRANKO**

Provider ID: 482070
Provider Gender: Male
License Number: C174985
NPI: 1023437704

- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 7011 LINDA VISTA RD
- SAN DIEGO, CA 92111
- Phone: (858) 810-8700
- After Hours Phone: (858) 810-8700
- Website: www.sdfamilycare.org

**MEDICAL PRACTICE**

**MATICH, BRANKO**

Provider ID: 206046
Provider Gender: Male
License Number: C174985
NPI: 1023437704

- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 6973 LINDA VISTA RD
- SAN DIEGO, CA 92111
- Phone: (858) 279-0925
- After Hours Phone: (858) 279-0925
- Website: www.sdfamilycare.org

**MEDICAL PRACTICE**

**MATICH, BRANKO**

Provider ID: 206046
Provider Gender: Male
License Number: C174985
NPI: 1023437704

- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 6973 LINDA VISTA RD
- SAN DIEGO, CA 92111
- Phone: (858) 279-0925
- After Hours Phone: (858) 279-0925
- Website: www.sdfamilycare.org

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

MATICH, BRANKO
Provider ID: 482070
Provider Gender: Male
License Number: C174985
NPI: 1023437704
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

MATICH, BRANKO
Provider ID: 206046
Provider Gender: Male
License Number: C174985
NPI: 1023437704
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

MELGAR, MONICA
Provider ID: 402851
Provider Gender: Female
License Number: A154399
NPI: 1629432174
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:30AM-5:30PM
TH 9:00AM-6:00PM
F 8:30AM-5:30PM

MELGAR, MONICA
Provider ID: 227409
Provider Gender: Female
License Number: A162332
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:30AM-5:30PM
TH 9:00AM-6:00PM
F 8:30AM-5:30PM
FAMILY PRACTICE
MORALES, ALEJANDRA
Provider ID: 227409
Provider Gender: Female
License Number: A162332
NPI: 1063945657
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
NGUYEN, NGOC
Provider ID: 517998
Provider Gender: Male
License Number: A74094
NPI: 1184668105
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Vietnamese
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified Specialty: No
4690 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
NIAZI, HARRIS
Provider ID: 206360
Provider Gender: Male
License Number: A146111
NPI: 1174905871
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
NIAZI, HARRIS
Provider ID: 206360
Provider Gender: Male
License Number: A146111
NPI: 1174905871
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
NGUYEN, NGOC
Provider ID: 517998
Provider Gender: Male
License Number: A74094
NPI: 1184668105
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Vietnamese
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified Specialty: No
4690 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
NIAZI, HARRIS
Provider ID: 206360
Provider Gender: Male
License Number: A146111
NPI: 1174905871
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

- **FAMILY PRACTICE NORRIS, JEFFREY**
  - Provider ID: 403583
  - Provider Gender: Male
  - License Number: A136275
  - NPI: 1073870374
  - Phone: (619) 515-2300
  - After Hours Phone: (619) 515-2300
  - Website: www fhcsd org
  - Email: dalvarado@fhcsd org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

- **FAMILY PRACTICE NUQUI, JOSIE**
  - Provider ID: 432308
  - Provider Gender: Female
  - License Number: A71544
  - NPI: 1184773673
  - Phone: (619) 233-8500
  - After Hours Phone: (619) 233-8500
  - Website: N/A
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

- **FAMILY PRACTICE ORTIZ, KENNETH**
  - Provider ID: 517403
  - Phone: (844) 200-2426
  - After Hours Phone: (844) 200-2426
  - Website: www operationsamahan org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Provider Gender: Male
License Number: A156607
NPI: 1356761571
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
Location:
316 25TH ST
SAN DIEGO, CA 92102
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
PALOMINO, VERONICA
Provider ID: 419529
Provider Gender: Female
License Number: A121451
NPI: 1255569083
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Location:
2325 COMMERCIAL ST
SAN DIEGO, CA 92113
Phone: (619) 515-2422
After Hours Phone: (619) 515-2422
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PALOMINO, VERONICA
Provider ID: 206360
Provider Gender: Female
License Number: A121451
NPI: 1255569083
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Location:
2325 COMMERCIAL ST
SAN DIEGO, CA 92113
Phone: (619) 515-2422
After Hours Phone: (619) 515-2422
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
N
(question mark) Provider English Spoken: Y
(question mark) Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
(question mark) Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PALOMINO, VERONICA
Provider ID: 206360
Provider Gender: Female
License Number: A121451
NPI: 1255569083
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
(question mark) Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PEREZ, PERLITA
Provider ID: 206363
Provider Gender: Female
License Number: A119689
NPI: 1174810972
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
(question mark) Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PEREZ, PERLITA
Provider ID: 206363
Provider Gender: Female
License Number: A119689
NPI: 1174810972
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
(question mark) Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
POSADA, SEAN
Provider ID: 206360
Provider Gender: Male
License Number: A180171
NPI: 1295100691
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
(question mark) Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
POSADA, SEAN
Provider ID: 206360
Provider Gender: Male
License Number: A180171
NPI: 1295100691
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
(question mark) Accessibility: CONTACT PROVIDER

1327
D2. 主治医生名录

FAMILY PRACTICE
PROPST, TOBE
Provider ID: 403583
Provider Gender: Male
License Number: A82123
NPI: 1194814277
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
RAGUVEER, VISHAKA
Provider ID: 618164
Provider Gender: Female
NPI: 1740609387
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
9995 CARMEL MOUNTAIN RD STE 10-11B
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 240-6470
After Hours Phone: (844) 200-2426
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
PROPST, TOBE
Provider ID: 403583
Provider Gender: Male
License Number: A82123
NPI: 1194814277
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
RAMIREZ, CRISTHIAN
Provider ID: 206360
Provider Gender: Female
License Number: 20A17478
NPI: 1407200942
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-7:00PM
TU-TH 8:00AM-6:00PM
F 8:00AM-5:30PM
SA 8:00AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

FAMILY PRACTICE
RITTER, STEVEN
Provider ID: 451167
Provider Gender: Male
License Number: 20A7435
NPI: 1356556021
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
RODRIGUEZ, SEAN
Provider ID: 227409
Provider Gender: Male
License Number: A120576
NPI: 1780909903
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ROSADO, IVAN
Provider ID: 517403
Provider Gender: Male
License Number: A169434
NPI: 1316479603
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
SAN DIEGO, CA 92102
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ROSADO, IVAN
Provider ID: 517403
Provider Gender: Male
License Number: A169434
NPI: 1316479603
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
316 25TH ST
SAN DIEGO, CA 92102
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
SCHUMAKER, EDWARD
Provider ID: 185268
Provider Gender: Male
License Number: 20A6433
NPI: 1184616872
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
Fax: (619) 284-4731
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-2:00PM

FAMILY PRACTICE
SCOTT, LAGINA
Provider ID: 206360
Provider Gender: Female
License Number: A160489
NPI: 1558897009
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
SCOTT, LAGINA
Provider ID: 206360
Provider Gender: Female
License Number: A160489
NPI: 1558897009
Provider English Spoken: Y
Cultural Competency: N
D2. 主治医生名录

**FAMILY PRACTICE**

**SCOTT, RYLEE**
Provider ID: 402851
Provider Gender: Male
License Number: A162946
NPI: 1457887911
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**SHEIKH, ZARA**
Provider ID: 233597
Provider Gender: Female
License Number: A163512
NPI: 1952808727
Provider English Spoken: Y
Provider Language(s): Urdu
Cultural Competency: N
Board Certified Specialty: No

4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
After Hours Phone: (619) 280-2058
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**SCOTT, RYLEE**
Provider ID: 402851
Provider Gender: Male
License Number: A162946
NPI: 1457887911
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**SHEIKH, ZARA**
Provider ID: 233597
Provider Gender: Female
License Number: A163512
NPI: 1952808727
Provider English Spoken: Y
Provider Language(s): Urdu
Cultural Competency: N
Board Certified Specialty: No

3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**SHEIKH, ZARA**
Provider ID: 233597
Provider Gender: Female
License Number: A163512
NPI: 1952808727
Provider English Spoken: Y
Provider Language(s): Urdu
Cultural Competency: N
Board Certified Specialty: No

4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

FAMILY PRACTICE
SHIRAKI, JEAN
Provider ID: 417987
Provider Gender: Female
License Number: 20A17577
NPI: 1144684382
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
SHIRAKI, JEAN
Provider ID: 417987
Provider Gender: Female
License Number: 20A17577
NPI: 1144684382
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
SHIRAKI, JEAN
Provider ID: 417987
Provider Gender: Female
License Number: 20A17577
NPI: 1144684382
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
SHIRAKI, JEAN
Provider ID: 417987
Provider Gender: Female
License Number: 20A17577
NPI: 1144684382
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
SHIRAKI, JEAN
Provider ID: 417987
Provider Gender: Female
License Number: 20A17577
NPI: 1144684382
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
SHIRAKI, JEAN
Provider ID: 417987
Provider Gender: Female
License Number: 20A17577
NPI: 1144684382
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
SHIRAKI, JEAN
Provider ID: 417987
Provider Gender: Female
License Number: 20A17577
NPI: 1144684382
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
SHIRAKI, JEAN
Provider ID: 417987
Provider Gender: Female
License Number: 20A17577
NPI: 1144684382
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
SHUMILAK, KAILI
Provider ID: 418142
Provider Gender: Female
License Number: 20A12796
NPI: 1831489855
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
SHUMILAK, KAILI
Provider ID: 418142
Provider Gender: Female
License Number: 20A12796
NPI: 1831489855
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
SHUMILAK, KAILI
Provider ID: 418142
Provider Gender: Female
License Number: 20A12796
NPI: 1831489855
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
SHUMILAK, KAILI
Provider ID: 418142
Provider Gender: Female
License Number: 20A12796
NPI: 1831489855
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
SHUMILAK, KAILI
Provider ID: 418142
Provider Gender: Female
License Number: 20A12796
NPI: 1831489855
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
SHUMILAK, KAILI
Provider ID: 418142
Provider Gender: Female
License Number: 20A12796
NPI: 1831489855
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
SHUMILAK, KAILI
Provider ID: 418142
Provider Gender: Female
License Number: 20A12796
NPI: 1831489855
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
D2. 主治医生名录

- **Provider Language(s):**
  - Spoken: Spanish
  - Cultural Competency: N
- **Board Certified Specialty:** No
- **5160 FEDERAL BLVD**
  - SAN DIEGO, CA 92105
  - **Phone:** (619) 515-2454
  - **After Hours Phone:** (619) 515-2454
  - **Website:** www.fhcsd.org
  - **Email:** nancyl@fhcsd.org
  - **Medi-Cal Open Panel:** Yes
  - **Min/Max Age:** 0\150
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER

**FAMILY PRACTICE**

**SMOOT, CHARLES**

- **Provider ID:** 206360
- **Provider Gender:** Male
- **License Number:** A97036
- **NPI:** 1245490358
- **Provider English Spoken:** Y
- **Provider Language(s):**
  - Spoken: Spanish
- **Cultural Competency:** N
- **Board Certified Specialty:** No
- **1809 NATIONAL AVE**
  - SAN DIEGO, CA 92113
  - **Phone:** (619) 515-2300
  - **After Hours Phone:** (619) 515-2300
  - **Website:** www.fhcsd.org
  - **Email:** dalvarado@fhcsd.org
  - **Medi-Cal Open Panel:** Yes
  - **Min/Max Age:** 0\150
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Hours:** M-F 9:00AM-5:00PM

**SMOOT, CHARLES**

- **Provider ID:** 206360
- **Provider Gender:** Male
- **License Number:** A97036
- **NPI:** 1245490358
- **Provider English Spoken:** Y
- **Provider Language(s):**
  - Spoken: Spanish
- **Cultural Competency:** N
- **Board Certified Specialty:** No
- **1809 NATIONAL AVE**
  - SAN DIEGO, CA 92113
  - **Phone:** (619) 515-2300
  - **After Hours Phone:** (619) 515-2300
  - **Website:** www.fhcsd.org
  - **Email:** dalvarado@fhcsd.org
  - **Medi-Cal Open Panel:** Yes
  - **Min/Max Age:** 0\150
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Hours:** M-F 9:00AM-5:00PM

**FAMILY PRACTICE**

**SMOOT, CHARLES**

- **Provider ID:** 356145
- **Provider Gender:** Male
- **License Number:** A97036
- **NPI:** 1245490358
- **Provider English Spoken:** Y
- **Provider Language(s):**
  - Spoken: Spanish
- **Cultural Competency:** N
- **Board Certified Specialty:** No
- **2391 ISLAND AVE**
  - SAN DIEGO, CA 92102
  - **Phone:** (619) 515-2435
  - **After Hours Phone:** (619) 515-2435
  - **Website:** N/A
  - **Email:** dalvarado@fhcsd.org
  - **Medi-Cal Open Panel:** Yes
  - **Min/Max Age:** 0\150
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER

**FAMILY PRACTICE**

**SNYDER, CHRISTOPHER**

- **Provider ID:** 517998
- **Provider Gender:** Male
- **License Number:** 20A7502

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
NPI: 1922041235
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: PIH
- Hospital - Downey, JOHN F KENNEDY MEMORIAL HOSP, CEDARS SINAI MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, EISENHOWER MEDICAL CTR, GROSSMONT HOSPITAL
- Board Certified Specialty: No
- 4690 EL CAJON BLVD
  SAN DIEGO, CA 92115
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
  Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\120
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
SOPHY, ELIZABETH
Provider ID: 403583
- Provider Gender: Female
- License Number: A157547
- NPI: 1013441203
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
- Board Certified Specialty: No
- 1501 IMPERIAL AVE
  SAN DIEGO, CA 92101
  Phone: (619) 233-8500
  After Hours Phone: (619) 233-8500
  Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
SOPHY, ELIZABETH
Provider ID: 403583
- Provider Gender: Female
- License Number: A157547
- NPI: 1013441203
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
- Board Certified Specialty: No
- 1501 IMPERIAL AVE
  SAN DIEGO, CA 92101
  Phone: (619) 233-8500
  After Hours Phone: (619) 233-8500
  Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
SUMMERS-DAY, COURTNEY
Provider ID: 214492
- Provider Gender: Female
- License Number: A112781
- NPI: 1124288873
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: PIH
- Hospital - Downey, JOHN F KENNEDY MEMORIAL HOSP, CEDARS SINAI MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, EISENHOWER MEDICAL CTR, GROSSMONT HOSPITAL
- Board Certified Specialty: No
- 4690 EL CAJON BLVD
  SAN DIEGO, CA 92115
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
  Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\120
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

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

FAMILY PRACTICE
SUMMERS-DAY, COURTNEY
Provider ID: 214492
- Provider Gender: Female
- License Number: A112781
- NPI: 1124288873
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
D2. 主治医生名录

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
After Hours Phone: (619) 429-3733
Website: www.ibclinic.org
Email: avaldez@ibclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
SWARTZ, JOHN
Provider ID: 403583
Provider Gender: Male
License Number: G72486
NPI: 1396754131
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, LOS ANGELES COUNTY HARBOR UCLA MEDICAL CENTER
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
THAI, JUSTIN
Provider ID: 417937
Provider Gender: Male
License Number: A177462
NPI: 1093276198
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
D2. 主治医生名录

THAI, JUSTIN
Provider ID: 206360
Provider Gender: Male
License Number: A177462
NPI: 1093276198
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
THOMAS, ZACHARY
Provider ID: 417987
Provider Gender: Male
License Number: A145023
NPI: 1326453119
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
THAI, JUSTIN
Provider ID: 206360
Provider Gender: Male
License Number: A177462
NPI: 1093276198
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
THOMAS, ZACHARY
Provider ID: 417987
Provider Gender: Male
License Number: A145023
NPI: 1326453119
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

515-2400
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
TRUONG, NHA
Provider ID: 417937
Provider Gender: Female
License Number: 20A17836
NPI: 1760975833
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2400
After Hours Phone: (619) 515-2400
Website: www.fhcsd.org
Email: fabianm@fhcsd.org

FAMILY PRACTICE
TSUCHIYA, KIMIKO
Provider ID: 417782
Provider Gender: Female
License Number: 20A19610
NPI: 1629637285
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1250 6TH AVE STE 100
SAN DIEGO, CA 92101
Phone: (619) 515-2430
After Hours Phone: (619) 515-2430
Website: www.fhcsd.org
Email: jinah@fhcsd.org

FAMILY PRACTICE
VALENZUELA, TRICIA
Provider ID: 206363
Provider Gender: Female
License Number: A161373
NPI: 1346776358
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org

FAMILY PRACTICE
TSUCHIYA, KIMIKO
Provider ID: 206363
Provider Gender: Female
License Number: A161373
NPI: 1346776358
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2430
After Hours Phone: (619) 515-2430
Website: www.fhcsd.org
Email: jinah@fhcsd.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
<th>Board Certified Specialty</th>
<th>Hours</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>VILLA, MARIA</td>
<td>107710</td>
<td>Female</td>
<td>A109828</td>
<td>1861541385</td>
<td>Y</td>
<td>N</td>
<td>SCARLETT MEDICAL CTR</td>
<td>No</td>
<td>M-F 8:30AM-5:00PM</td>
<td>655 SATURN BLVD STE J, SAN DIEGO, CA 92154</td>
</tr>
<tr>
<td>WHITE, KATHERINE</td>
<td>403583</td>
<td>Female</td>
<td>A109828</td>
<td>1154554871</td>
<td>Y</td>
<td>N</td>
<td>SCARLETT MEDICAL CTR</td>
<td>No</td>
<td>M-F 8:30AM-5:00PM</td>
<td>3177 OCEAN VIEW BLVD, SAN DIEGO, CA 92113</td>
</tr>
</tbody>
</table>

*Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.*
D2. 主治医生名录

**Cultural Competency:** N  
**Hospital Affiliation:** SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL

**Board Certified Specialty:** No

- 3177 OCEAN VIEW BLVD  
  SAN DIEGO, CA 92113
- **Phone:** (619) 662-4100  
  **After Hours Phone:** (619) 662-4100
- **Website:** https://www.systealth.org/locations

**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0 \( \leq \) 150

**American Sign Language (ASL):** N

**Accessibility:** CONTACT PROVIDER

---

**FAMILY PRACTICE**  
**WU, JENNIFER**

**Provider ID:** 403583  
**Provider Gender:** Female  
**License Number:** A54702  
**NPI:** 1215953013

- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Mandarin, Spanish

**Cultural Competency:** N

**Hospital Affiliation:** UCSD MEDICAL CTR, UCSD LA JOLLA

**JOHN SALLY THORNTON**

**Board Certified Specialty:** No

- 1501 IMPERIAL AVE  
  SAN DIEGO, CA 92101
- **Phone:** (619) 233-8500  
  **After Hours Phone:** (619) 233-8500
- **Website:** N/A

**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0 \( \leq \) 999

**American Sign Language (ASL):** N

**Accessibility:** CONTACT PROVIDER

---

**FAMILY PRACTICE**  
**ZAHLER, MARVIN**

**Provider ID:** 417937  
**Provider Gender:** Male  
**License Number:** 20A11612  
**NPI:** 1134380710

- **Provider English Spoken:** Y

**Cultural Competency:** N

**Hospital Affiliation:** SCRIPPS MERCY HOSPITAL

**Board Certified Specialty:** No

- 4094 4TH AVE  
  SAN DIEGO, CA 92103
- **Phone:** (619) 515-2545  
  **After Hours Phone:** (619) 515-2545
- **Website:** www.fhcsd.org

**Email:** fabianm@fhcsd.org

**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0 \( \leq \) 150

**American Sign Language (ASL):** N

**Accessibility:** CONTACT PROVIDER
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAMILY PRACTICE</strong></td>
</tr>
<tr>
<td><strong>ZINK, IRENE</strong></td>
</tr>
<tr>
<td>Provider ID: 227409</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: C54198</td>
</tr>
<tr>
<td>NPI: 1215959549</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s): German</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Provider ID: 227409</td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
</tr>
<tr>
<td>After Hours Phone: (619) 662-4100</td>
</tr>
<tr>
<td>Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
</tbody>
</table>

| **FQHC** |
| **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC,** |
| Provider ID: 206363 |
| NPI: 1982747671 |
| Provider English Spoken: Y |
| Cultural Competency: N |
| 3177 OCEAN VIEW BLVD |
| SAN DIEGO, CA 92113 |
| Phone: (619) 662-4100 |
| After Hours Phone: (619) 662-4100 |
| Website: [https://www.syhealth.org/locations](https://www.syhealth.org/locations) |
| Medi-Cal Open Panel: Yes |
| Min/Max Age: 0\150 |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |
| Hours: M-F 8:00AM-5:00PM |

| **FQHC** |
| **DOWNTOWN FAMILY CTR AT CONNECTIONS,** |
| Provider ID: 417782 |
| NPI: 1588901045 |
| Provider English Spoken: Y |
| Cultural Competency: N |
| 4725 MARKET ST |
| SAN DIEGO, CA 92102 |
| Phone: (619) 515-2560 |
| Fax: (619) 263-2499 |
| After Hours Phone: (619) 515-2560 |
| Website: [https://www.fhcsd.org](https://www.fhcsd.org) |
| Email: nancyl@fhcsd.org |
| Medi-Cal Open Panel: Yes |
| Min/Max Age: 0\150 |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |
| Hours: M-F 8:00AM-5:00PM |

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

**FQHC DOWNTOWN FAMILY CTR AT CONNECTIONS,**
Provider ID: 417782
NPI: 1588901045
- Provider English Spoken: Y
- Cultural Competency: N
- 1250 6TH AVE STE 100
  SAN DIEGO, CA 92101
- Phone: (619) 515-2430
- Fax: (619) 578-2410
- After Hours Phone: (619) 515-2430
- Website: www.fhcsd.org
- Email: jinah@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-5:00PM

**FQHC FAMILY HEALTH CTR IBARRA,**
Provider ID: 417987
NPI: 1477953933
- Provider English Spoken: Y
- Cultural Competency: N
- 4874 POLK AVE
  SAN DIEGO, CA 92105
- Phone: (619) 515-2426
- Fax: (619) 255-8002
- After Hours Phone: (619) 515-2426
- Website: www.fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-F 8:30AM-5:30PM

**FQHC FAMILY HEALTH CTR IBARRA,**
Provider ID: 417987
NPI: 1477953933
- Provider English Spoken: Y
- Cultural Competency: N
- 4874 POLK AVE
  SAN DIEGO, CA 92105
- Phone: (619) 515-2426
- Fax: (619) 255-8002
- After Hours Phone: (619) 515-2426
- Website: www.fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-F 8:30AM-5:30PM

**FQHC FAMILY HEALTH CTR IBARRA,**
Provider ID: 417987
NPI: 1477953933
- Provider English Spoken: Y
- Cultural Competency: N
- 4874 POLK AVE
  SAN DIEGO, CA 92105
- Phone: (619) 515-2426
- Fax: (619) 255-8002
- After Hours Phone: (619) 515-2426
- Website: www.fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-5:00PM

**FQHC FAMILY HEALTH CTR OF SD-ELM ST,**
Provider ID: 419167
NPI: 1316419070
- Provider English Spoken: Y
- Cultural Competency: N
- 140 ELM ST
  SAN DIEGO, CA 92101
- Phone: (619) 515-2520
- Fax: (619) 231-0431
- After Hours Phone: (619) 515-2520
- Website: www.fhcsd.org
- Email: jinah@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-5:00PM

**FQHC FAMILY HEALTH CTR SAN DIEGO-OAK PARK,**
Provider ID: 664747
NPI: 1336525906
- Provider English Spoken: Y
- Cultural Competency: N
- 2114 NATIONAL AVE
  SAN DIEGO, CA 92113
- Phone: (619) 515-2406
- After Hours Phone: (619) 515-2406
- Website: www.fhcsd.org
- Medi-Cal Open Panel: Yes
D2. 主治医生名录

Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FQHC
FAMILY HEALTH CTR SAN DIEGO-OAK PARK,
Provider ID: 418142
NPI: 1336525906
Provider English Spoken: Y
Cultural Competency: N
5160 FEDERAL BLVD
SAN DIEGO, CA 92105
Phone: (619) 515-2454
Fax: (619) 794-2696
After Hours Phone: (619)
515-2454
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FQHC
FAMILY HEALTH CTR SAN DIEGO-OAK PARK,
Provider ID: 418142
NPI: 1336525906
Provider English Spoken: Y
Cultural Competency: N
5160 FEDERAL BLVD
SAN DIEGO, CA 92105
Phone: (619) 515-2454
Fax: (619) 794-2696
After Hours Phone: (619)
515-2454
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FQHC
FAMILY HEALTH CTR SAN DIEGO-OAK PARK,
Provider ID: 418142
NPI: 1336525906
Provider English Spoken: Y
Cultural Competency: N
5160 FEDERAL BLVD
SAN DIEGO, CA 92105
Phone: (619) 515-2454
Fax: (619) 794-2696
After Hours Phone: (619)
515-2454
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FQHC
FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL,
Provider ID: 419529
NPI: 1235521782
Provider English Spoken: Y
Cultural Competency: N
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113
Phone: (619) 515-2422
Fax: (619) 269-0053
After Hours Phone: (619)
515-2422
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

DIEGO- CITY COLLEGE,
Provider ID: 417429
NPI: 1952729303
Provider English Spoken: Y
Cultural Competency: N
1550 BROADWAY STE 2
SAN DIEGO, CA 92101
Phone: (619) 515-2525
Fax: (619) 501-5814
After Hours Phone: (619) 515-2525
Website: www.fhcsd.org
Email: janeta@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FQHC
FAMILY HLTH CTR SAN
DIEGO-BEACH AREA,
Provider ID: 402851
NPI: 1386689701
Provider English Spoken: Y
Cultural Competency: N
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
Fax: (858) 488-1394
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:30AM-5:30PM
TH 9:00AM-6:00PM
F 8:30AM-5:30PM

FQHC
FAMILY HLTH CTR SAN
DIEGO-CITY COLLEGE,
Provider ID: 417429
NPI: 1952729303
Provider English Spoken: Y
Cultural Competency: N
1550 BROADWAY STE 2
SAN DIEGO, CA 92101
Phone: (619) 515-2525
Fax: (619) 501-5814
After Hours Phone: (619) 515-2525
Website: www.fhcsd.org
Email: janeta@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FQHC
FAMILY HLTH CTR SAN
DIEGO-BEACH AREA,
Provider ID: 402851
NPI: 1386689701
Provider English Spoken: Y
Cultural Competency: N
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
Fax: (858) 488-1394
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:30AM-5:30PM
TH 9:00AM-6:00PM
F 8:30AM-5:30PM

FQHC
FAMILY HLTH CTR SD
HILLCREST,
Provider ID: 417937
NPI: 1629456900
Provider English Spoken: Y
Cultural Competency: N
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
Fax: (619) 501-9645
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-9:00PM
F 8:00AM-5:00PM

FQHC
FAMILY HLTH CTR SD
HILLCREST,
Provider ID: 417937
NPI: 1629456900
Provider English Spoken: Y
D2. 主治医生名录

Cultural Competency: N

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
Fax: (619) 501-9645
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-9:00PM F 8:00AM-5:00PM

FQHC
KING CHAVEZ HEALTH CENTER,
Provider ID: 451167
NPI: 1538262092
Provider English Spoken: Y Cultural Competency: N
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
Fax: (619) 205-1952
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/king- chavez- health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM SA 8:00AM-4:00PM

FQHC
LA MAESTRA FAMILY CLINIC INC,
Provider ID: 185268
NPI: 1336353721
Provider English Spoken: Y Cultural Competency: N
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 280-4213
Fax: (619) 795-9849
After Hours Phone: (619) 280-4213
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FQHC
LINDA VISTA HEALTH CARE CTR,
Provider ID: 206046
NPI: 1780665877
Provider English Spoken: Y Cultural Competency: N
D2. 主治医生名录

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FQHC
LINDA VISTA HEALTH CARE CTR,
Provider ID: 206046
NPI: 1609905215
Provider English Spoken: Y
Cultural Competency: N
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FQHC
LOGAN HEIGHTS FAMILY HEALTH CENTER,
Provider ID: 206360
NPI: 1447281936
Provider English Spoken: Y
Cultural Competency: N
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
Fax: (619) 234-2447
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC
LOGAN HEIGHTS FAMILY HEALTH CENTER,
Provider ID: 206360
NPI: 1447281936
Provider English Spoken: Y
Cultural Competency: N
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
Fax: (619) 234-2447
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>医疗中心</th>
<th>主治医生ID</th>
<th>NPI</th>
<th>服务语言</th>
<th>文化敏感性</th>
<th>地址</th>
<th>电话</th>
<th>传真</th>
<th>额外号码</th>
<th>网站</th>
<th>预约保险</th>
<th>年龄限制</th>
<th>美国手语（ASL）</th>
<th>访问性</th>
<th>服务时间</th>
</tr>
</thead>
<tbody>
<tr>
<td>FQHC LOGAN HEIGHTS FAMILY HEALTH CENTER</td>
<td>624977</td>
<td>1447281936</td>
<td>Y</td>
<td>N</td>
<td>2204 NATIONAL AVE SAN DIEGO, CA 92113</td>
<td>(619) 515-2355</td>
<td>(619) 232-7011</td>
<td>(619) 515-2355</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td>Yes</td>
<td>0-150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>FQHC MID-CITY COMMUNITY CLINIC</td>
<td>233597</td>
<td>1962483040</td>
<td>Y</td>
<td>N</td>
<td>4290 POLK AVE SAN DIEGO, CA 92105</td>
<td>(619) 563-0250</td>
<td>(858) 633-4681</td>
<td>(619) 563-0250</td>
<td><a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></td>
<td>Yes</td>
<td>0-150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>FQHC MID-CITY COMMUNITY CLINIC</td>
<td>233532</td>
<td>1962483040</td>
<td>Y</td>
<td>N</td>
<td>4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105</td>
<td>(619) 280-2058</td>
<td>(858) 633-4682</td>
<td>(619) 280-2058</td>
<td><a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></td>
<td>Yes</td>
<td>0-150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>FQHC MID-CITY COMMUNITY CLINIC</td>
<td>233597</td>
<td>1962483040</td>
<td>Y</td>
<td>N</td>
<td>4290 POLK AVE SAN DIEGO, CA 92105</td>
<td>(619) 563-0250</td>
<td>(858) 633-4681</td>
<td>(619) 563-0250</td>
<td><a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></td>
<td>Yes</td>
<td>0-150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
</tbody>
</table>

您的家庭医生的医疗集团可能有心理健康医生在其网络中。请参考下面的列表。您可以直接联系这些医生。请注意，某些服务可能需要心理健康医生获得Blue Shield的预先授权，以便服务能够被覆盖。

要访问心理健康医生的在线列表，请访问blueshieldca.com/fad。
D2. 主治医生名录

NECTOR COMMUNITY HEALTH CENTER,
Provider ID: 214492
NPI: 1215246996
Provider English Spoken: Y
Cultural Competency: N
1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
Fax: (619) 628-5550
After Hours Phone: (619) 429-3733
Website: www.ibclinic.org
Email: avaldez@ibclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:00PM
 TU-TH 8:30AM-8:00PM
 F 8:30AM-5:00PM

FQHC
NORTH PARK FAMILY HEALTH CENTERS,
Provider ID: 206362
NPI: 1700821303
Provider English Spoken: Y
Cultural Competency: N
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
Fax: (619) 501-0627
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM

FQHC
NORTH PARK FAMILY HEALTH CENTERS,
Provider ID: 416831
NPI: 1700821303
Provider English Spoken: Y
Cultural Competency: N
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
Fax: (619) 683-7586
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM

FQHC
D2. 主治医生名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\textbackslash 18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM

FQHC
NORTH PARK FAMILY HEALTH CENTERS,
Provider ID: 206362
NPI: 1700821303
Provider English Spoken: Y
Cultural Competency: N
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
Fax: (619) 501-0627
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\textbackslash 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC
OPERATION SAMAHAN - MIRA MESA,
Provider ID: 417101
NPI: 1871680397
Provider English Spoken: Y
Cultural Competency: N
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (858) 578-4417
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\textbackslash 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-4:30PM

FQHC
OPERATION SAMAHAN - MIRA MESA,
Provider ID: 417101
NPI: 1871680397
Provider English Spoken: Y
Cultural Competency: N
9855 ERMA RD STE 105
SAN DIEGO, CA 92131
Phone: (844) 200-2426
Fax: (858) 536-8034
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\textbackslash 150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-4:30PM

FQHC
OPERATION SAMAHAN - RANCHO PENASQUITOS,
Provider ID: 418535
NPI: 1861933897
Provider English Spoken: Y
Cultural Competency: N
1349
D2. 主治医生名录

NPI: 1699216622
Provider English Spoken: Y
Cultural Competency: N
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 695-9074
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:30AM-5:30PM
W 10:00AM-7:00PM
TH-F 8:30AM-5:30PM

FQHC
SAN DIEGO AMERICAN INDIAN HEALTH CENTER,
Provider ID: 207382
NPI: 1003902917
Provider English Spoken: Y
Cultural Competency: N
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
Fax: (619) 234-0206
After Hours Phone: (619) 234-2158
Website: WWW.SDAIHC.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Indian Health Services: Y

FQHC
SAN DIEGO FAMILY CARE,
Provider ID: 482070
NPI: 1457724858
Provider English Spoken: Y
Cultural Competency: N
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FQHC
SAN DIEGO AMERICAN INDIAN HEALTH CENTER,
Provider ID: 207382
NPI: 1003902917
Provider English Spoken: Y
Cultural Competency: N
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
Fax: (619) 234-0206
After Hours Phone: (619) 234-2158
Website: WWW.SDAIHC.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Indian Health Services: Y

FQHC
SAN DIEGO FAMILY CARE,
Provider ID: 482070
NPI: 1457724858
Provider English Spoken: Y
Cultural Competency: N
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Indian Health Services: Y

FQHC
SAN DIEGO FAMILY CARE,
Provider ID: 482070
NPI: 1457724858
Provider English Spoken: Y
Cultural Competency: N
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Indian Health Services: Y

FQHC
SAN DIEGO FAMILY CARE,
Provider ID: 482070
NPI: 1457724858
Provider English Spoken: Y
Cultural Competency: N
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Indian Health Services: Y

FQHC
SAN DIEGO FAMILY CARE,
Provider ID: 482070
NPI: 1457724858
Provider English Spoken: Y
Cultural Competency: N
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Indian Health Services: Y

FQHC
SAN DIEGO FAMILY CARE,
Provider ID: 482070
NPI: 1457724858
Provider English Spoken: Y
Cultural Competency: N
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Indian Health Services: Y

FQHC
SAN DIEGO FAMILY CARE,
Provider ID: 482070
NPI: 1457724858
Provider English Spoken: Y
Cultural Competency: N
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Indian Health Services: Y

FQHC
SAN DIEGO FAMILY CARE,
Provider ID: 482070
NPI: 1457724858
Provider English Spoken: Y
Cultural Competency: N
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Indian Health Services: Y
NPI: 1457724858
- Provider English Spoken: Y
- Cultural Competency: N
- 7011 LINDA VISTA RD
  SAN DIEGO, CA 92111
- Phone: (858) 810-8700
- Fax: (858) 633-4680
- After Hours Phone: (858) 810-8700
- Website: www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

**FQHC**
SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,
Provider ID: 517403
NPI: 1598308926
- Provider English Spoken: Y
- Cultural Competency: N
- 316 25TH ST
  SAN DIEGO, CA 92102
- Phone: (619) 238-5551
- Fax: (619) 238-3807
- After Hours Phone: (619) 238-5551
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\120
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

**FQHC**
SAN YSIDRO HEALTH CHC - OCEAN VIEW,
Provider ID: 227409
NPI: 1326225632
- Provider English Spoken: Y
- Cultural Competency: N
- 3177 OCEAN VIEW BLVD
  SAN DIEGO, CA 92113
- Phone: (619) 662-4100
- Fax: (619) 595-0258
- After Hours Phone: (619) 662-4100
- Website: https://www.syhealth.org/locations
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

**FQHC**
SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,
Provider ID: 517998
NPI: 1205477841
- Provider English Spoken: Y
- Cultural Competency: N
- 4690 EL CAJON BLVD
  SAN DIEGO, CA 92115
- Phone: (619) 662-4100
- Fax: (619) 824-9076
- After Hours Phone: (619) 662-4100

---

D2. 主治医生名录

NPI: 1457724858
- Provider English Spoken: Y
- Cultural Competency: N
- 7011 LINDA VISTA RD
  SAN DIEGO, CA 92111
- Phone: (858) 810-8700
- Fax: (858) 633-4680
- After Hours Phone: (858) 810-8700
- Website: www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

**FQHC**
SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,
Provider ID: 517403
NPI: 1598308926
- Provider English Spoken: Y
- Cultural Competency: N
- 316 25TH ST
  SAN DIEGO, CA 92102
- Phone: (619) 238-5551
- Fax: (619) 238-3807
- After Hours Phone: (619) 238-5551
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\120
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

**FQHC**
SAN YSIDRO HEALTH CHC - OCEAN VIEW,
Provider ID: 227409
NPI: 1326225632
- Provider English Spoken: Y
- Cultural Competency: N
- 3177 OCEAN VIEW BLVD
  SAN DIEGO, CA 92113
- Phone: (619) 662-4100
- Fax: (619) 595-0258
- After Hours Phone: (619) 662-4100
- Website: https://www.syhealth.org/locations
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

**FQHC**
SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,
Provider ID: 517998
NPI: 1205477841
- Provider English Spoken: Y
- Cultural Competency: N
- 4690 EL CAJON BLVD
  SAN DIEGO, CA 92115
- Phone: (619) 662-4100
- Fax: (619) 824-9076
- After Hours Phone: (619) 662-4100
D2. 主治医生名录

Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/120  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

FQHC  
SAN YSIDRO HEALTH  
COMMUNITY HEIGHTS FAMILY MED,  
Provider ID: 517998  
NPI: 1205477841  
Provider English Spoken: Y  
Cultural Competency: N  
4690 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Phone: (619) 662-4100  
Fax: (619) 824-9076  
After Hours Phone: (619) 662-4100  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/120  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

FQHC  
SHERMAN HEIGHTS FAMILY HLTH CTRS INC,  
Provider ID: 356145  
NPI: 1174549232  
Provider English Spoken: Y  
Cultural Competency: N  
2391 ISLAND AVE  
SAN DIEGO, CA 92102  
Phone: (619) 515-2435  
Fax: (619) 515-2435  
After Hours Phone: (619) 515-2435  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

FQHC  
ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER,  
Provider ID: 403583  
NPI: 1598122871  
Provider English Spoken: Y  
Cultural Competency: N  
1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
Phone: (619) 233-8500  
Fax: (619) 687-1067  
After Hours Phone: (619) 233-8500  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM

GASTROENTEROLOGY  
FRENETTE, CATHERINE  
Provider ID: 417937  
Provider Gender: Female
D2. 主治医生名录

License Number: A80461
NPI: 1417935081
☐ Provider English Spoken: Y
☐ Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, CALIFORNIA
PACIFIC MED CTR
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
☒ Phone: (619) 515-2545
☒ After Hours Phone: (619) 515-2545
☒ Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-9:00PM
F 8:00AM-5:00PM

GASTROENTEROLOGY
HAI, FAIZI
Provider ID: 417937
Provider Gender: Male
License Number: A159324
NPI: 1639523228
☐ Provider English Spoken: Y
☐ Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
☒ Phone: (619) 515-2545
☒ After Hours Phone: (619) 515-2545
☒ Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-9:00PM
F 8:00AM-5:00PM

GASTROENTEROLOGY
FRENETTE, CATHERINE
Provider ID: 417937
Provider Gender: Female
License Number: A80461
NPI: 1417935081
☐ Provider English Spoken: Y
☐ Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, CALIFORNIA
GASTROENTEROLOGY
BELLO, OSAGIE
Provider ID: 417101
Provider Gender: Male
License Number: A115182
NPI: 1164726378
☐ Provider English Spoken: Y
☐ Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY
D2. 主治医生名录

HOSPITAL, SCRIPPS GREEN HOSPITAL
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-4:30PM

GENERAL PRACTICE
BELLO, OSAGIE
Provider ID: 417101
Provider Gender: Male
License Number: A115182
NPI: 1164726378
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS GREEN HOSPITAL
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426

DOAN STEPHENS, CRYSTAL
Provider ID: 233532
Provider Gender: Female
License Number: A152267
NPI: 1730570144
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-4:30PM

GENERAL PRACTICE
BORRERO, MARCOS
Provider ID: 100677
Provider Gender: Male
NPI: 1952312621
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
3490 PALM AVE
SAN DIEGO, CA 92154
Phone: (619) 423-5616
Fax: (619) 423-5684
After Hours Phone: (619) 423-5616
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-22
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

GENERAL PRACTICE
DOAN STEPHENS, CRYSTAL
Provider ID: 233532
Provider Gender: Female
License Number: A152267
NPI: 1730570144
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
After Hours Phone: (619) 280-2058
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-22
D2. 主治医生名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

GENERAL PRACTICE
RECALDE, FRANCISCO
Provider ID: 13850
Provider Gender: Male
NPI: 1538309067
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
3811 EL CAJON BLVD
SAN DIEGO, CA 92105
Phone: (619) 284-5622
Fax: (619) 283-2572
After Hours Phone: (619) 507-3050
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:00PM

HEPATOLOGY
GISH, ROBERT
Provider ID: 185268
Provider Gender: Male
License Number: G45632
NPI: 1548281322
Provider English Spoken: Y
Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese
Cultural Competency: N
Hospital Affiliation: LOMA LINDA UNIVERSITY COMM MED CTR
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
ALASSIL, SALLY
Provider ID: 419529
| Provider Gender: Female | Provider Gender: Female |
| License Number: A122238 | License Number: A122238 |
| NPI: 1982044483 | NPI: 1982044483 |

**Provider Information**

**Provider English Spoken:** Y
**Provider Language(s) Spoken:** Arabic

**Cultural Competency:** N
**Board Certified Specialty:** No

**INTERNAL MEDICINE**

**ALASSIL, SALLY**

**Provider ID:** 206360
**Provider Gender:** Female
**License Number:** A122238
**NPI:** 1982044483

**Medi-Cal Open Panel:** Yes
**Min/Max Age:** 0-150

**American Sign Language (ASL):** N

**Accessibility:** CONTACT PROVIDER

**INTERNAL MEDICINE**

**ALDOUS, JEANNETTE**

**Provider ID:** 451167
**Provider Gender:** Female
**License Number:** A101017
**NPI:** 1073650339

**Provider English Spoken:** Y
**Provider Language(s) Spoken:** Spanish

**Hospital Affiliation:** UCSD MEDICAL CTR

**Board Certified Specialty:** No

**Cultural Competency:** N

**INTERNAL MEDICINE**

**ALASSIL, SALLY**

**Provider ID:** 206360
**Provider Gender:** Female
**License Number:** A122238
**NPI:** 1982044483

**Medi-Cal Open Panel:** Yes
**Min/Max Age:** 0-150

**American Sign Language (ASL):** N

**Accessibility:** CONTACT PROVIDER
## D2. 医生名录

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INTERNAL MEDICINE</th>
<th>ALDOUS, JEANNETTE</th>
<th>Provider ID: 451167</th>
<th>Provider Gender: Female</th>
<th>License Number: A101017</th>
<th>NPI: 1073650339</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
<td>Provider Language(s): Spanish</td>
<td>Cultural Competency: N</td>
<td>Hospital Affiliation: UCSD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>950 S EUCLID AVE</td>
<td>SAN DIEGO, CA 92114</td>
<td>Phone: (619) 448-1732</td>
<td>After Hours Phone: (619) 448-1732</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Website: N/A</td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\150</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INTERNAL MEDICINE</th>
<th>ANDREWS, JOHN</th>
<th>Provider ID: 403583</th>
<th>Provider Gender: Male</th>
<th>License Number: G71080</th>
<th>NPI: 1003164302</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
<td>Provider Language(s): Spanish</td>
<td>Cultural Competency: N</td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1501 IMPERIAL AVE</td>
<td>SAN DIEGO, CA 92101</td>
<td>Phone: (619) 233-8500</td>
<td>After Hours Phone: (619) 233-8500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Website: N/A</td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\999</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INTERNAL MEDICINE</th>
<th>BOHR, CHRISTINA</th>
<th>Provider ID: 417937</th>
<th>Provider Gender: Female</th>
<th>License Number: 20A17702</th>
<th>NPI: 1841794344</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4094 4TH AVE</td>
<td>SAN DIEGO, CA 92103</td>
<td>Phone: (619) 515-2545</td>
<td>After Hours Phone: (619) 515-2545</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td>Email: <a href="mailto:fabianm@fhcsd.org">fabianm@fhcsd.org</a></td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.*
D2. 主治医生名录

INTERNAL MEDICINE
BRIONES COLMAN, FELICIA
Provider ID: 417937
Provider Gender: Female
License Number: A80153
NPI: 1962517367
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- Provider ID: 417937
- Provider Gender: Male
- License Number: 20A20352
- NPI: 1104480912
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No

INTERNAL MEDICINE
CHAN, ANDY
Provider ID: 417937
Provider Gender: Male
License Number: 20A20352
NPI: 1104480912
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- Provider ID: 417937
Provider Gender: Male
License Number: 20A20352
NPI: 1104480912
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No

INTERNAL MEDICINE
CSAPOCZI, PETER
Provider ID: 417937
Provider Gender: Male
License Number: 20A20352
NPI: 1104480912
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Website: www.syhealth.org /clinics/king- chavez- health center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-4:00PM

INTERNAL MEDICINE
CSAPOCZI, PETER
Provider ID: 451167
Provider Gender: Male
License Number: A96919
NPI: 1841357118
Provider English Spoken: Y
Provider Language(s) Spoken: Hungarian, Spanish, Ukrainian
Cultural Competency: N
Board Certified Specialty: No
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/king- chavez- health center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CURTIS, MEGAN
Provider ID: 206360
Provider Gender: Female
License Number: A187390
NPI: 1699138115
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.syhealth.org /clinics/king- chavez- health center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

DAHMS, ERIC
Provider ID: 417937
Provider Gender: Male
License Number: G80316
NPI: 1306808464
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.syhealth.org /clinics/king- chavez- health center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
CURTIS, MEGAN
Provider ID: 206360
Provider Gender: Female
License Number: A187390
NPI: 1699138115
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.syhealth.org /clinics/king- chavez- health center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
DAHMS, ERIC
Provider ID: 417937
Provider Gender: Male
License Number: G80316
NPI: 1306808464
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.syhealth.org /clinics/king- chavez- health center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
CURTIS, MEGAN
Provider ID: 206360
Provider Gender: Female
License Number: A187390
NPI: 1699138115
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.syhealth.org /clinics/king- chavez- health center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
DAHMS, ERIC
Provider ID: 417937
Provider Gender: Male
License Number: G80316
NPI: 1306808464
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.syhealth.org /clinics/king- chavez- health center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
DIEP, KEVIN
Provider ID: 417937
Provider Gender: Male
License Number: 20A17657
NPI: 1083117865
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-9:00PM
F 8:00AM-5:00PM

INTERNAL MEDICINE
DIXIT, SHUBHAM
Provider ID: 417937
Provider Gender: Male
License Number: 20A21421
NPI: 1932785367
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Board Certified Specialty: No

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-9:00PM
F 8:00AM-5:00PM

INTERNAL MEDICINE
DOMINGUEZ, FERNANDO
Provider ID: 417937
Provider Gender: Male
D2. 医生名录

<table>
<thead>
<tr>
<th>License Number: A154708</th>
<th>Min/Max Age: 0\150</th>
<th>American Sign Language (ASL): N</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPI: 1972917672</td>
<td></td>
<td>Provider Language(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Language(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Language(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Language(s)</td>
</tr>
</tbody>
</table>

**INTERNAL MEDICINE**

**DOMINGUEZ, FERNANDO**

<table>
<thead>
<tr>
<th>Provider ID: 417937</th>
<th>Min/Max Age: 0\150</th>
<th>American Sign Language (ASL): N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Gender: Male</td>
<td></td>
<td>Provider Language(s)</td>
</tr>
<tr>
<td>License Number: A154708</td>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>NPI: 1972917672</td>
<td></td>
<td>Provider Language(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Language(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Language(s)</td>
</tr>
</tbody>
</table>

**FABELLA, GABRIEL**

<table>
<thead>
<tr>
<th>Provider ID: 9774</th>
<th>Min/Max Age: 18\999</th>
<th>American Sign Language (ASL): N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Gender: Male</td>
<td></td>
<td>Provider Language(s)</td>
</tr>
<tr>
<td>NPI: 1124060827</td>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Language(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Language(s)</td>
</tr>
</tbody>
</table>

**FARASAT, SADAF**

<table>
<thead>
<tr>
<th>Provider ID: 206360</th>
<th>Min/Max Age: 0\150</th>
<th>American Sign Language (ASL): Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Gender: Female</td>
<td></td>
<td>Provider Language(s)</td>
</tr>
<tr>
<td>License Number: A147939</td>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>NPI: 1255696407</td>
<td></td>
<td>Provider Language(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Language(s)</td>
</tr>
</tbody>
</table>

**INTERNAL MEDICINE**

**FARASAT, SADAF**

<table>
<thead>
<tr>
<th>Provider ID: 206360</th>
<th>Min/Max Age: 0\150</th>
<th>American Sign Language (ASL): Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Gender: Female</td>
<td></td>
<td>Provider Language(s)</td>
</tr>
<tr>
<td>License Number: A147939</td>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>NPI: 1255696407</td>
<td></td>
<td>Provider Language(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Language(s)</td>
</tr>
</tbody>
</table>

**HOSPITAL AFFILIATION**

- **SCRIPPS MEMORIAL HOSPITAL, UCSD**
- **LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CENTER**
- **PAVON MEDICAL CENTER**
- **NATIVIDAD MEDICAL CENTER**

**Hours**

- **M-TH 8:00AM-9:00PM**
- **F 8:00AM-5:00PM**

**EMAIL**

- fabianm@fhcsd.org
- dalvarado@fhcsd.org
D2. 主治医生名录

CTR, NATIVIDAD MEDICAL CENTER, PALOMAR MEDICAL CENTER
Board Certified Specialty: No

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
GERWER, JOHANNA
Provider ID: 206360
Provider Gender: Female
License Number: A169752
NPI: 1043742588
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
GUTIERREZ, ANGELICA
Provider ID: 233597
Provider Gender: Female
License Number: A175116
NPI: 1982180329
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
HAZELBAKER, PAUL
Provider ID: 417782
Provider Gender: Male
License Number: 20A7147
NPI: 1831106103
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

1250 6TH AVE STE 100
SAN DIEGO, CA 92101
D2. 主治医生名录

- **Hazelbaker, Paul**
  - Provider ID: 417782
  - Provider Gender: Male
  - License Number: 20A7147
  - NPI: 183106103
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Board Certified Specialty: No
  - Address: 1250 6TH AVE STE 100
  - SAN DIEGO, CA 92101
  - Phone: (619) 515-2430
  - After Hours Phone: (619) 515-2430
  - Website: www.fhcsd.org
  - Email: jinah@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:00AM-5:00PM

- **Henderson, Philip**
  - Provider ID: 417937
  - Provider Gender: Male
  - License Number: A140324
  - NPI: 1447678834
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Board Certified Specialty: No
  - Address: 4094 4TH AVE
  - SAN DIEGO, CA 92103
  - Phone: (619) 515-2545
  - After Hours Phone: (619) 515-2545
  - Website: www.fhcsd.org
  - Email: fabianm@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-TH 8:00AM-9:00PM
  - F 8:00AM-5:00PM

- **Jamison, Karen**
  - Provider ID: 417937
  - Provider Gender: Female
  - License Number: A95356
  - NPI: 1285830505
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: SCRIPPS MERCY HOSPITAL
  - Board Certified Specialty: No
  - Address: 4094 4TH AVE
  - SAN DIEGO, CA 92103
  - Phone: (619) 515-2545
  - Fax: (619) 501-9645
  - After Hours Phone: (619) 515-2545
  - Website: www.fhcsd.org
  - Email: fabianm@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-TH 8:00AM-9:00PM
  - F 8:00AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
Hospital A

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
Fax: (619) 501-9645
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-9:00PM
F 8:00AM-5:00PM

INTERNAL MEDICINE
JEONG, MATTHEW
Provider ID: 417782
Provider Gender: Male
License Number: A190535
NPI: 1558982512
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1250 6TH AVE STE 100
SAN DIEGO, CA 92101
Phone: (619) 515-2430
After Hours Phone: (619) 515-2430
Website: www.fhcsd.org
Email: jinah@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

INTERNAL MEDICINE
KRIJGER, LISA
Provider ID: 403583
Provider Gender: Female
License Number: A67762
NPI: 1932278710
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

INTERNAL MEDICINE
LALITHAKUMARI, ARYA
Provider ID: 206362
Provider Gender: Female
License Number: A140646
NPI: 1265874010
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

INTERNAL MEDICINE
LALITHAKUMARI, ARYA
Provider ID: 206362
Provider Gender: Female
License Number: A140646
NPI: 1265874010
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

Hospital Affiliation: Hemet
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>American Sign Language (ASL):</th>
<th>Hospital Affiliation:</th>
<th>Board Certified Specialty:</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Medi-Cal Open Panel:</th>
<th>Min/Max Age:</th>
<th>Cultural Competency:</th>
<th>Accessibility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAMANTIA, MICHELE</td>
<td>451167</td>
<td>Female</td>
<td>G71855</td>
<td>1124176102</td>
<td>Yes</td>
<td>0-150</td>
<td>N</td>
<td>Internal Medicine</td>
<td>(619) 662-4100</td>
<td>(619) 662-4100</td>
<td><a href="http://www.syhealth.org/clinics/king-chavez-health-center">www.syhealth.org/clinics/king-chavez-health-center</a></td>
<td>950 S EUCLID AVE</td>
<td>SAN DIEGO, CA 92114</td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>LAMANTIA, MICHELE</td>
<td>451167</td>
<td>Female</td>
<td>G71855</td>
<td>1124176102</td>
<td>Yes</td>
<td>0-150</td>
<td>N</td>
<td>Internal Medicine</td>
<td>(619) 662-4100</td>
<td>(619) 662-4100</td>
<td><a href="http://www.syhealth.org/clinics/king-chavez-health-center">www.syhealth.org/clinics/king-chavez-health-center</a></td>
<td>950 S EUCLID AVE</td>
<td>SAN DIEGO, CA 92114</td>
<td>Internal Medicine</td>
</tr>
</tbody>
</table>
D2. 主治医生名录

- Provider English Spoken: Y  
  Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS GREEN HOSPITAL
- Board Certified Specialty: No

- Provider ID: 206362  
  Provider Gender: Female
  License Number: 20A20252
  NPI: 1518524586
  Provider English Spoken: Y  
  Provider Language(s) Spoken: Vietnamese
  Cultural Competency: N
- Board Certified Specialty: No

- Provider ID: 206360  
  Provider Gender: Male
  License Number: 20A17072
  NPI: 1326579210
  Provider English Spoken: Y  
  Cultural Competency: N
- Board Certified Specialty: No

- Provider ID: 482070  
  Provider Gender: Male
  License Number: A119010
  NPI: 1609095264
  Provider English Spoken: Y  
  Provider Language(s) Spoken: Spanish
  Cultural Competency: N
- Board Certified Specialty: No
D2. 主治医生名录

7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
NARANJO, RODRIGO
Provider ID: 206046
Provider Gender: Male
License Number: A119010
NPI: 1609095264
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
NARANJO, RODRIGO
Provider ID: 206046
Provider Gender: Male
License Number: A119010
NPI: 1609095264
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
NARANJO, RODRIGO
Provider ID: 482070
Provider Gender: Male
License Number: A119010
NPI: 1609095264
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

1367
D2. 主治医生名录

SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
NARAYANAN, MEENA
Provider ID: 206363
Provider Gender: Female
License Number: A113448
NPI: 1508170697
Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, Adventist Health and Rideout Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
PARIKH, MILIND
Provider ID: 206363
Provider Gender: Male
License Number: 20A13745
NPI: 1194161406
Provider English Spoken: Y
Provider Language(s)
Spoken: Gujarati, Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital, Adventist Health and Rideout Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
PARIKH, MILIND
Provider ID: 206363
Provider Gender: Male
License Number: 20A13745
NPI: 1194161406
Provider English Spoken: Y
Provider Language(s)
Spoken: Gujarati, Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital, Adventist Health and Rideout Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

1368
D2. 主治医生名录

INTERNAL MEDICINE
RAMERS, CHRISTIAN
Provider ID: 417937
Provider Gender: Male
License Number: A119631
NPI: 1730381385
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
ROUEL, WADI
Provider ID: 185268
Provider Gender: Male
License Number: C55979
NPI: 1740254713
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Spanish, Syriac
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
RAMERS, CHRISTIAN
Provider ID: 417937
Provider Gender: Male
License Number: A119631
NPI: 1730381385
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
**SA 8:00AM-2:00PM**

**INTERNAL MEDICINE**

**SASSIC, JESSICA**
- Provider ID: 417937
- Provider Gender: Female
- License Number: A185024
- NPI: 1598342529
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 4094 4TH AVE
- SAN DIEGO, CA 92103
- Phone: (619) 515-2545
- After Hours Phone: (619) 515-2545
- Website: www fhcsd org
- Email: fabianm fhcsd org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0 \( \leq \) 150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-TH 8:00AM-9:00PM
  F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**SHI, RUJING**
- Provider ID: 417937
- Provider Gender: Female
- License Number: A185024
- NPI: 1598342529
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 4094 4TH AVE
- SAN DIEGO, CA 92103
- Phone: (619) 515-2545
- After Hours Phone: (619) 515-2545
- Website: www fhcsd org
- Email: fabianm fhcsd org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0 \( \leq \) 150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-TH 8:00AM-9:00PM
  F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**SASSIC, JESSICA**
- Provider ID: 417937
- Provider Gender: Female
- License Number: A185024
- NPI: 1598342529
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 4094 4TH AVE
- SAN DIEGO, CA 92103
- Phone: (619) 515-2545
- After Hours Phone: (619) 515-2545
- Website: www fhcsd org
- Email: fabianm fhcsd org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0 \( \leq \) 150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-TH 8:00AM-9:00PM
  F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**SMILDE, RENEE**
- Provider ID: 417937
- Provider Gender: Female
- License Number: A185024
- NPI: 1598342529
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 4094 4TH AVE
- SAN DIEGO, CA 92103
- Phone: (619) 515-2545
- After Hours Phone: (619) 515-2545
- Website: www fhcsd org
- Email: fabianm fhcsd org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0 \( \leq \) 150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-TH 8:00AM-9:00PM
  F 8:00AM-5:00PM
D2. 主治医生名录

INTERNAL MEDICINE
SMILDE, RENEE
Provider ID: 417937
Provider Gender: Female
License Number: A70175
NPI: 1427010594
Provider English Spoken: Y
Provider Language(s) Spoken: Dutch
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
URIBE-BRUC, LILIANA
Provider ID: 206360
Provider Gender: Female
License Number: C55724
NPI: 1689010324
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
VALDEZ, KRYSTAL
Provider ID: 417101
Provider Gender: Female
License Number: A156854
NPI: 1629480272
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: TWIN CITIES COMMUNITY HOSPITAL, SIERRA VISTA REGIONAL MED CTR, PARADISE VALLEY HOSPITAL
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

**PROVIDER**
**Hours:** M-F 8:00AM-4:30PM

**INTERNAL MEDICINE**
**VALDEZ, KRISTAL**
Provider ID: 417101
Provider Gender: Female
License Number: A156854
NPI: 1629480272

- Provider English Spoken: Y
- Provider Language(s):
  - Spoken: Spanish, Tagalog
- Cultural Competency: N
- Hospital Affiliation: TWIN CITIES COMMUNITY HOSPITAL, SIERRA VISTA REGIONAL MED CTR, PARADISE VALLEY HOSPITAL
- Board Certified Specialty: No
- 10737 CAMINO RUIZ STE 235
  - SAN DIEGO, CA 92126
  - Phone: (844) 200-2426
  - After Hours Phone: (844) 200-2426
  - Website: www.operationsamahan.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**
**VIDAURRAGAZA, MONICA**
Provider ID: 417937
Provider Gender: Female
License Number: A169207
NPI: 1346628310

- Provider English Spoken: Y
- Provider Language(s):
  - Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 4094 4TH AVE
  - SAN DIEGO, CA 92103
  - Phone: (619) 515-2545
  - After Hours Phone: (619) 515-2545
  - Website: www.fhcsd.org
  - Email: fabianm@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**
**WASTILA, LISA**
Provider ID: 403583
Provider Gender: Female
License Number: A60801
NPI: 1043375231

- Provider English Spoken: Y
- Provider Language(s):
  - Spoken: German
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
- JOHN SALLY THORNTON
  - Board Certified Specialty: No
  - 1501 IMPERIAL AVE
    - SAN DIEGO, CA 92101
    - Phone: (619) 233-8500
    - After Hours Phone: (619) 233-8500
    - Website: N/A
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**
**WASTILA, LISA**
Provider ID: 403583
Provider Gender: Female
License Number: A60801
NPI: 1043375231

- Provider English Spoken: Y
- Provider Language(s):
  - Spoken: German
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA

---

"Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad."
JOHN SALLY THORNTON
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNATIONAL MEDICINE
WATTANAMANO, PORNTHEP
Provider ID: 206046
Provider Gender: Male
License Number: C186338
NPI: 1295738516
Provider English Spoken: Y
Provider Language(s) Spoken: Thai
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare .org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

INTERNATIONAL MEDICINE
WATTANAMANO, PORNTHEP
Provider ID: 206046
Provider Gender: Male
License Number: C186338
NPI: 1295738516
Provider English Spoken: Y
Provider Language(s) Spoken: Thai
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare .org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

INTERNATIONAL MEDICINE
WATTS, ELI
Provider ID: 451167
Provider Gender: Male
License Number: A79383
NPI: 1649373739
D2. 主治医生名录

- Provider English Spoken: Y
  Cultural Competency: N
  Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
  Board Certified Specialty: No
  950 S EUCLID AVE
  SAN DIEGO, CA 92114
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
  Website: www.syhealth.org /clinics/king-chavez-health-center
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

**INTERVENTIONAL CARDIOLOGY**

MOUSSAVIAN, MEHRAN
Provider ID: 206363
Provider Gender: Male
License Number: 20A7241
NPI: 1689788234
- Provider English Spoken: Y
- Provider Language(s) Spoken: Farsi
- Cultural Competency: N
- Hospital Affiliation: SHARP CHULA VISTA MED CTR, TRICITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL
- 4725 MARKET ST
  SAN DIEGO, CA 92102
  Phone: (619) 263-2499
  After Hours Phone: (619) 263-2499
  Website: www.fhcsd.org
  Email: nancyl@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M-F 8:30AM-5:30PM

**INTERNAL MEDICINE**

WATTS, ELI
Provider ID: 451167
Provider Gender: Male
License Number: A79383
NPI: 1649373739
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
  Board Certified Specialty: No
  950 S EUCLID AVE
  SAN DIEGO, CA 92114
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
  Website: www.syhealth.org /clinics/king-chavez-health-center
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

**INTERVENTIONAL CARDIOLOGY**

MOUSSAVIAN, MEHRAN
Provider ID: 206363
Provider Gender: Male
License Number: 20A7241
NPI: 1689788234
- Provider English Spoken: Y
- Provider Language(s) Spoken: Farsi
- Cultural Competency: N
- Hospital Affiliation: SHARP CHULA VISTA MED CTR, TRICITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL
- 4725 MARKET ST
  SAN DIEGO, CA 92102
  Phone: (619) 263-2499
  After Hours Phone: (619) 263-2499
  Website: www.fhcsd.org
  Email: nancyl@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M-F 8:30AM-5:30PM
INTERVENTIONAL CARDIOLOGY
SHETABI, KAMBIZ
Provider ID: 206363
Provider Gender: Male
License Number: A126187
NPI: 1972827806
(provider information)

CHULA VISTA MED CTR, Sharp Grossmont Hospital
Board Certified Specialty: No

4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

NEUROLOGY
CANTU-REYNA, GUILLERMO
Provider ID: 185268
Provider Gender: Male
License Number: A41375
NPI: 1447389101
(provider information)

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
AL-MSHHDANI, AYSER
Provider ID: 185268
Provider Gender: Female
License Number: A172929
NPI: 1679008569
(provider information)

1375
D2. 主治医生名录

MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, Sharp Grossmont Hospital, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 280-4213
After Hours Phone: (619) 280-4213
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
ALIMONOS, LYSISTRATI
Provider ID: 416831
Provider Gender: Female
License Number: 20A14919
NPI: 1619397031
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
ALIMONOS, LYSISTRATI
Provider ID: 206362
Provider Gender: Female
License Number: 20A14919
NPI: 1619397031
Provider English Spoken: Y
Provider Language(s)
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
ALIMONOS, LYSISTRATI
Provider ID: 206362
Provider Gender: Female
License Number: 20A14919
NPI: 1619397031
Provider English Spoken: Y
Provider Language(s)
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
D2. 主治医生名录

SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:30AM-5:30PM
F 8:30AM-5:00PM

OBSTETRICS / GYNECOLOGY
ALIMONOS, LYSISTRATI
Provider ID: 402851
Provider Gender: Female
License Number: 20A14919
NPI: 1619397031
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:30AM-5:00PM

OBSTETRICS / GYNECOLOGY
ALIMONOS, LYSISTRATI
Provider ID: 206363
Provider Gender: Female
License Number: 20A14919
NPI: 1619397031
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
ALIMONOS, LYSISTRATI
Provider ID: 206363
Provider Gender: Female
License Number: 20A14919
NPI: 1619397031
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
ALIMONOS, LYSISTRATI
Provider ID: 206360
Provider Gender: Female
License Number: 20A14919
NPI: 1619397031
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyj@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
ALIMONOS, LYSISTRATI
Provider ID: 206046
Provider Gender: Male
License Number: G44807
NPI: 1497738439
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-9:00PM
W-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

OBSTETRICS / GYNECOLOGY
BLAKE, GARY
Provider ID: 206046
Provider Gender: Male
License Number: G44807
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

NPI: 1497738439
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 6973 LINDA VISTA RD
  SAN DIEGO, CA 92111
- Phone: (858) 279-0925
- After Hours Phone: (858) 279-0925
- Website: www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M 8:30AM-5:30PM
  TU 8:30AM-9:00PM
  W-F 8:30AM-5:30PM
  SA 9:00AM-4:00PM

OBSTETRICS / GYNECOLOGY
BLAKE, GARY
Provider ID: 206046
Provider Gender: Male
License Number: G44807
NPI: 1497738439
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 6973 LINDA VISTA RD
  SAN DIEGO, CA 92111
- Phone: (858) 279-0925
- After Hours Phone: (858) 279-0925
- Website: www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
BUECHNER, CHARLENE
Provider ID: 416831
Provider Gender: Female
License Number: A68463
NPI: 1376663831
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SHARP MEMORIAL HOSPITAL,
  SCRIPPS MERCY HOSPITAL,
  SCRIPPS MERCY HOSPITAL
  CHULA VISTA, SHARP MARY
  BIRCH HOSP FOR WOMEN
  AND NEWBORNS
- Board Certified Specialty: No
- 3544 30TH ST
  SAN DIEGO, CA 92104
- Phone: (619) 515-2424
- After Hours Phone: (619) 515-2424
- Website: www.fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
BUECHNER, CHARLENE
Provider ID: 416831
Provider Gender: Female
License Number: A68463
NPI: 1376663831
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SHARP MEMORIAL HOSPITAL,
  SCRIPPS MERCY HOSPITAL,
  SCRIPPS MERCY HOSPITAL
  CHULA VISTA, SHARP MARY
  BIRCH HOSP FOR WOMEN
  AND NEWBORNS
# D2. 主治医生名录

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Email</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>Board Certified Specialty</th>
<th>Provider English Spoken</th>
<th>Provider Language(s)</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUECHNER, CHARLENE</td>
<td>206362</td>
<td>3514 30TH ST, SAN DIEGO, CA 92104</td>
<td>(619) 515-2424</td>
<td>(619) 515-2424</td>
<td><a href="mailto:jenanm@fhcsd.org">jenanm@fhcsd.org</a></td>
<td>Yes</td>
<td>0\18</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS</td>
</tr>
<tr>
<td>BUECHNER, CHARLENE</td>
<td>416831</td>
<td>3544 30TH ST, SAN DIEGO, CA 92104</td>
<td>(619) 515-2424</td>
<td>(619) 515-2424</td>
<td><a href="mailto:sabay@fhcsd.org">sabay@fhcsd.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS</td>
</tr>
<tr>
<td>BUECHNER, CHARLENE</td>
<td>402851</td>
<td>3705 MISSION BLVD, SAN DIEGO, CA 92109</td>
<td>(619) 515-2444</td>
<td>(619) 515-2444</td>
<td><a href="mailto:jenanm@fhcsd.org">jenanm@fhcsd.org</a></td>
<td>Yes</td>
<td>0\18</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

**CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS**

Board Certified Specialty: No

- **Address:** 3705 MISSION BLVD
  SAN DIEGO, CA 92109
- **Phone:** (619) 515-2444
- **After Hours Phone:** (619) 515-2444
- **Website:** www.fhcsd.org
- **Email:** sabay@fhcsd.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**

Provider ID: 206360

Provider Gender: Female

License Number: A68463

NPI: 1376663831

- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Spanish
- **Cultural Competency:** N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Board Certified Specialty: No

- **Address:** 1809 NATIONAL AVE
  SAN DIEGO, CA 92113
- **Phone:** (619) 515-2300
- **After Hours Phone:** (619) 515-2300
- **Website:** www.fhcsd.org
- **Email:** dalvarado@fhcsd.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY BUECHNER, CHARLENE**

Provider ID: 206363

Provider Gender: Female

License Number: A68463

NPI: 1376663831

- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Spanish
- **Cultural Competency:** N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Board Certified Specialty: No

- **Address:** 4725 MARKET ST
  SAN DIEGO, CA 92102
- **Phone:** (619) 515-2420
- **After Hours Phone:** (619) 515-2420
- **Website:** www.fhcsd.org
- **Email:** nancyl@fhcsd.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY BUECHNER, CHARLENE**

Provider ID: 206363

Provider Gender: Female

License Number: A68463

NPI: 1376663831

- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN
AND NEWBORNS
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2420
After Hours Phone: (619) 515-2420
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
CARTER, KHALIL
Provider ID: 206360
Provider Gender: Male
License Number: A113001
NPI: 1225231582
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL,
GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-7:00PM
TU-TH 8:00AM-6:00PM
F 8:00AM-5:30PM
SA 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
CARTER, KHALIL
Provider ID: 206363
Provider Gender: Male
License Number: A113001
NPI: 1225231582
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL,
GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2420
After Hours Phone: (619) 515-2420
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
D2. 主治医生名录

- **Provider Language(s)**
  - Spoken: Spanish
  - Cultural Competency: N

- **Hospital Affiliation**: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR
  - Board Certified Specialty: No

- **Address**: 1809 NATIONAL AVE
  - **City**: SAN DIEGO, CA 92113
  - **Phone**: (619) 515-2300
  - **After Hours Phone**: (619) 515-2444
  - **Website**: www.fhcsd.org
  - **Email**: dalvarado@fhcsd.org
  - **Medi-Cal Open Panel**: Yes
  - **Min/Max Age**: 0-150
  - **American Sign Language (ASL)**: N
  - **Accessibility**: CONTACT PROVIDER
  - **Hours**: M 8:00AM-7:00PM
    - TU-TH 8:00AM-6:00PM
    - F 8:00AM-5:30PM
    - SA 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

- **CARTER, KHALIL**
  - **Provider ID**: 402851
  - **Provider Gender**: Male
  - **License Number**: A113001
  - **NPI**: 1225231582
  - **Provider English Spoken**: Y
  - **Provider Language(s)**
    - Spoken: Spanish
    - Cultural Competency: N
  - **Hospital Affiliation**: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR
  - **Board Certified Specialty**: No

- **Address**: 3705 MISSION BLVD
  - **City**: SAN DIEGO, CA 92109
  - **Phone**: (619) 515-2444
  - **After Hours Phone**: (619) 515-2444
  - **Website**: www.fhcsd.org
  - **Email**: sabay@fhcsd.org
  - **Medi-Cal Open Panel**: Yes
  - **Min/Max Age**: 0-150
  - **American Sign Language (ASL)**: N
  - **Accessibility**: CONTACT PROVIDER
  - **Hours**: M-W 8:30AM-5:00PM
    - TH 9:30AM-6:00PM

**OBSTETRICS / GYNECOLOGY**

- **CARTER, KHALIL**
  - **Provider ID**: 206362
  - **Provider Gender**: Male
  - **License Number**: A113001
  - **NPI**: 1225231582
  - **Provider English Spoken**: Y
  - **Provider Language(s)**
    - Spoken: Spanish
    - Cultural Competency: N
  - **Hospital Affiliation**: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR
  - **Board Certified Specialty**: No

- **Address**: 3544 30TH ST
  - **City**: SAN DIEGO, CA 92104
  - **Phone**: (619) 515-2424
  - **After Hours Phone**: (619) 515-2424
  - **Website**: www.fhcsd.org
  - **Medi-Cal Open Panel**: Yes
  - **Min/Max Age**: 0-150
  - **American Sign Language (ASL)**: N
  - **Accessibility**: CONTACT PROVIDER
  - **Hours**: M-TH 8:30AM-5:30PM
    - F 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

- **CARTER, KHALIL**
  - **Provider ID**: 416831
  - **Provider Gender**: Male
  - **License Number**: A113001
  - **NPI**: 1225231582
  - **Provider English Spoken**: Y
  - **Provider Language(s)**
    - Spoken: Spanish
    - Cultural Competency: N
  - **Hospital Affiliation**: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR
  - **Board Certified Specialty**: No

- **Address**: 3544 30TH ST
  - **City**: SAN DIEGO, CA 92104
  - **Phone**: (619) 515-2424
  - **After Hours Phone**: (619) 515-2424
  - **Website**: www.fhcsd.org
  - **Medi-Cal Open Panel**: Yes
  - **Min/Max Age**: 0-150
  - **American Sign Language (ASL)**: N
  - **Accessibility**: CONTACT PROVIDER
  - **Hours**: M-TH 8:30AM-5:30PM
    - F 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

- **CARTER, KHALIL**
  - **Provider ID**: 416831
  - **Provider Gender**: Male
  - **License Number**: A113001
  - **NPI**: 1225231582
  - **Provider English Spoken**: Y

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

- **Provider Language(s)**
  - Spoken: Spanish
  - Cultural Competency: N
- **Hospital Affiliation**: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRICITY MEDICAL CTR
- **Board Certified Specialty**: No
- **Address**: 3514 30TH ST
  - SAN DIEGO, CA 92104
- **Phone**: (619) 515-2424
- **Website**: www.fhcsd.org
  - Email: jenanm@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\18
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**
- **Provider ID**: 416831
- **Provider Gender**: Male
- **License Number**: A113001
- **NPI**: 1225231582
- **Address**: 3514 30TH ST
  - SAN DIEGO, CA 92104
- **Phone**: (619) 515-2424
- **Website**: www.fhcsd.org
  - Email: sabay@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-W 8:30AM-5:00PM
  - TH 9:30AM-6:00PM

**CERVANTES, SANDRA**
- **Provider ID**: 416831
- **Provider Gender**: Female
- **License Number**: A118095
- **NPI**: 1073701041
- **Provider English Spoken**: Y
- **Provider Language(s)**
  - Spoken: Spanish
  - Cultural Competency: N
- **Hospital Affiliation**: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
- **Board Certified Specialty**: No
- **Address**: 3514 30TH ST
  - SAN DIEGO, CA 92104
- **Phone**: (619) 515-2424
- **Website**: www.fhcsd.org
  - Email: jenanm@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\18
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CERVANTES, SANDRA**
- **Provider ID**: 206362
- **Provider Gender**: Female
- **License Number**: A118095
- **NPI**: 1073701041
- **Provider English Spoken**: Y
- **Provider Language(s)**
  - Spoken: Spanish
  - Cultural Competency: N
- **Hospital Affiliation**: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
- **Address**: 3514 30TH ST
  - SAN DIEGO, CA 92104
- **Phone**: (619) 515-2424
- **Website**: www.fhcsd.org
  - Email: jenanm@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\18
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CERVANTES, SANDRA**
- **Provider ID**: 206362
- **Provider Gender**: Female
- **License Number**: A118095
- **NPI**: 1073701041
- **Provider English Spoken**: Y
- **Provider Language(s)**
  - Spoken: Spanish
  - Cultural Competency: N
- **Hospital Affiliation**: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
- **Address**: 3514 30TH ST
  - SAN DIEGO, CA 92104
- **Phone**: (619) 515-2424
- **Website**: www.fhcsd.org
  - Email: jenanm@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\18
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CERVANTES, SANDRA**
- **Provider ID**: 206362
- **Provider Gender**: Female
- **License Number**: A118095
- **NPI**: 1073701041
- **Provider English Spoken**: Y
- **Provider Language(s)**
  - Spoken: Spanish
  - Cultural Competency: N
- **Hospital Affiliation**: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
- **Address**: 3514 30TH ST
  - SAN DIEGO, CA 92104
- **Phone**: (619) 515-2424
- **Website**: www.fhcsd.org
  - Email: jenanm@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\18
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
D2. 主治医生名录

CORONADO HOSP AND HEALTHCARE CTR,
GROSSMONT HOSPITAL
Board Certified Specialty: No
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:30PM
F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
CERVANTES, SANDRA
Provider ID: 416831
Provider Gender: Female
License Number: A118095
NPI: 1073701041
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR,
GROSSMONT HOSPITAL
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:30AM-5:00PM

OBSTETRICS / GYNECOLOGY
CERVANTES, SANDRA
Provider ID: 402851
Provider Gender: Female
License Number: A118095
NPI: 1073701041
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR,
GROSSMONT HOSPITAL
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
HEALTHCARE CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:30AM-5:00PM

OBSTETRICS / GYNECOLOGY
CERVANTES, SANDRA
Provider ID: 206360
Provider Gender: Female
License Number: A118095
NPI: 1073701041
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
F 8:00AM-5:30PM
SA 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
CERVANTES, SANDRA
Provider ID: 206363
Provider Gender: Female
License Number: A118095
NPI: 1073701041
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
CERVANTES, SANDRA
Provider ID: 206363
Provider Gender: Female
License Number: A118095
NPI: 1073701041
Provider English Spoken: Y
D2. 主治医生名录

- Provider Language(s)
  - Spoken: Spanish
  - Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
- Board Certified Specialty: No
- 4725 MARKET ST
  - SAN DIEGO, CA 92102
- Phone: (619) 515-2560
- After Hours Phone: (619) 515-2560
- Website: www.fhcsd.org
- Email: nancyl@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

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

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA

Provider ID: 206363
Provider Gender: Female
License Number: A163464
NPI: 1326531401
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Spanish
  - Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
- Board Certified Specialty: No
- 4725 MARKET ST
  - SAN DIEGO, CA 92102
- Phone: (619) 515-2560
- After Hours Phone: (619) 515-2560
- Website: www.fhcsd.org
- Email: nancyl@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA

Provider ID: 206360
Provider Gender: Female
License Number: A163464
NPI: 1326531401
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Spanish
  - Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
- Board Certified Specialty: No
- 1809 NATIONAL AVE
  - SAN DIEGO, CA 92113
- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www.fhcsd.org
- Email: dalvarado@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA

Provider ID: 206360
Provider Gender: Female
License Number: A163464
NPI: 1326531401
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Spanish
  - Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
- Board Certified Specialty: No
- 1809 NATIONAL AVE
  - SAN DIEGO, CA 92113
- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www.fhcsd.org
- Email: dalvarado@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
D2. 主治医生名录

SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
CHAKRABARTI, PRIYA
Provider ID: 416831
Provider Gender: Female
License Number: A163464
NPI: 1326531401
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No

3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: jenam@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
CHAKRABARTI, PRIYA
Provider ID: 402851
Provider Gender: Female
License Number: A163464
NPI: 1326531401
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No

3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenam@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
CHAKRABARTI, PRIYA
Provider ID: 416831
Provider Gender: Female
License Number: A163464
NPI: 1326531401
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No

3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: jenam@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
CHAKRABARTI, PRIYA
Provider ID: 402851
Provider Gender: Female
License Number: A163464
NPI: 1326531401
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No

3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenam@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM
D2. 主治医生名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:30AM-5:30PM
TH 9:00AM-6:00PM
F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
DE MIK, TRAVIS
Provider ID: 416831
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
DE MIK, TRAVIS
Provider ID: 402851
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
DE MIK, TRAVIS
Provider ID: 206360
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

DE MIK, TRAVIS
Provider ID: 206360
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
DE MIK, TRAVIS
Provider ID: 206363
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
DORUELO, ASHLEY
Provider ID: 206363
Provider Gender: Female
License Number: A178499
NPI: 1033613732
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

**OBSTETRICS / GYNECOLOGY**

**DORUELO, ASHLEY**

Provider ID: 206360  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732

- Provider English Spoken: Y  
- Provider Language(s): Spanish  
- Cultural Competency: N  
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital

Board Certified Specialty: No  

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

- Phone: (619) 515-2300  
- After Hours Phone: (619) 515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DORUELO, ASHLEY**

Provider ID: 402851  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732

- Provider English Spoken: Y  
- Provider Language(s): Spanish  
- Cultural Competency: N  
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital

Board Certified Specialty: No  

3705 MISSION BLVD  
SAN DIEGO, CA 92109

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

Website: www.fhcsd.org  
Email: sabay@fhcsd.org

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DORUELO, ASHLEY**

Provider ID: 416831  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732

- Provider English Spoken: Y  
- Provider Language(s): Spanish  
- Cultural Competency: N  
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital

Board Certified Specialty: No  

3705 MISSION BLVD  
SAN DIEGO, CA 92109

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

Website: www.fhcsd.org  
Email: sabay@fhcsd.org

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Grossmont Hospital
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
DORUELO, ASHLEY
Provider ID: 416831
Provider Gender: Female
License Number: A178499
NPI: 1033613732
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
FOLCH TORRES-AGUIAR, BEATRIZ
Provider ID: 416831
Provider Gender: Female
License Number: A148014
NPI: 1457794752
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
FOLCH TORRES-AGUIAR, BEATRIZ
Provider ID: 206362
Provider Gender: Female
License Number: A148014
NPI: 1457794752
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
FOLCH TORRES-AGUIAR, BEATRIZ
Provider ID: 206362
Provider Gender: Female
License Number: A148014
NPI: 1457794752
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

1392
SCRIPPS MERCY HOSPITAL,
Sharp Grossmont Hospital,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
FOLCH TORRES-AGUIAR,
BEATRIZ
Provider ID: 416831
Provider Gender: Female
License Number: A148014
NPI: 1457794752
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
Sharp Grossmont Hospital,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424

After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
FOLCH TORRES-AGUIAR,
BEATRIZ
Provider ID: 402851
Provider Gender: Female
License Number: A148014
NPI: 1457794752
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
Sharp Grossmont Hospital,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
FOLCH TORRES-AGUIAR,
BEATRIZ
Provider ID: 402851
Provider Gender: Female
License Number: A148014
NPI: 1457794752
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
Sharp Grossmont Hospital,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

D2. 主治医生名录

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Provider ID: 206360
Provider Gender: Female
License Number: A148014
NPI: 1457794752
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
Sharp Grossmont Hospital,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-7:00PM
TU-TH 8:00AM-6:00PM
F 8:00AM-5:30PM
SA 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
FOLCH TORRES-AGUIAR, BEATRIZ
Provider ID: 206363
Provider Gender: Female
License Number: A148014
NPI: 1457794752
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
Sharp Grossmont Hospital,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
FOLCH TORRES-AGUIAR, BEATRIZ
Provider ID: 206363
Provider Gender: Female
License Number: A148014
NPI: 1457794752
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
Sharp Grossmont Hospital,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Board Certified Specialty: No

4725 MARKET ST
SAN DIEGO, CA 92102

Phone: (619) 515-2560
After Hours Phone: (619) 515-2560

Website: www.fhcsd.org
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
HANLEY, LAUREN
Provider ID: 206363
Provider Gender: Female
License Number: C174771
NPI: 1053392035

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp Grossmont Hospital

OBSTETRICS / GYNECOLOGY
HANLEY, LAUREN
Provider ID: 206360
Provider Gender: Female
License Number: C174771
NPI: 1053392035

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp Grossmont Hospital

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300

Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

1395
D2. 主治医生名录

ACCESSIBILITY: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
HANLEY, LAUREN
Provider ID: 402851
Provider Gender: Female
License Number: C174771
NPI: 1053392035
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
- Board Certified Specialty: No
- 3705 MISSION BLVD
  SAN DIEGO, CA 92109
- Phone: (619) 515-2444
- After Hours Phone: (619) 515-2444
- Website: www.fhcsd.org
  Email: sabay@fhcsd.org
  Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-W 8:30AM-5:30PM
  TH 9:00AM-6:00PM
  F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
HANLEY, LAUREN
Provider ID: 416831
Provider Gender: Female
License Number: C174771
NPI: 1053392035
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
- Board Certified Specialty: No
- 3514 30TH ST
  SAN DIEGO, CA 92104
- Phone: (619) 515-2424
- After Hours Phone: (619) 515-2424
- Website: www.fhcsd.org
  Email: jenanm@fhcsd.org
  Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-TH 8:00AM-5:00PM
D2. 主治医生名录

**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

Provider ID: 416831  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711

- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
- Board Certified Specialty: No

- Address: 3544 30TH ST  
  SAN DIEGO, CA 92104  
- Phone: (619) 515-2424
- After Hours Phone: (619) 515-2424
- Website: www.fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\18
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

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

**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

Provider ID: 206362  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711

- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
- Board Certified Specialty: No

- Address: 3544 30TH ST  
  SAN DIEGO, CA 92104  
- Phone: (619) 515-2424
- After Hours Phone: (619) 515-2424
- Website: www.fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

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

**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

Provider ID: 206362  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711

- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
- Board Certified Specialty: No

- Address: 3544 30TH ST  
  SAN DIEGO, CA 92104  
- Phone: (619) 515-2424
- After Hours Phone: (619) 515-2424
- Website: www.fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\18
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

Provider ID: 416831  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711

- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
- Board Certified Specialty: No

- Address: 3544 30TH ST  
  SAN DIEGO, CA 92104  
- Phone: (619) 515-2424
- After Hours Phone: (619) 515-2424
- Website: www.fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**
LIPSCHITZ, LISA
Provider ID: 402851
Provider Gender: Female
License Number: A72005
NPI: 1649208711
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
- 3705 MISSION BLVD
  SAN DIEGO, CA 92109
  Phone: (619) 515-2444
  After Hours Phone: (619) 515-2444
- Website: www.fhcsd.org
  Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:30AM-5:00PM
  TH 9:30AM-6:00PM

OBSTETRICS / GYNECOLOGY
LIPSCHITZ, LISA
Provider ID: 206360
Provider Gender: Female
License Number: A72005
NPI: 1649208711
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
- 3705 MISSION BLVD
  SAN DIEGO, CA 92109
  Phone: (619) 515-2444
  After Hours Phone: (619) 515-2444
- Website: www.fhcsd.org
  Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:30AM-5:00PM
  TH 9:30AM-6:00PM

OBSTETRICS / GYNECOLOGY
LIPSCHITZ, LISA
Provider ID: 206360
Provider Gender: Female
License Number: A72005
NPI: 1649208711
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
- 1809 NATIONAL AVE
  SAN DIEGO, CA 92113
  Phone: (619) 515-2300
- Website: www.fhcsd.org
  Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711

- Provider English Spoken: Y  
- Provider Language(s): Spoken: Spanish  
- Cultural Competency: N  
- Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL

Board Certified Specialty: No

- 4725 MARKET ST  
  SAN DIEGO, CA 92102  
- Phone: (619) 515-2560  
- After Hours Phone: (619) 515-2560

- Website: www.fhcsd.org  
  Email: nancyl@fhcsd.org  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\150  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER

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

**OBSTETRICS / GYNECOLOGY**

**LOEFFLER, ALLISON**

Provider ID: 206363  
Provider Gender: Female  
License Number: A116680  
NPI: 1700073962

- Provider English Spoken: Y  
- Provider Language(s): Spoken: Spanish  
- Cultural Competency: N  
- Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

- 4725 MARKET ST  
  SAN DIEGO, CA 92102  
- Phone: (619) 515-2560  
- After Hours Phone: (619) 515-2560

- Website: www.fhcsd.org  
  Email: nancyl@fhcsd.org  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\150  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER

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

**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711

- Provider English Spoken: Y  
- Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL

Board Certified Specialty: No

- 4725 MARKET ST  
  SAN DIEGO, CA 92102  
- Phone: (619) 515-2560  
- After Hours Phone: (619) 515-2560

- Website: www.fhcsd.org  
  Email: nancyl@fhcsd.org  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\150  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER

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

1399
D2. 主治医生名录

PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
LOEFFLER, ALLISON
Provider ID: 206360
Provider Gender: Female
License Number: A116680
NPI: 1700073962
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
LOEFFLER, ALLISON
Provider ID: 402851
Provider Gender: Female
License Number: A116680
NPI: 1700073962
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
LOEFFLER, ALLISON
Provider ID: 206360
Provider Gender: Female
D2. 主治医生名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
LOEFFLER, ALLISON
Provider ID: 416831
Provider Gender: Female
License Number: A116680
NPI: 1700073962
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
LOEFFLER, ALLISON
Provider ID: 206362
Provider Gender: Female
License Number: A116680
NPI: 1700073962
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
LOEFFLER, ALLISON
Provider ID: 206362
Provider Gender: Female
License Number: A116680
NPI: 1700073962
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
OBSTETRICS / GYNECOLOGY
MELENDEZ BERRIOS, IARA DEL
Provider ID: 206362
Provider Gender: Female
License Number: A114181
NPI: 1740514249
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
- 3544 30TH ST
  SAN DIEGO, CA 92104
- Phone: (619) 515-2424
  After Hours Phone: (619) 515-2424
- Website: www.fhcsd.org
  Email: jenanm@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
MELENDEZ BERRIOS, IARA DEL
Provider ID: 416831
Provider Gender: Female
License Number: A114181
NPI: 1740514249
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
- 3514 30TH ST
  SAN DIEGO, CA 92104
- Phone: (619) 515-2424
  After Hours Phone: (619) 515-2424
- Website: www.fhcsd.org
  Email: jenanm@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\18
  American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
MELENDEZ BERRIOS, IARA DEL
Provider ID: 402851
Provider Gender: Female
License Number: A114181
NPI: 1740514249
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
- 3544 30TH ST
  SAN DIEGO, CA 92104
- Phone: (619) 515-2424
  After Hours Phone: (619) 515-2424
- Website: www.fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\18
  American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
OBSTETRICS / GYNECOLOGY
MELENDEZ BERRIOS, IARA DEL
Provider ID: 206360
Provider Gender: Female
License Number: A114181
NPI: 1740514249
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
MELENDEZ BERRIOS, IARA DEL
Provider ID: 206360
Provider Gender: Female
License Number: A114181
NPI: 1740514249
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
MELENDEZ BERRIOS, IARA DEL
Provider ID: 206360
Provider Gender: Female
License Number: A114181
NPI: 1740514249
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-7:00PM
TU-TH 8:00AM-6:00PM
F 8:00AM-5:30PM
SA 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
MELENDEZ BERRIOS, IARA DEL
Provider ID: 206363
Provider Gender: Female
License Number: A114181
NPI: 1740514249
## Obstetrics / Gynecology

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Hospital Affiliation</th>
<th>Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Email</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>MeLENDez BERRios, Iara Del</td>
<td>206363</td>
<td>Female</td>
<td></td>
<td>A114181</td>
<td></td>
<td>Obstetrics / Gynecology</td>
<td>4725 MARKET ST SAN DIEGO, CA 92102</td>
<td>(619) 515-2560</td>
<td>(619) 515-2560</td>
<td><a href="http://www.fhcsd.org/nancyl@fhcsd.org">www.fhcsd.org/nancyl@fhcsd.org</a></td>
<td><a href="mailto:nancyl@fhcsd.org">nancyl@fhcsd.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>PHAN, TIFFANI</td>
<td>417101</td>
<td>Female</td>
<td></td>
<td>A161105</td>
<td></td>
<td>Obstetrics / Gynecology</td>
<td>4725 MARKET ST SAN DIEGO, CA 92102</td>
<td>(619) 515-2560</td>
<td>(619) 515-2560</td>
<td><a href="http://www.operationsamahan.org">www.operationsamahan.org</a></td>
<td><a href="mailto:nancyl@fhcsd.org">nancyl@fhcsd.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>RODRIGUEZ JEREZ, ROBERTO</td>
<td>402851</td>
<td>Male</td>
<td></td>
<td>A154298</td>
<td></td>
<td>Obstetrics / Gynecology</td>
<td>4725 MARKET ST SAN DIEGO, CA 92102</td>
<td>(619) 515-2560</td>
<td>(619) 515-2560</td>
<td><a href="http://www.operationsamahan.org">www.operationsamahan.org</a></td>
<td><a href="mailto:nancyl@fhcsd.org">nancyl@fhcsd.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
3705 MISSION BLVD SAN DIEGO, CA 92109
Phone: (616) 515-2444
After Hours Phone: (616) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:30AM-5:00PM

OBSTETRICS / GYNECOLOGY
RODRIGUEZ JEREZ, ROBERTO
Provider ID: 206362
Provider Gender: Male
License Number: A154298
NPI: 1710316450
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
3544 30TH ST SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
RODRIGUEZ JEREZ, ROBERTO
Provider ID: 416831
Provider Gender: Male
License Number: A154298
NPI: 1710316450
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
3514 30TH ST SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

MERCY HOSPITAL, SHARP
CORONADO HOSP AND
HEALTHCARE CTR,
GROSSMONT HOSPITAL
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
RODRIGUEZ JEREZ, ROBERTO
Provider ID: 206363
Provider Gender: Male
License Number: A154298
NPI: 1710316450
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SHARP
CORONADO HOSP AND
HEALTHCARE CTR,
GROSSMONT HOSPITAL
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2420
After Hours Phone: (619) 515-2420
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
RODRIGUEZ JEREZ, ROBERTO
Provider ID: 206360
Provider Gender: Male
License Number: A154298
NPI: 1710316450
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SHARP
CORONADO HOSP AND
HEALTHCARE CTR,
GROSSMONT HOSPITAL
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2420
After Hours Phone: (619) 515-2420
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
RODRIGUEZ JEREZ, ROBERTO
Provider ID: 206363
Provider Gender: Male
License Number: A154298
NPI: 1710316450
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SHARP
CORONADO HOSP AND
HEALTHCARE CTR,
D2. 主治医生名录

HEALTHCARE CTR, 
GROSSMONT HOSPITAL
Board Certified Specialty: No
1809 NATIONAL AVE 
SAN DIEGO, CA 92113 
Phone: (619) 515-2300 
After Hours Phone: (619)
515-2300 
Website: www.fhcsd.org 
Email: dalvarado@fhcsd.org 
Medi-Cal Open Panel: Yes 
Min/Max Age: 0\150 
American Sign Language (ASL): N 
Accessibility: CONTACT PROVIDER 
Hours: M 8:00AM-7:00PM 
TU-TH 8:00AM-6:00PM 
F 8:00AM-5:30PM 
SA 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
SAPRA, SONIA
Provider ID: 206360 
Provider Gender: Female 
License Number: A164859 
NPI: 1952751711 
Provider English Spoken: Y 
Provider Language(s) Spoken: Hindi 
Cultural Competency: N 
Hospital Affiliation: SCRIPPS 
MERCY HOSPITAL 
Board Certified Specialty: No 
4725 MARKET ST 
SAN DIEGO, CA 92102 
Phone: (619) 515-2560 
After Hours Phone: (619)
515-2560 
Website: www.fhcsd.org 
Email: nancyl@fhcsd.org 
Medi-Cal Open Panel: Yes 
Min/Max Age: 0\150 
American Sign Language (ASL): N 
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
RODRIGUEZ JEREZ, ROBERTO
Provider ID: 206360 
Provider Gender: Male 
License Number: A154298 
NPI: 1710316450 
Provider English Spoken: Y 
Provider Language(s) Spoken: Spanish 
Cultural Competency: N 
Hospital Affiliation: SCRIPPS 
MERCY HOSPITAL, SHARP 
CORONADO HOSP AND 
HEALTHCARE CTR, 
GROSSMONT HOSPITAL 
Board Certified Specialty: No 
1809 NATIONAL AVE 
SAN DIEGO, CA 92113 
Phone: (619) 515-2300 
After Hours Phone: (619)
515-2300 
Website: www.fhcsd.org 
Email: dalvarado@fhcsd.org 
Medi-Cal Open Panel: Yes 
Min/Max Age: 0\150 
American Sign Language (ASL): N 
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
SAPRA, SONIA
Provider ID: 206363 
Provider Gender: Female 
License Number: A164859 
NPI: 1952751711 
Provider English Spoken: Y 
Provider Language(s) Spoken: Hindi 
Cultural Competency: N 
Hospital Affiliation: SCRIPPS 
MERCY HOSPITAL 
Board Certified Specialty: No 
4725 MARKET ST 
SAN DIEGO, CA 92102 
Phone: (619) 515-2560 
After Hours Phone: (619)
515-2560 
Website: www.fhcsd.org 
Email: nancyl@fhcsd.org 
Medi-Cal Open Panel: Yes 
Min/Max Age: 0\150 
American Sign Language (ASL): N 
Accessibility: CONTACT PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
SAPRA, SONIA
Provider ID: 206360
Provider Gender: Female
License Number: A164859
NPI: 1952751711
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
SAPRA, SONIA
Provider ID: 416831
Provider Gender: Female
License Number: A164859
NPI: 1952751711
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
SAPRA, SONIA
Provider ID: 402851
Provider Gender: Female
License Number: A164859
NPI: 1952751711
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:30AM-5:30PM TH 9:00AM-6:00PM F 8:30AM-5:30PM
D2. 主治医生名录

OBSTETRICS / GYNECOLOGY
SAPRA, SONIA
Provider ID: 402851
Provider Gender: Female
License Number: A164859
NPI: 1952751711
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT

MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
BOARD
Provider ID: 206046
Provider Gender: Female
License Number: A144372
NPI: 1245590124
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT

OBSTETRICS / GYNECOLOGY
SHUCKETT, ARIEL
Provider ID: 206046
Provider Gender: Female
License Number: A144372
NPI: 1245590124
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT
D2. 主治医生名录

Board Certified Specialty: No

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925
After Hours Phone: (858) 279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

Provider ID: 416831
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Sharp Grossmont Hospital
Board Certified Specialty: No

3705 MISSION BLVD
SAN DIEGO, CA 92109

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

Website: www.fhcsd.org
Email: sabay@fhcsd.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-W 8:30AM-5:30PM
TH 9:00AM-6:00PM
F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

Provider ID: 402851
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Sharp Grossmont Hospital
Board Certified Specialty: No

3514 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424
After Hours Phone: (619) 515-2424

Website: www.fhcsd.org
Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

Provider ID: 416831
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Sharp Grossmont Hospital
Board Certified Specialty: No

3514 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

Website: www.fhcsd.org
Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM
D2. 主治医生名录

**STABEN, REBECCA**
Provider ID: 206360  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198  
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: Sharp Grossmont Hospital
  - Board Certified Specialty: No
  - 1809 NATIONAL AVE  
    SAN DIEGO, CA 92113  
    Phone: (619) 515-2300
  - After Hours Phone: (619) 515-2300
  - Website: www.fhcsd.org
  - Email: dalvarado@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**STABEN, REBECCA**
Provider ID: 206360  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198  
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: Sharp Grossmont Hospital
  - Board Certified Specialty: No
  - 1809 NATIONAL AVE  
    SAN DIEGO, CA 92113  
    Phone: (619) 515-2300
  - After Hours Phone: (619) 515-2300
  - Website: www.fhcsd.org
  - Email: dalvarado@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

**TRUJILLO, JENNIFER**
Provider ID: 451167  
Provider Gender: Female  
License Number: 20A8204  
NPI: 1053407593  
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR
  - Board Certified Specialty: No
  - 950 S EUCLID AVE  
    SAN DIEGO, CA 92114  
    Phone: (619) 662-4100
  - After Hours Phone: (619) 662-4100
  - Website: www.syhealth.org/clinics/king-chavez-health-center
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Provider Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Provider Language(s)</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
<th>Board Certified Specialty</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>451167</td>
<td>Female</td>
<td>20A8204</td>
<td>1053407593</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR</td>
<td>No</td>
<td>(619) 515-2420</td>
<td><a href="http://www.syhealth.org/clinics/king-chavez-health-center">www.syhealth.org/clinics/king-chavez-health-center</a></td>
<td>Yes</td>
<td>0-150</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>206363</td>
<td>Female</td>
<td>20A11535</td>
<td>1811162456</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR</td>
<td>No</td>
<td>(619) 515-2420</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td>Yes</td>
<td>0-150</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>206360</td>
<td>Female</td>
<td>20A11535</td>
<td>1811162456</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR</td>
<td>No</td>
<td>(619) 515-2420</td>
<td><a href="http://www.fhcsd.org">www.fhcsd.org</a></td>
<td>Yes</td>
<td>0-150</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>
D2. 主治医生名录

Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
WINESBURG, JENNIFER
Provider ID: 206360
Provider Gender: Female
License Number: 20A11535
NPI: 1811162456
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
 Phone: (619) 515-2444
 After Hours Phone: (619) 515-2444
 Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-TH 8:30AM-5:00PM

OBSTETRICS / GYNECOLOGY
WINESBURG, JENNIFER
Provider ID: 402851
Provider Gender: Female
License Number: 20A11535
NPI: 1811162456
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
 Phone: (619) 515-2444
 After Hours Phone: (619) 515-2444
 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
WINESBURG, JENNIFER
Provider ID: 206362
Provider Gender: Female
License Number: 20A11535
NPI: 1811162456
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR
Board Certified Specialty: No
3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2400

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

_MISSING_IMAGE_ 

**OBSTETRICS / GYNECOLOGY**

**WINESBURG, JENNIFER**

Provider ID: 206362  
Provider Gender: Female  
License Number: 20A11535  
NPI: 1811162456  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR  
Board Certified Specialty: No  
3514 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2424  
After Hours Phone: (619) 515-2424  
Website: www.fhcsd.org

**ZIEG, ALAN**

Provider ID: 206362  
Provider Gender: Male  
License Number: 416831  
NPI: 1811162456  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR  
Board Certified Specialty: No  
3544 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2424  
After Hours Phone: (619) 515-2424  
Website: www.fhcsd.org

---
D2. 主治医生名录

SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
ZIEG, ALAN
Provider ID: 416831
Provider Gender: Male
License Number: G78814
NPI: 1699790634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
ZIEG, ALAN
Provider ID: 402851
Provider Gender: Male
License Number: G78814
NPI: 1699790634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
ZIEG, ALAN
Provider ID: 206362
Provider Gender: Male
License Number: G78814
NPI: 1699790634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
ZIEG, ALAN
Provider ID: 416831
Provider Gender: Male
License Number: G78814
NPI: 1699790634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
D2. 主治医生名录

Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
ZIEG, ALAN
Provider ID: 206360
Provider Gender: Male
License Number: G78814
NPI: 1699790634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
ZIEG, ALAN
Provider ID: 402851
Provider Gender: Male
License Number: G78814
NPI: 1699790634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
ZIEG, ALAN
Provider ID: 206363
Provider Gender: Male
License Number: G78814
NPI: 1699790634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
ZIEG, ALAN
Provider ID: 206363
Provider Gender: Male
License Number: G78814
NPI: 1699790634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:30AM-6:00PM
TH 8:30AM-6:00PM
F 8:30AM-5:00PM
SA 8:30AM-5:00PM

OPHTHALMOLOGY
NAJAFI, DAVID
Provider ID: 206360
Provider Gender: Male
License Number: A68124
NPI: 1396715991
Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi, Persian, Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MEMORIAL HOSPITAL,
SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OPHTHALMOLOGY
SHAW, BLAKE
Provider ID: 206363
Provider Gender: Male
License Number: G61394
NPI: 1649206541
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
D2. 主治医生名录

Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OPHTHALMOLOGY
SHAW, BLAKE
Provider ID: 206363
Provider Gender: Male
License Number: G61394
NPI: 1649206541
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-4:45PM

OPHTHALMOLOGY
ZABLIT, KARIM
Provider ID: 403583
Provider Gender: Male
License Number: A42127
NPI: 1083700538
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OTOLARYNGOLOGY
DAVIS, MORGAN
Provider ID: 206360
Provider Gender: Female
License Number: A181809
NPI: 1891359154
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OTOLARYNGOLOGY
DAVIS, MORGAN
Provider ID: 206360
Provider Gender: Female
License Number: A181809
NPI: 1891359154
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 1809 NATIONAL AVE
  SAN DIEGO, CA 92113
  Phone: (619) 515-2300
  After Hours Phone: (619) 515-2300
  Website: www.fhcsd.org
  Email: dalvarado@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

OTOLARYNGOLOGY
YOUSEF, ANDREW
Provider ID: 206360
Provider Gender: Male
License Number: A186426
NPI: 1275152662
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 1809 NATIONAL AVE
  SAN DIEGO, CA 92113
  Phone: (619) 515-2300
  After Hours Phone: (619) 515-2300
  Website: www.fhcsd.org
  Email: dalvarado@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

PEDIATRICS
ABELL, GEOFFREY
Provider ID: 27341
Provider Gender: Male
License Number: A104918
NPI: 1588707178
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL, SHARP CHULA VISTA MED CTR
- Board Certified Specialty: No
- 4060 FAIRMOUNT AVE
  SAN DIEGO, CA 92105
  Phone: (619) 280-4213
  After Hours Phone: (619) 280-4213
  Website: www.lamaestra.org
  Email: aschmaltz@lamaestra.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL):
D2. 主治医生名录

N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-2:00PM

PEDIATRICS

ABRAMSON, RACHEL
Provider ID: 185268
Provider Gender: Female
License Number: A104918
NPI: 1588707178
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Spanish
Cultural Competency: N
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
Fax: (619) 749-5480
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email:
aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

ADJAN, ROULA
Provider ID: 185268
Provider Gender: Female
License Number: A81682
NPI: 1992847263
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Spanish
Cultural Competency: N
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
Fax: (619) 749-5480
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email:
aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Website: www.lamaestra.org

PEDIATRICS

ADLOUNI, LOUBABA
Provider ID: 230441
Provider Gender: Female
NPI: 1669443685
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
16918 DOVE CANYON RD
STE 200
SAN DIEGO, CA 92127
Phone: (858) 924-1960
Fax: (858) 924-1964
After Hours Phone: (858) 924-1960
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
PEDIATRICS
ANDREE, GREGOR
Provider ID: 482070
Provider Gender: Male
License Number: A72833
NPI: 1467436063
Provider English Spoken: Y
Provider Language(s)
  Spoken: German, Spanish
Cultural Competency: N
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-9:00PM
W-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

PEDIATRICS
ANDREE, GREGOR
Provider ID: 233532
Provider Gender: Male
License Number: A72833
NPI: 1467436063
Provider English Spoken: Y
Provider Language(s)
  Spoken: German, Spanish
Cultural Competency: N
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
After Hours Phone: (619) 280-2058
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
ARCHAMBAULT, CHRISTIAN
Provider ID: 5589
Provider Gender: Male
NPI: 1992776918
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, RADY CHILDREN'S HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL, PALOMAR HEALTH,
D2. 主治医生名录

SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, CHILDRENS HOSPITAL OF ORANGE COUNTY, PARADISE VALLEY HOSPITAL, PARADISE VALLEY HOSPITAL

Board Certified Specialty: No

16918 DOVE CANYON RD STE 200
SAN DIEGO, CA 92127

Phone: (858) 924-1960
Fax: (858) 924-1964

After Hours Phone: (858) 924-1960

Website: N/A

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

PEDIATRICS

AWDYKOYCH, MARTA

Provider ID: 206360
Provider Gender: Female
License Number: A44027
NPI: 1447265137

Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, French, Spanish, Ukrainian
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619) 515-2300

Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

PEDIATRICS

AYSON, NICOLE

Provider ID: 417429

Provider Gender: Female
License Number: A128091
NPI: 1013278704

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

1550 BROADWAY STE 2
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619) 515-2525

Website: www.fhcsd.org
Email: janeta@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

PEDIATRICS

AYSON, NICOLE

Provider ID: 417429

Provider Gender: Female
License Number: A128091
NPI: 1013278704

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

1550 BROADWAY STE 2
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619) 515-2525
D2. 主治医生名录

Website: www.fhcsd.org
Email: janeta@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
AZIMI, AYSUN
Provider ID: 317194
Provider Gender: Female
NPI: 1710246160
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP CHULA VISTA MED CTR, COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CLOVIS COMMUNITY HOSPITAL, CLOVIS COMMUNITY HOSPITAL
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 262-8624
After Hours Phone: (619) 262-8624
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM

PEDIATRICS
BAJWA, MANDEEP
Provider ID: 416831
Provider Gender: Male
License Number: A186551
NPI: 1720615867
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-5:00PM

PEDIATRICS
BONSU, BEMA
Provider ID: 227409
Provider Gender: Male
License Number: C55180
NPI: 1932106986
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Board Certified Specialty: No
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Phone: (619) 556-6100
After Hours Phone: (619) 556-6100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

PEDIATRICS
BONSU, BEMA
Provider ID: 227409
Provider Gender: Male
License Number: C55180
NPI: 1932106986

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND
- Board Certified Specialty: No
- 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: https://www.syhealth.org/locations
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

PEDIATRICS
CABARLO, JEHRIB
Provider ID: 206360
Provider Gender: Male
License Number: 20A8516
NPI: 1770661340

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
- Board Certified Specialty: No
- 1809 NATIONAL AVE SAN DIEGO, CA 92113
- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www.fhcsd.org
- Email: dalvarado@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

PEDIATRICS
CARSON, STEPHEN
Provider ID: 6735
Provider Gender: Male
NPI: 1780719872

- Provider English Spoken: Y
- Provider Language(s) Spoken: French
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
- Board Certified Specialty: No
- 12036 SCRIPPS HIGHLANDS DR STE 102 SAN DIEGO, CA 92131
- Phone: (858) 566-4444
- After Hours Phone: (858) 566-4444
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
Board Certified Specialty: Yes
550 WASHINGTON ST STE 300
SAN DIEGO, CA 92103
Phone: (619) 297-5437
Fax: (619) 297-4567
After Hours Phone: (619) 297-5437
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
CASTELNOVI, CLAUDIA
Provider ID: 185268
Provider Gender: Female
License Number: A111170
NPI: 1417279324
Provider English Spoken: Y
Provider Language(s)
Spoken: French, Italian, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
CHEN, JENNIFER
Provider ID: 206363
Provider Gender: Female
License Number: A141057
NPI: 1255785150
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDREN'S HOSPITAL SAN DIEGO
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
CHEN, JENNIFER
Provider ID: 206363
Provider Gender: Female
License Number: A141057
NPI: 1255785150
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDREN'S HOSPITAL SAN DIEGO
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
D2. 主治医生名录

- **CHEN, EILEEN**
  - Provider ID: 606456
  - Provider Gender: Female
  - NPI: 1932660966
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO
  - Board Certified Specialty: No
  - 7910 FROST ST STE 400 SAN DIEGO, CA 92123
  - Phone: (858) 495-0500
  - Fax: (858) 560-4279
  - After Hours Phone: (858) 495-0500
  - Website: N/A
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

- **CONE, STEPHANIE**
  - Provider ID: 185268
  - Provider Gender: Male
  - License Number: 20A15743
  - NPI: 1174942544
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: SCRIPPS MERCY HOSPITAL
  - Board Certified Specialty: No
  - 1809 NATIONAL AVE SAN DIEGO, CA 92113
  - Phone: (619) 515-2300
  - After Hours Phone: (619) 515-2300
  - Website: www.fhcsd.org
  - Email: dalvarado@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150

- **CORDES, WILLIAM**
  - Provider ID: 206360
  - Provider Gender: Male
  - License Number: 20A15743
  - NPI: 1174942544
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: SCRIPPS MERCY HOSPITAL
  - Board Certified Specialty: No
  - 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105
  - Phone: (619) 255-9154
  - After Hours Phone: (619) 255-9154
  - Website: www.lamaestra.org
  - Email: aschmaltz@lamaestra.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:00AM-6:00PM
  - SA 8:00AM-2:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-7:00PM
TU-TH 8:00AM-6:00PM
F 8:00AM-5:30PM
SA 8:00AM-5:00PM

PEDIATRICS
CORDES, WILLIAM
Provider ID: 206360
Provider Gender: Male
License Number: 20A15743
NPI: 1174942544
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150

DIXON, SARAH
Provider ID: 482070
Provider Gender: Female
License Number: A137415
NPI: 1467751131
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
7101 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

PEDIATRICS
DIXON, SARAH
Provider ID: 482070
Provider Gender: Female
License Number: A137415
NPI: 1467751131
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150

FISHMAN, ELENA
Provider ID: 524340
Provider Gender: Female
NPI: 1740249432
Provider English Spoken: Y
Provider Language(s) Spoken: Russian
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RAYD CHILDREN'S HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
11943 EL CAMINO REAL STE 210
SAN DIEGO, CA 92130
Phone: (858) 793-1011
Fax: (858) 793-1035
After Hours Phone: (858) 793-1011
Website: N/A
Medi-Cal Open Panel: Yes
D2. 主治医生名录

<table>
<thead>
<tr>
<th>Provider</th>
<th>Provider ID</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Provider Language(s)</th>
<th>Hospital Affiliation</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORTUNE, ERIN</td>
<td>416831</td>
<td>Male</td>
<td>A95577</td>
<td>1801088422</td>
<td>Yes</td>
<td>Spanish</td>
<td>SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL</td>
<td>N</td>
<td>Yes</td>
<td>0\18</td>
<td>N</td>
</tr>
<tr>
<td>FORTUNE, ERIN</td>
<td>206360</td>
<td>Male</td>
<td>A95577</td>
<td>1801088422</td>
<td>Yes</td>
<td>Spanish</td>
<td>SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL</td>
<td>N</td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
</tr>
<tr>
<td>FRIEDMAN, JAIME</td>
<td>230500</td>
<td>Male</td>
<td>A95577</td>
<td>1801088422</td>
<td>Yes</td>
<td>Spanish</td>
<td>SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL</td>
<td>N</td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Provider Gender: Female
NPI: 1144297961
/provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego, Palomar Health
Board Certified Specialty: No
16918 Dove Canyon Rd
Ste 200
San Diego, CA 92127
Phone: (858) 924-1960
Fax: (858) 924-1964
After Hours Phone: (858) 924-1960
Website: N/A
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
Goggin, Samantha
Provider ID: 185268
Provider Gender: Female
License Number: A163693
NPI: 1023506367
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4060 Fairmount Ave
San Diego, CA 92105
Phone: (619) 255-9154
After Hours Phone: (619) 255-9154
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
Gray, Sarah
Provider ID: 206360
Provider Gender: Female
License Number: A151631
NPI: 1508210311
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego, Palomar Health
Board Certified Specialty: No
1809 National Ave
San Diego, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-7:00PM
Tu-Th 8:30AM-6:00PM
F 8:30AM-5:30PM
Sa 8:30AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

GUPTA, VARSHA
Provider ID: 206360
Provider Gender: Female
License Number: A164889
NPI: 1891283214
 Provider English Spoken: Y
 Provider Language(s) Spoken: Hindi, Spanish
 Cultural Competency: N
 Hospital Affiliation: Rady Children's Hospital San Diego
Board Certified Specialty: No

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org

PEDIATRICS
HENDERSON, TREVOR
Provider ID: 318919
Provider Gender: Male
NPI: 1356449425
 Provider English Spoken: Y
 Provider Language(s) Spoken: Danish
 Cultural Competency: N
 Hospital Affiliation: Sharp Grossmont Hospital, Sharp Mary Birch Hosp for Women and Newborns, Rady Children's Hospital San Diego, Alvarado Hospital LLC
Board Certified Specialty: No

7910 FROST ST STE 400
SAN DIEGO, CA 92123
Phone: (858) 495-0500
Fax: (858) 560-4279
After Hours Phone: (858) 495-0500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PEDIATRICS
HANSEN, JOHN
Provider ID: 58111
Provider Gender: Male
NPI: 1356449425
 Provider English Spoken: Y
 Provider Language(s) Spoken: Danish
 Cultural Competency: N
 Hospital Affiliation: Sharp Grossmont Hospital, Sharp Mary Birch Hosp for Women and Newborns, Rady Children's Hospital San Diego, Alvarado Hospital LLC
Board Certified Specialty: No

6699 ALVARADO RD STE 2200
SAN DIEGO, CA 92120
Phone: (619) 265-3400
Fax: (619) 265-3407
After Hours Phone: (619)

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

265-3400
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
HIBBS, NICOLE
Provider ID: 143979
Provider Gender: Female
NPI: 1164627832
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego, UCSF Benioff Children's Hospital Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
Board Certified Specialty: No
6699 Alvarado Rd
San Diego, CA 92120
Phone: (619) 265-3400
Fax: (619) 265-3407
After Hours Phone: (619) 265-3400
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
HOANG, VY
Provider ID: 161902
Provider Gender: Female
NPI: 1649575135
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Grossmont Hospital, Sharp Mary Birch Hosp for Women and Newborns, Rady Children's Hospital San Diego
Board Certified Specialty: No
550 Washington St Ste 300
San Diego, CA 92103
Phone: (619) 297-5437
Fax: (619) 297-4567
After Hours Phone: (619) 297-5437
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
JORDAN, JAMIE
Provider ID: 237831
Provider Gender: Female
NPI: 1275762833
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Mary Birch Hosp for Women and Newborns, Rady Children's Hospital San Diego
Board Certified Specialty: No
12036 Scripps Highlands Dr Ste 102
San Diego, CA 92131
Phone: (858) 566-4444
Fax: (858) 566-3321
After Hours Phone: (858) 566-4444
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT

2790 Truxtun Rd Ste 120A
San Diego, CA 92106
Phone: (619) 222-1253
Fax: (619) 222-1276
After Hours Phone: (619) 222-1253
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

PEDIATRICS
HORMOZDYARAN, SANAYA
Provider ID: 612398
Provider Gender: Female
NPI: 1750887634
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Accessibility: CONTACT

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS

JUAREZ, PATRICIA
Provider ID: 317641
Provider Gender: Female
NPI: 1205807229
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

KARMAKAR, KANKA
Provider ID: 417101
Provider Gender: Female
License Number: C54941
NPI: 1972536654
Provider English Spoken: Y
Provider Language(s)
Spoken: Bengali, Hindi, Polish, Spanish, Tagalog
Cultural Competency: N
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150

KESANAPALLI, DEEPTHI
Provider ID: 235069
Provider Gender: Female
NPI: 1487948584
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified Specialty: No
7910 FROST ST STE 335
SAN DIEGO, CA 92123
Phone: (858) 576-8010
Fax: (858) 576-7391
After Hours Phone: (858) 576-8010
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

PEDIATRICS

KESANAPALLI, DEEPTHI
Provider ID: 235069
Provider Gender: Female
NPI: 1487948584
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified Specialty: No
7910 FROST ST STE 335
SAN DIEGO, CA 92123
Phone: (858) 576-8010
Fax: (858) 576-7391
After Hours Phone: (858) 576-8010
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

PEDIATRICS

KARMAKAR, KANKA
Provider ID: 417101
Provider Gender: Female
License Number: C54941
NPI: 1972536654
Provider English Spoken: Y
Provider Language(s)
Spoken: Bengali, Hindi, Polish, Spanish, Tagalog
Cultural Competency: N
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:30AM-5:30PM
W 10:00AM-7:00PM
TH-F 8:30AM-5:30PM

PEDIATRICS

KARMARKAR, KANKA
Provider ID: 417101
Provider Gender: Female
License Number: C54941
NPI: 1972536654
Provider English Spoken: Y
Provider Language(s)
Spoken: Bengali, Hindi, Polish, Spanish, Tagalog
Cultural Competency: N
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

PEDIATRICS

LAWRIE, ALISA
Provider ID: 660912
Provider Gender: Female
NPI: 1407847908
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No
550 WASHINGTON ST STE 300
SAN DIEGO, CA 92103
Phone: (619) 297-4567
After Hours Phone: (619) 297-4567
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

LIU, JESICA
Provider ID: 206363
Provider Gender: Female
License Number: A166312
NPI: 1184157620
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS

LOPER, KAREN
Provider ID: 490610
Provider Gender: Female
NPI: 1619908936
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Board Certified Specialty: No
550 WASHINGTON ST STE 300
SAN DIEGO, CA 92103
Phone: (619) 297-5437
Fax: (619) 297-4567
After Hours Phone: (619) 297-5437
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
1433

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Gender</th>
<th>License</th>
<th>NPI</th>
<th>Hospital Affiliation</th>
<th>Specialties</th>
<th>Languages</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUJAN, ARLEEN</td>
<td>206360</td>
<td>Female</td>
<td>A61687</td>
<td>1760412431</td>
<td>SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</td>
<td>No</td>
<td>English, Spanish</td>
<td>1809 NATIONAL AVE SAN DIEGO, CA 92113</td>
</tr>
<tr>
<td>MAHENDRAN, SRVIDYA</td>
<td>482070</td>
<td>Female</td>
<td>A92173</td>
<td>1487843454</td>
<td>SHARP MEMORIAL HOSPITAL, Rady CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA</td>
<td>No</td>
<td>English, Spanish</td>
<td>7011 LINDA VISTA RD SAN DIEGO, CA 92111</td>
</tr>
<tr>
<td>MANRIQUEZ-CASTILLO, ERENDIRA</td>
<td>185268</td>
<td>Female</td>
<td>A75533</td>
<td>1356397418</td>
<td>VALLEY 1434</td>
<td>No</td>
<td>English, Spanish, French, German</td>
<td>1434</td>
</tr>
</tbody>
</table>
D2. 主治医生名录

CHILDRENS HOSPITAL, RADIY
CHILDRENS HOSPITAL SAN
DIEGO
Board Certified Specialty: No
 addChild{4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619)
255-9155
Website: www.lamaestra.or
Email:
aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-2:00PM

PEDIATRICS
MANRIQUEZ-CASTILLO,
ERENDIRA
Provider ID: 185268
Provider Gender: Female
License Number: A75533
NPI: 1356397418
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: VALLEY
CHILDRENS HOSPITAL, RADIY
CHILDRENS HOSPITAL SAN
DIEGO
Board Certified Specialty: No
 addChild{4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619)
255-9155
Website: www.lamaestra.or
Email:
aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-2:00PM

PEDIATRICS
MARTINEZ ANDREE, INGRID
Provider ID: 319049
Provider Gender: Female
NPI: 1205807203
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADIY
CHILDRENS HOSPITAL SAN
DIEGO, SHARP MEMORIAL
HOSPITAL
Board Certified Specialty: No
 addChild{7910 FROST ST STE 400
SAN DIEGO, CA 92123
Phone: (858) 495-0500
Fax: (858) 560-4279
After Hours Phone: (858)
495-0500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

PEDIATRICS
PARK, TARI
Provider ID: 237711
Provider Gender: Female
NPI: 1285669085
Provider English Spoken: Y
Provider Language(s)
Spoken: Korean
Cultural Competency: N
Hospital Affiliation: SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
RADIY CHILDRENS HOSPITAL
SAN DIEGO
Board Certified Specialty: No
 addChild{12036 SCRIPPS
HIGHLANDS DR STE 102
Website: www.lamaestra.or
Email:
aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-2:00PM

MLNARIK, ANASTASIA
Provider ID: 558645
Provider Gender: Female
NPI: 1972000537
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADIY
CHILDRENS HOSPITAL SAN
DIEGO
Board Certified Specialty: No
 addChild{11943 EL CAMINO REAL STE
210
SAN DIEGO, CA 92130
Phone: (858) 793-1011
Fax: (858) 793-1035
After Hours Phone: (858)
793-1011
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

SAN DIEGO, CA 92131
Phone: (858) 566-4444
Fax: (858) 566-3321
After Hours Phone: (858) 566-4444
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDiatrics
PARKER, SHERINE
Provider ID: 206360
Provider Gender: Female
License Number: G81658
NPI: 1477626513
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GLENDALE ADVENTIST MED CTR,
GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
TU-TH 8:30AM-6:00PM
F 8:30AM-5:30PM

PEDiatrics
PAVLOVICH, WENDY
Provider ID: 416831
Provider Gender: Female
License Number: A126181
NPI: 1740467299
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDiatrics
PAVLOVICH, WENDY
Provider ID: 416831
Provider Gender: Female
License Number: A126181
NPI: 1740467299
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
D2. 主治医生名录

After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
POWELL, STEPHANIE
Provider ID: 319033
Provider Gender: Female
NPI: 1720059744
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

PEDIATRICS
PRESKILL, CATALINA
Provider ID: 403583
Provider Gender: Female
License Number: G29879
NPI: 1598088759
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

PEDIATRICS
PRESKILL, CATALINA
Provider ID: 403583
Provider Gender: Female
License Number: G29879
NPI: 1598088759
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

PEDIATRICS
RODRIGUEZ, JAVIER
Provider ID: 185268
Provider Gender: Male
License Number: A82639
NPI: 1013059385
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
RODRIGUEZ, JAVIER
Provider ID: 185268
Provider Gender: Male
License Number: A82639
NPI: 1013059385
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

- **Provider English Spoken**: Y
- **Provider Language(s)**
  - **Spoken**: Spanish
- **Cultural Competency**: N
- **Board Certified Specialty**: No
- **4060 FAIRMOUNT AVE
  SAN DIEGO, CA 92105**
- **Phone**: (619) 255-9155
- **After Hours Phone**: (619) 255-9155
- **Website**: www.lamaestra.org
- **Email**: aschmaltz@lamaestra.org
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\150
- **American Sign Language (ASL)**: N
- **Accessibility**: CONTACT PROVIDER

**PEDIATRICS**

**RODRIGUEZ, ALDO**

- **Provider ID**: 451167
- **Provider Gender**: Male
- **License Number**: A134995
- **NPI**: 1508209651
- **Provider English Spoken**: Y
- **Provider Language(s)**
  - **Spoken**: Portuguese, Spanish
- **Cultural Competency**: N
- **Hospital Affiliation**: SCRIPPS MEMORIAL HOSPITAL
- **Board Certified Specialty**: No
- **950 S EUCLID AVE
  SAN DIEGO, CA 92114**
- **Phone**: (619) 662-4100
- **After Hours Phone**: (619) 662-4100
- **Website**: www.syhealth.org/clinics/king-chavez-health-
  center
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\19
- **American Sign Language (ASL)**: N
- **Accessibility**: CONTACT PROVIDER

**RUBENSTEIN, STUART**

- **Provider ID**: 521305
- **Provider Gender**: Male
- **NPI**: 1689633844
- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Hospital Affiliation**: SCRIPPS MEMORIAL HOSPITAL
- **Encinitas, Rady Childrens Hospital San Diego, SCRIPPS MEMORIAL HOSPITAL, Sharp Memorial Hospital**
- **Board Certified Specialty**: No
- **11943 EL CAMINO REAL STE 210
  SAN DIEGO, CA 92130**
- **Phone**: (858) 793-1011
- **Fax**: (858) 793-1035
- **After Hours Phone**: (858) 793-1011
- **Website**: N/A
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\19
- **American Sign Language (ASL)**: N
- **Accessibility**: CONTACT PROVIDER

**SAMPATH, SRIVIDYA**

- **Provider ID**: 416831
- **Provider Gender**: Female
- **License Number**: A132576
- **NPI**: 1275892754
- **Provider English Spoken**: Y
- **Provider Language(s)**
  - **Spoken**: French
- **Cultural Competency**: N

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Hospital Affiliation: SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
3514 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2424  
After Hours Phone: (619) 515-2424  
Website: www.fhcsd.org  
Email: jenanm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

SAMPATH, SRIVIDYA  
Provider ID: 416831  
Provider Gender: Female  
License Number: A132576  
NPI: 1275892754  
Provider English Spoken: Y  
Provider Language(s): French  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
3514 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2424  
After Hours Phone: (619) 515-2424  
Website: www.fhcsd.org  
Email: jenanm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

PEDIATRICS

SEBSO, JODI  
Provider ID: 416831  
Provider Gender: Female  
License Number: A103099  
NPI: 1538484316  
Provider English Spoken: Y  
Provider Language(s): Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
3514 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2424  
After Hours Phone: (619) 515-2424  
Website: www.fhcsd.org  
Email: jenanm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

PEDIATRICS

SEBSO, JODI  
Provider ID: 416831  
Provider Gender: Female  
License Number: A103099  
NPI: 1538484316  
Provider English Spoken: Y  
Provider Language(s): Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

PROVIDER
Hours: M-F 9:00AM-5:00PM

PEDIATRICS
SEBSO, JODI
Provider ID: 206360
Provider Gender: Female
License Number: A103099
NPI: 1538484316
☑️ Provider English Spoken: Y
☑️ Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

292 EUCLID AVE STE 220
SAN DIEGO, CA 92114
☎️ Phone: (619) 262-8624
Fax: (619) 262-6639
⏰ After Hours Phone: (619) 262-8624
🌐 Website: N/A

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

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

PEDIATRICS
SHETH, HASMUKH
Provider ID: 451167
Provider Gender: Male
License Number: A45942
NPI: 1396812236
☑️ Provider English Spoken: Y
☑️ Provider Language(s) Spoken: Gujarati, Hindi, Urdu
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

950 S EUCLID AVE
SAN DIEGO, CA 92114
☎️ Phone: (619) 662-4100
⏰ After Hours Phone: (619) 662-4100
🌐 Website: www.syhealth.org/clinics/king-chavez-health-center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

PEDIATRICS
SHETH, HASMUKH
Provider ID: 451167
Provider Gender: Male
License Number: A45942
NPI: 1396812236
☑️ Provider English Spoken: Y
☑️ Provider Language(s) Spoken: Gujarati, Hindi, Urdu
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

950 S EUCLID AVE
SAN DIEGO, CA 92114
☎️ Phone: (619) 662-4100
⏰ After Hours Phone: (619) 662-4100
🌐 Website: www.syhealth.org/clinics/king-chavez-health-center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM
D2. 主治医生名录

PEDIATRICS
SHIAU, NANCY
Provider ID: 40852
Provider Gender: Female
NPI: 1750352779
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL,
GROSSMONT HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO,
SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, ALVARADO HOSP MED CTR
Board Certified Specialty: No
Provider Address: 6699 ALVARADO RD STE 2200
SAN DIEGO, CA 92120
Phone: (619) 265-3400
Fax: (619) 265-3407
After Hours Phone: (619) 265-3400
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
Provider Address: 3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
SPITZER, MARSHA
Provider ID: 402851
Provider Gender: Female
License Number: A76785
NPI: 1851323315
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
Provider Address: 3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
SPITZER, MARSHA
Provider ID: 402851
Provider Gender: Female
License Number: A76785
NPI: 1851323315
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
Provider Address: 3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PEDIATRICS

SPITZER, MARSHA
Provider ID: 417429
Provider Gender: Female
License Number: A76785
NPI: 1851323315
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
1550 BROADWAY STE 2
SAN DIEGO, CA 92101
Phone: (619) 515-2525
After Hours Phone: (619) 515-2525
Website: www.fhcsd.org
Email: janeta@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PEDIATRICS

STUMP, CHARI
Provider ID: 587747
Provider Gender: Female
NPI: 1265968788
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No
7910 FROST ST STE 400
SAN DIEGO, CA 92123
Phone: (858) 495-0500
Fax: (858) 560-4279
After Hours Phone: (858) 495-0500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PEDIATRICS

SUBRAMANIAN, RAMA
Provider ID: 662343
Provider Gender: Female
NPI: 1932593506
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
11943 EL CAMINO REAL STE 210
SAN DIEGO, CA 92130
Phone: (858) 793-1011
Fax: (858) 793-1035
After Hours Phone: (858) 793-1011
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

**PEDIATRICS**

**SULEIMAN QAFITI, KHAWLA**
Provider ID: 416831
Provider Gender: Female
License Number: A51318
NPI: 1659303121

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS
- Board Certified Specialty: No

3514 30TH ST
SAN DIEGO, CA 92104

- Phone: (619) 515-2424
- After Hours Phone: (619) 515-2424
- Website: www.fhcsd.org
- Email: jenanm@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\18
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-TH 8:00AM-5:00PM

**TAMAYO, MAITHE**
Provider ID: 206360
Provider Gender: Female
License Number: A80504
NPI: 1487748430

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS
- Board Certified Specialty: No

1809 NATIONAL AVE
SAN DIEGO, CA 92113

- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www.fhcsd.org
- Email: dalvarado@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
### Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
- Board Certified Specialty: No
- Provider ID: 356145
- Provider Gender: Female
- License Number: A80504
- NPI: 1487748430
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
- Board Certified Specialty: No
- Provider ID: 524333
- Provider Gender: Female
- NPI: 1366753022
- Provider English Spoken: Y
- Provider Language(s) Spoken: Russian
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- Provider ID: 153090
- Provider Gender: Female
- NPI: 1730477621
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, RADY CHILDREN'S HOSPITAL SAN DIEGO
- Board Certified Specialty: No
- Provider ID: 637376
- Provider Gender: Male
- NPI: 1538520457
- Provider English Spoken: Y
- Cultural Competency: N

### PEDIATRICS WATERS, ELIZABETH
- Provider ID: 153090
- Provider Gender: Female
- NPI: 1730477621
- Provider English Spoken: Y
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS MERCY HOSPITAL, RADY CHILDREN'S HOSPITAL SAN DIEGO
- Board Certified Specialty: No
- Provider ID: 524333
- Provider Gender: Female
- NPI: 1366753022
- Provider English Spoken: Y
- Provider Language(s) Spoken: Russian
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- Provider ID: 153090
- Provider Gender: Female
- NPI: 1730477621
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
- Board Certified Specialty: No
- Provider ID: 637376
- Provider Gender: Male
- NPI: 1538520457
- Provider English Spoken: Y
- Cultural Competency: N

### PEDIATRICS WASSON, MINA
- Provider ID: 524333
- Provider Gender: Female
- NPI: 1366753022
- Provider English Spoken: Y
- Provider Language(s) Spoken: Russian
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- Provider ID: 153090
- Provider Gender: Female
- NPI: 1730477621
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
- Board Certified Specialty: No
- Provider ID: 637376
- Provider Gender: Male
- NPI: 1538520457
- Provider English Spoken: Y
- Cultural Competency: N

### PEDIATRICS TAMAYO, MAITHE
- Provider ID: 356145
- Provider Gender: Female
- License Number: A80504
- NPI: 1487748430
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
- Board Certified Specialty: No
- Provider ID: 524333
- Provider Gender: Female
- NPI: 1366753022
- Provider English Spoken: Y
- Provider Language(s) Spoken: Russian
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- Provider ID: 153090
- Provider Gender: Female
- NPI: 1730477621
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
- Board Certified Specialty: No
- Provider ID: 637376
- Provider Gender: Male
- NPI: 1538520457
- Provider English Spoken: Y
- Cultural Competency: N
D2. 主治医生名录

Hospital Affiliation: LUCILE SALTER PACKARD CHILDRENS HOSP, Stanford Health Care
Board Certified Specialty: No
6699 ALVARADO RD STE 2200
SAN DIEGO, CA 92120
Phone: (619) 265-3400
Fax: (619) 265-3407
After Hours Phone: (619) 265-3400
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
WONG, YOLANDA
Provider ID: 233532
Provider Gender: Female
License Number: A94449
NPI: 1851599872
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
After Hours Phone: (619) 280-2058
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
WONG, YOLANDA
Provider ID: 482070
Provider Gender: Female
License Number: A94449
NPI: 1851599872
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM
TU 8:30AM-9:00PM
W-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

PEDIATRICS
WONG, YOLANDA
Provider ID: 482070
Provider Gender: Female
License Number: A94449
NPI: 1851599872
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
After Hours Phone: (619) 280-2058
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
ZAHEER, AARON
Provider ID: 482070
Provider Gender: Male
License Number: A61238
NPI: 1902882301
 Provider English Spoken: Y
Provider Language(s) Spoken: Persian, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
ZAHEER, AARON
Provider ID: 233532
Provider Gender: Male
License Number: A61238
NPI: 1902882301
 Provider English Spoken: Y
Provider Language(s) Spoken: Persian, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
After Hours Phone: (619) 280-2058
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
ZAHEER, AARON
Provider ID: 233532
Provider Gender: Male
License Number: A61238
NPI: 1902882301
 Provider English Spoken: Y
Provider Language(s) Spoken: Persian, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
After Hours Phone: (619) 280-2058
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

.PEDIATRICS
.ZANDKARIMI, FARIBA
.Provider ID: 206360
.Provider Gender: Female
-License Number: A46161
-NPI: 1356373674
-Provider English Spoken: Y
-Provider Language(s)
  Spoken: Farsi, Persian, Spanish
-Cultural Competency: N
-Hospital Affiliation: MERCY GENERAL HOSPITAL, RADY CHILDREN'S HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, UCSD MEDICAL CTR
-Board Certified Specialty: No
-1809 NATIONAL AVE SAN DIEGO, CA 92113
-Phone: (619) 515-2300
-After Hours Phone: (619) 515-2422
-Website: www.fhcsd.org
-Email: dalvarado@fhcsd.org
-Medi-Cal Open Panel: Yes
-Min/Max Age: 0\150
-American Sign Language (ASL): N
-Accessibility: CONTACT PROVIDER

.PHYSICIANS ASSISTANT
.ALVARADO, EDMUND
.Provider ID: 419529
.Provider Gender: Male
-License Number: PA20888
-NPI: 1720303340
-Provider English Spoken: Y
-Provider Language(s)
  Spoken: Spanish
-Cultural Competency: N
-Board Certified Specialty: No
-2325 COMMERCIAL ST STE 1400
  SAN DIEGO, CA 92113
-Phone: (619) 515-2422
-After Hours Phone: (619) 515-2422
-Website: www.fhcsd.org
-Email: dalvarado@fhcsd.org
-Medi-Cal Open Panel: Yes
-Min/Max Age: 0\150
-American Sign Language (ASL): N
-Accessibility: CONTACT PROVIDER
D2. 主治医生名录

 PHYSICIANS ASSISTANT
ARMENTA, JORGE
Provider ID: 185268
Provider Gender: Male
License Number: PA13694
NPI: 1346382611
Fax: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-2:00PM

 PHYSICIANS ASSISTANT
ARMENTA, JORGE
Provider ID: 185268
Provider Gender: Male
License Number: PA13694
NPI: 1346382611
Fax: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-2:00PM

 PHYSICIANS ASSISTANT
BATISTA, OSVALDO
Provider ID: 206360
Provider Gender: Male
License Number: PA17864
NPI: 1245349224
Fax: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
PHONE OF PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-2:00PM

 PHYSICIANS ASSISTANT
BATISTA, OSVALDO
Provider ID: 206360
Provider Gender: Male
License Number: PA17864
NPI: 1245349224
Fax: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
PHONE OF PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-2:00PM

 PHYSICIANS ASSISTANT
CASTILLO, PATRICIA
Provider ID: 206362
Provider Gender: Female
License Number: PA17220
NPI: 1376550657
Fax: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
PHONE OF PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-2:00PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

PHYSICIANS ASSISTANT
BATISTA, OSVALDO
Provider ID: 206360
Provider Gender: Male
License Number: PA17864
NPI: 1245349224
Fax: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
PHONE OF PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-2:00PM

PHYSICIANS ASSISTANT
CASTILLO, PATRICIA
Provider ID: 206362
Provider Gender: Female
License Number: PA17220
NPI: 1376550657
Fax: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
PHONE OF PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-2:00PM

1448
D2. 主治医生名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
CASTILLO, PATRICIA
Provider ID: 206362
Provider Gender: Female
License Number: PA17220
NPI: 1376550657
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
CHAN, TIFFANY
Provider ID: 206360
Provider Gender: Female
License Number: PA23258
NPI: 1790111607
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
CONTRERAS, LORETTA
Provider ID: 403583
Provider Gender: Female
License Number: PA54617
NPI: 1679096341
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

PHYSICIANS ASSISTANT
DOLMETSCH, JEANETTE
Provider ID: 417987
Provider Gender: Female
License Number: PA58905
NPI: 1164941456
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4874 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 515-2426
After Hours Phone: (619) 515-2426
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

PHYSICIANS ASSISTANT
DRAME, SALWA
Provider ID: 417987
Provider Gender: Female
License Number: PA59481
NPI: 1093136426
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Board Certified Specialty: No
4874 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 515-2426
After Hours Phone: (619) 515-2426
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
GARCIA, DEANA
Provider ID: 416831
Provider Gender: Female
License Number: PA21042
NPI: 1447567995
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
GARCIA, DEANA
Provider ID: 416831
Provider Gender: Female
License Number: PA21042
NPI: 1447567995

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### PHYSICIANS ASSISTANT

**HOXMEIER, KRYSTA**
- **Provider ID:** 418142
- **Provider Gender:** Female
- **License Number:** PA58505
- **NPI:** 1104203454
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0–18
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER

**Address:**
3514 30TH ST
SAN DIEGO, CA 92104

**Phone:** (619) 515-2424

**After Hours Phone:** (619) 515-2424

**Website:** www.fhcsd.org

**Email:** jenanm@fhcsd.org

---

**PHYSICIANS ASSISTANT**

**HOXMEIER, KRYSTA**
- **Provider ID:** 206363
- **Provider Gender:** Female
- **License Number:** PA58505
- **NPI:** 1104203454
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0–150
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER

**Address:**
5160 FEDERAL BLVD
SAN DIEGO, CA 92105

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

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

**Website:** www.fhcsd.org

**Email:** nancyl@fhcsd.org

---

**PHYSICIANS ASSISTANT**

**LANDIS, SARAH**
- **Provider ID:** 417782
- **Provider Gender:** Female
- **License Number:** PA58826
- **NPI:** 1144733676
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0–150
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER

**Address:**
4725 MARKET ST
SAN DIEGO, CA 92102

**Phone:** (619) 515-2560

**After Hours Phone:** (619) 515-2560

**Website:** www.fhcsd.org

**Email:** nancyl@fhcsd.org

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
1250 6TH AVE STE 100
SAN DIEGO, CA 92101
Phone: (619) 515-2430
After Hours Phone: (619) 515-2430
Website: www.fhcsd.org
Email: jinah@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PHYSICIANS ASSISTANT
LAPINA, LORI
Provider ID: 417937
Provider Gender: Female
License Number: PA23231
NPI: 1245670413
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
LANDIS, SARAH
Provider ID: 417782
Provider Gender: Female
License Number: PA58826
NPI: 1144733676
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
1250 6TH AVE STE 100
SAN DIEGO, CA 92101
Phone: (619) 515-2430
After Hours Phone: (619) 515-2430
Website: www.fhcsd.org
Email: jinah@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
LAPINA, LORI
Provider ID: 417937
Provider Gender: Female
License Number: PA23231
NPI: 1245670413
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
LEON, FLOR
Provider ID: 206360
Provider Gender: Female
License Number: PA53788
NPI: 1902358237
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
LEON, FLOR
Provider ID: 206360
Provider Gender: Female
License Number: PA53788
NPI: 1902358237
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
D2. 主治医生名录

LEON, FLOR
Provider ID: 356145
Provider Gender: Female
License Number: PA53788
NPI: 1902358237
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Phone: (619) 515-2435
After Hours Phone: (619) 515-2435
Website: N/A
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

LEON, FLOR
Provider ID: 419529
Provider Gender: Female
License Number: PA53788
NPI: 1902358237
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Phone: (619) 515-2435
After Hours Phone: (619) 515-2435
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

LLOYD, MATTHEW
Provider ID: 417429
Provider Gender: Male
License Number: PA62752
NPI: 1487307369
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Phone: (619) 515-2525
After Hours Phone: (619) 515-2525
Website: www.fhcsd.org
Email: janeta@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
D2. 主治医生名录

N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

PHYSICIANS ASSISTANT
LLOYD, MATTHEW
Provider ID: 417429
Provider Gender: Male
License Number: PA62752
NPI: 1487307369

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

1550 BROADWAY STE 2
SAN DIEGO, CA 92101

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

Website: www.fhcsd.org
Email: janeta@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

PHYSICIANS ASSISTANT
LOHNES, ELLIE
Provider ID: 417429
Provider Gender: Female
License Number: PA63071
NPI: 1902580426

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

1550 BROADWAY STE 2
SAN DIEGO, CA 92101

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

Website: www.fhcsd.org
Email: janeta@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

PHYSICIANS ASSISTANT
LOPEZ, MARIO
Provider ID: 417987
Provider Gender: Male
License Number: PA21385
NPI: 1932335080

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

4874 POLK AVE
SAN DIEGO, CA 92105

Phone: (619) 515-2426
After Hours Phone: (619) 515-2426

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

PHYSICIANS ASSISTANT
LOPEZ, MARIO
Provider ID: 417937

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

1454
D2. 主治医生名录

PHYSICIANS ASSISTANT
MARTINEZ MURGUIA, IRENE
Provider ID: 185268
Provider Gender: Female
License Number: PA20296
NPI: 1447492889
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
MARTINEZ MURGUIA, IRENE
Provider ID: 185268
Provider Gender: Female
License Number: PA20296
NPI: 1447492889
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
MERCER, KELLY
Provider ID: 185268
Provider Gender: Female
License Number: PA21625
NPI: 1154609790
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
MERCER, KELLY
Provider ID: 185268
Provider Gender: Female
License Number: PA21625
NPI: 1154609790
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Provider Gender: Female
License Number: PA21625
NPI: 1154609790
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified Specialty: No
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.org
Email: aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
MILLER, LAUREL
Provider ID: 206363
Provider Gender: Female
License Number: PA20378
NPI: 1598992133
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
NUNO, JOSE
Provider ID: 206360
Provider Gender: Male
License Number: PA15227
NPI: 1275543068
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
PENA, NICHOLAS
Provider ID: 206360
Provider Gender: Male
License Number: PA56636
NPI: 1083176077
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1456
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
PHYSICIANS ASSISTANT

PENA, NICHOLAS
Provider ID: 206360
Provider Gender: Male
License Number: PA56636
NPI: 1083176077
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

PHUNG, AIVI
Provider ID: 206046
Provider Gender: Female
License Number: PA53902
NPI: 1639528110
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

PHUNG, AIVI
Provider ID: 206046
Provider Gender: Female
License Number: PA53902
NPI: 1639528110
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

PHUNG, AIVI
Provider ID: 206046
Provider Gender: Female
License Number: PA53902
NPI: 1639528110
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM
TU 8:00AM-8:00PM
W-F 8:00AM-5:00PM
SA 9:00AM-1:00PM
D2. 主治医生名录

PHYSICIANS ASSISTANT
PHUNG, AIVI
Provider ID: 206046
Provider Gender: Female
License Number: PA53902
NPI: 1639528110
 Provider English Spoken: Y
 Provider Language(s) Spoken: Vietnamese
 Cultural Competency: N
 Board Certified Specialty: No
 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560
 Website: www.fhcsd.org
 Email: nancyl@fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
POLLEY, SHANNON
Provider ID: 206363
Provider Gender: Female
License Number: PA60864
NPI: 1225608722
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560
 Website: www.fhcsd.org
 Email: nancyl@fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
QUICK, ELISABETH
Provider ID: 206360
Provider Gender: Female
License Number: PA21591
NPI: 1790055010
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
 Email: dalvarado@fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
### PROVIDER

#### PHYSICIANS ASSISTANT

**RALL, EMILY**

Provider ID: 227409  
Provider Gender: Female  
License Number: PA52141  
NPI: 1407855828

- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 3177 OCEAN VIEW BLVD  
  SAN DIEGO, CA 92113  
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
- Website: https://www.syhealth.org/locations
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

#### PHYSICIANS ASSISTANT

**RASMUSSEN, DALE**

Provider ID: 417429  
Provider Gender: Male  
License Number: PA54022  
NPI: 1962880864

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: MERCY
- HOSPITAL OF FOLSOM
- Board Certified Specialty: No
- 1550 BROADWAY STE 2  
  SAN DIEGO, CA 92101  
  Phone: (619) 515-2525
  After Hours Phone: (619) 515-2525
  Website: www.fhcsd.org
  Email: janeta@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M-F 8:30AM-5:30PM

#### PHYSICIANS ASSISTANT

**SHARPE, NORMA**

Provider ID: 517403  
Provider Gender: Female  
License Number: PA20490  
NPI: 1619100237

- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 316 25TH ST  
  SAN DIEGO, CA 92102  
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
  Website: N/A
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\120
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

---

**D2. 主治医生名录**

- **PROVIDER**
- **PHYSICIANS ASSISTANT**
- **RALL, EMILY**
  - Provider ID: 227409
  - Provider Gender: Female
  - License Number: PA52141
  - NPI: 1407855828
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Board Certified Specialty: No
  - 3177 OCEAN VIEW BLVD  
    SAN DIEGO, CA 92113  
    Phone: (619) 662-4100
    After Hours Phone: (619) 662-4100
  - Website: https://www.syhealth.org/locations
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

- **PHYSICIANS ASSISTANT**
- **RASMUSSEN, DALE**
  - Provider ID: 417429
  - Provider Gender: Male
  - License Number: PA54022
  - NPI: 1962880864
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: MERCY
  - HOSPITAL OF FOLSOM
  - Board Certified Specialty: No
  - 1550 BROADWAY STE 2  
    SAN DIEGO, CA 92101  
    Phone: (619) 515-2525
    After Hours Phone: (619) 515-2525
    Website: www.fhcsd.org
    Email: janeta@fhcsd.org
    Medi-Cal Open Panel: Yes
    Min/Max Age: 0\150
    American Sign Language (ASL): N
    Accessibility: CONTACT PROVIDER
    Hours: M-F 8:30AM-5:30PM

- **PHYSICIANS ASSISTANT**
- **SHARPE, NORMA**
  - Provider ID: 517403
  - Provider Gender: Female
  - License Number: PA20490
  - NPI: 1619100237
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Board Certified Specialty: No
  - 316 25TH ST  
    SAN DIEGO, CA 92102  
    Phone: (619) 662-4100
    After Hours Phone: (619) 662-4100
    Website: N/A
    Medi-Cal Open Panel: Yes
    Min/Max Age: 0\120
    American Sign Language (ASL): N
    Accessibility: CONTACT PROVIDER
D2. 主治医生名录

**PHYSICIANS ASSISTANT**
**TOMASZEWSKI, DEBRA**
Provider ID: 206363
Provider Gender: Female
License Number: PA58081
NPI: 1215264452
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
316 25TH ST
SAN DIEGO, CA 92102
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**
**TOMASZEWSKI, DEBRA**
Provider ID: 206363
Provider Gender: Female
License Number: MT2061555
NPI: 1215264452
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**
**TOMASZEWSKI, DEBRA**
Provider ID: 206363
Provider Gender: Female
License Number: PA58081
NPI: 1215264452
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**
**TOMASZEWSKI, DEBRA**
Provider ID: 206363
Provider Gender: Female
License Number: MT2061555
NPI: 1215264452
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**
**TOMASZEWSKI, DEBRA**
Provider ID: 206363
Provider Gender: Female
License Number: MT2061555
NPI: 1215264452
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**
**TURNER, SHEREENA**
Provider ID: 206360
Provider Gender: Female
License Number: PA20396
NPI: 1992934988
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

PHYSICIANS ASSISTANT
TURNER, SHEREENA
Provider ID: 206360
Provider Gender: Female
License Number: PA20396
NPI: 1992934988
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
UDOH, EKAETE
Provider ID: 418535
Provider Gender: Male
License Number: PA19664
NPI: 1841472776
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
YOUNG-PEN, TONI
Provider ID: 233597
Provider Gender: Female
License Number: PA18746
NPI: 1932297595
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish,
Vietnamese
Accessibility: CONTACT PROVDER

PHYSICIANS ASSISTANT
YOUNG-PEN, TONI
Provider ID: 206362
Provider Gender: Female
License Number: PA18746
NPI: 1932297595
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish,
Vietnamese
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

- **provider English Spoken:** Y
- **Provider Language(s) Spoken:** Spanish, Vietnamese
- **Cultural Competency:** N
- **Board Certified Specialty:** No

**PHYSICIANS ASSISTANT**

**YOUNG-PEN, TONI**

- **Provider ID:** 233597
- **Provider Gender:** Female
- **License Number:** PA18746
- **NPI:** 1932297595
- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Spanish, Vietnamese
- **Cultural Competency:** N
- **Board Certified Specialty:** No

**PODIATRIST**

**JUAREZ, LETICIA**

- **Provider ID:** 206360
- **Provider Gender:** Female
- **License Number:** DPM5661
- **NPI:** 1508393778
- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Spanish
- **Cultural Competency:** N
- **Board Certified Specialty:** No

**PODIATRIST**

**LE, DIANA**

- **Provider ID:** 206360
- **Provider Gender:** Female
D2. 主治医生名录

License Number: DPM5734
NPI: 1184112864
 Provider English Spoken: Y
 Provider Language(s)
  Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: ANAHEIM REGIONAL MEDICAL CTR
Board Certified Specialty: No

PODIATRIST
LE, DIANA
Provider ID: 206360
Provider Gender: Female
License Number: DPM5734
NPI: 1184112864
 Provider English Spoken: Y
 Provider Language(s)
  Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: ANAHEIM REGIONAL MEDICAL CTR
Board Certified Specialty: No

PODIATRIST
LE, DIANA
Provider ID: 206363
Provider Gender: Female
License Number: DPM5734
NPI: 1184112864
 Provider English Spoken: Y
 Provider Language(s)
  Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: ANAHEIM REGIONAL MEDICAL CTR
Board Certified Specialty: No

PODIATRIST
SCHNEIDER, SARAH
Provider ID: 206360
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

PODIATRIST
LE, DIANA
Provider ID: 206363
Provider Gender: Female
License Number: DPM5734
NPI: 1184112864
 Provider English Spoken: Y
 Provider Language(s)
  Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: ANAHEIM REGIONAL MEDICAL CTR
Board Certified Specialty: No

PODIATRIST
LE, DIANA
Provider ID: 206360
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
D2. 主治医生名录

PROVIDER

PODIATRIST

SCHNEIDER, SARAH
Provider ID: 206360
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PODIATRIST

SCHNEIDER, SARAH
Provider ID: 417429
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1550 BROADWAY STE 2
SAN DIEGO, CA 92101
Phone: (619) 515-2525
After Hours Phone: (619) 515-2525
Website: www.fhcsd.org
Email: janeta@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PODIATRIST

SCHNEIDER, SARAH
Provider ID: 402851
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PREVENTATIVE MEDICINE

GENERAL

HILL, LINDA
Provider ID: 206046
Provider Gender: Female
D2. 主治医生名录

License Number: G41532
NPI: 1467434811

Provider English Spoken: Y
Provider Language(s)
  Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Board Certified Specialty: No

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

PREVENTATIVE MEDICINE
GENERAL
HILL, LINDA
Provider ID: 206046
Provider Gender: Female
License Number: G41532
NPI: 1467434811

Provider English Spoken: Y
Provider Language(s)
  Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Board Certified Specialty: No

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

W-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

PREVENTATIVE MEDICINE
GENERAL
HILL, LINDA
Provider ID: 206046
Provider Gender: Female
License Number: G41532
NPI: 1467434811

Provider English Spoken: Y
Provider Language(s)
  Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Board Certified Specialty: No

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

PREVENTATIVE MEDICINE
GENERAL
HILL, LINDA
Provider ID: 206046
Provider Gender: Female
License Number: G41532
NPI: 1467434811

Provider English Spoken: Y
D2. 主治医生名录

- Provider Language(s)
  - Spoken: French, Spanish
  - Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR
- Board Certified Specialty: No
- 6973 LINDA VISTA RD
  - SAN DIEGO, CA 92111
  - Phone: (858) 279-0925
  - After Hours Phone: (858) 279-0925
  - Website: www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:30AM-5:30PM
  - SA 9:00AM-4:00PM

PREVENTATIVE MEDICINE
GENERAL

HILL, LINDA
- Provider ID: 482070
- Provider Gender: Female
- License Number: G41532
- NPI: 1467434811
  - Provider English Spoken: Y
  - Provider Language(s)
    - Spoken: French, Spanish
    - Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR
- Board Certified Specialty: No
- 7011 LINDA VISTA RD
  - SAN DIEGO, CA 92111
  - Phone: (858) 810-8700
  - After Hours Phone: (858) 810-8700
  - Website: www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:30AM-5:30PM
  - SA 9:00AM-4:00PM

RISSE, JOSEPH
- Provider ID: 206046
- Provider Gender: Male
- License Number: G70886
- NPI: 1952386765
  - Provider English Spoken: Y
  - Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR
- Board Certified Specialty: Yes
- 6973 LINDA VISTA RD
  - SAN DIEGO, CA 92111
  - Phone: (858) 279-0925
  - Fax: (858) 279-0377
  - After Hours Phone: (858) 279-0925
  - Website: www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:30AM-5:30PM
  - SA 9:00AM-4:00PM

PREVENTATIVE MEDICINE
GENERAL

RISSE, JOSEPH
- Provider ID: 482070
- Provider Gender: Male
- License Number: G70886
- NPI: 1952386765
  - Provider English Spoken: Y
  - Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR
- Board Certified Specialty: No
- 7011 LINDA VISTA RD
  - SAN DIEGO, CA 92111
  - Phone: (858) 810-8700
  - After Hours Phone: (858) 810-8700
  - Website: www.sdfamilycare.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:30AM-5:30PM
  - SA 9:00AM-4:00PM

PREVENTATIVE MEDICINE
GENERAL
D2. 主治医生名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-9:00PM
W-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

PREVENTATIVE MEDICINE
GENERAL
RISSE, JOSEPH
Provider ID: 206046
Provider Gender: Male
License Number: G70886
NPI: 1952386765
 Provider English Spoken: Y
 Cultural Competency: N
Board Certified Specialty: Yes
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 279-0925
Fax: (858) 279-0377
 After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

PREVENTATIVE MEDICINE
GENERAL
RISSER, JOSEPH
Provider ID: 482070
Provider Gender: Male
License Number: G70886
NPI: 1952386765
 Provider English Spoken: Y
 Cultural Competency: N
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-9:00PM
W-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

PREVENTATIVE MEDICINE
GENERAL
ROMERO, CAMILA
Provider ID: 206046
Provider Gender: Female
License Number: A93812
NPI: 1508912130
 Provider English Spoken: Y
 Provider Language(s) Spoken: French, Spanish
 Cultural Competency: N
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 279-0925
Fax: (858) 279-0377
 After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
D2. 主治医生名录

PREVENTATIVE MEDICINE
GENERAL
ROMERO, CAMILA
Provider ID: 206046
Provider Gender: Female
License Number: A93812
NPI: 1508912130
.Provider English Spoken: Y
.Provider Language(s)
  Spoken: French, Spanish
Hospital Affiliation: SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 279-0377
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST
BLOCKER, NIRIT
Provider ID: 206360
Provider Gender: Female
License Number: PT30272
NPI: 1457689309
.Provider English Spoken: Y
.Provider Language(s)
  Spoken: Hebrew
Hospital Affiliation: SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM
D2. 主治医生名录

- Provider English Spoken: Y
- Provider Language(s) Spoken: Hebrew
- Cultural Competency: N
- Board Certified Specialty: No
- 1809 NATIONAL AVE
- SAN DIEGO, CA 92113
- Phone: (619) 515-2300
- After Hours Phone: (619) 515-2300
- Website: www fhcsd org
- Email: dalvarado@fhcsd org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-TH 8:00AM-9:00PM F 8:00AM-5:00PM

REGISTERED PHYSICAL THERAPIST

CHAVARRIA, JESSICA
- Provider ID: 417937
- Provider Gender: Female
- License Number: PT292351
- NPI: 1407391808
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 4094 4TH AVE
- SAN DIEGO, CA 92103
- Phone: (619) 515-2545
- After Hours Phone: (619) 515-2545
- Website: www fhcsd org
- Email: fabianm@fhcsd org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-TH 8:00AM-9:00PM F 8:00AM-5:00PM

REGISTERED PHYSICAL THERAPIST

CONCORS, ANDREW
- Provider ID: 417937
- Provider Gender: Male
- License Number: PT12930
- NPI: 1578706743
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 4094 4TH AVE
- SAN DIEGO, CA 92103
- Phone: (619) 515-2545
- After Hours Phone: (619) 515-2545
- Website: www fhcsd org
- Email: fabianm@fhcsd org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-TH 8:00AM-9:00PM F 8:00AM-5:00PM
D2. 主治医生名录

REGISTERED PHYSICAL THERAPIST
CUMMINGS, GEORGE
Provider ID: 417937
Provider Gender: Male
License Number: PT295173
NPI: 1497236384

- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Board Certified Specialty: No

Address: 4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST
DAHMS, MADELYNN
Provider ID: 206360
Provider Gender: Female
License Number: PT295463
NPI: 1245712702

- Provider English Spoken: Y
- Provider Language(s): Sign Language
- Cultural Competency: N
- Board Certified Specialty: No

Address: 1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST
FIELDING, JOSEPH
Provider ID: 417937
Provider Gender: Male
License Number: PT40975
NPI: 1235577560

- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No

Address: 4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
D2. 主治医生名录

REGISTERED PHYSICAL THERAPIST

FIELDING, JOSEPH
Provider ID: 417937
Provider Gender: Male
License Number: PT40975
NPI: 1235577560
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST

HAPKE, ELENA
Provider ID: 417937
Provider Gender: Female
License Number: PT292613
NPI: 1003354895
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST

HERMES, MARY
Provider ID: 206360
Provider Gender: Female
License Number: PT24707
NPI: 1518028547
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
D2. 主治医生名录

- **Accessibility:** CONTACT PROVIDER

**REGISTERED PHYSICAL THERAPIST**

**IRIZARRY, NICOLE**

- Provider ID: 206360
- Provider Gender: Female
- License Number: PT33914
- NPI: 1003088063

- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **Board Certified Specialty:** No
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N

- **Accessibility:** CONTACT PROVIDER

**Website:** www.fhcsd.org
- **Email:** dalvarado@fhcsd.org
- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **Board Certified Specialty:** No
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N

**Accessibility:** CONTACT PROVIDER

**515-2300**

**Website:** www.fhcsd.org

**Provider ID:** 206360
**Provider Gender:** Female
**License Number:** PT33914
**NPI:** 1003088063
**Accessibility:** CONTACT PROVIDER

**REGISTERED PHYSICAL THERAPIST**

**MAHONEY, KAITLYN**

- Provider ID: 417937
- Provider Gender: Female
- License Number: PT296559
- NPI: 1114583176

- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **Board Certified Specialty:** No
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N

- **Accessibility:** CONTACT PROVIDER

**4094 4TH AVE**
**SAN DIEGO, CA 92103**
**Phone:** (619) 515-2545
**After Hours Phone:** (619) 515-2545
**Website:** www.fhcsd.org
**Email:** fabianm@fhcsd.org
**Provider English Spoken:** Y
**Cultural Competency:** N
**Board Certified Specialty:** No
**Min/Max Age:** 0\150
**American Sign Language (ASL):** N

**Accessibility:** CONTACT PROVIDER

**Hours:** M-F 8:30AM-5:30PM

**REGISTERED PHYSICAL THERAPIST**

**MIGNEA, DAVID**

- Provider ID: 417937
- Provider Gender: Male
- License Number: PT293536
- NPI: 1043736879

- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **Board Certified Specialty:** No
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N

- **Accessibility:** CONTACT PROVIDER

**4094 4TH AVE**
**SAN DIEGO, CA 92103**
**Phone:** (619) 515-2545
**After Hours Phone:** (619) 515-2545
**Website:** www.fhcsd.org
**Email:** fabianm@fhcsd.org
**Provider English Spoken:** Y
**Cultural Competency:** N
**Board Certified Specialty:** No
**Min/Max Age:** 0\150
**American Sign Language (ASL):** N

**Accessibility:** CONTACT PROVIDER

**Hours:** M-F 8:30AM-5:30PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Hours: M-TH 8:00AM-9:00PM
F 8:00AM-5:00PM

REGISTERED PHYSICAL THERAPIST
MIGNEA, DAVID
Provider ID: 417937
Provider Gender: Male
License Number: PT293536
NPI: 1043736879
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST
SCHMIDT, BRYAN
Provider ID: 417937
Provider Gender: Male
License Number: PT28061
NPI: 1780685032
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST
VAN DYKE, JASON
Provider ID: 417937
Provider Gender: Male
License Number: PT25155
NPI: 1487658720
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-9:00PM
F 8:00AM-5:00PM

REGISTERED PHYSICAL THERAPIST
VAN DYKE, JASON
Provider ID: 417937
Provider Gender: Male
License Number: PT25155
NPI: 1487658720
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 医生名录

515-2545
Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-9:00PM
F 8:00AM-5:00PM

RHEUMATOLOGY
OGANDO, SHEENA
Provider ID: 206363
Provider Gender: Female
License Number: A142743
NPI: 1649564295
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: JOHN MUIR MEDICAL CENTER
WALNUT CREEK CAMPUS
Board Certified Specialty: No
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

RHEUMATOLOGY
REDDY, DANA
Provider ID: 403583
Provider Gender: Female
License Number: A115598
NPI: 1144538778
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL HOSPITAL,
ENCINITAS
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL HOSPITAL,
ENCINITAS
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619)
D2. 主治医生名录

233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

RHEUMATOLOGY
REDDY, DANA
Provider ID: 403583
Provider Gender: Female
License Number: A115598
NPI: 1144538778
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
 Phone: (619) 233-8500
 After Hours Phone: (619) 233-8500
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM

SPEECH PATHOLOGIST
WILLIAMS, JESSICA
Provider ID: 206360
Provider Gender: Female
License Number: SP27677
NPI: 1932680006
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
D2. 主治医生名录

BINETTE, DONYA
Provider ID: 206426
Provider Gender: Female
License Number: NP95001653
NPI: 1427325166
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
BINETTE, DONYA
Provider ID: 206426
Provider Gender: Female
License Number: NP95001653
NPI: 1427325166
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
BINETTE, DONYA
Provider ID: 206426
Provider Gender: Female
License Number: NP95001653
NPI: 1427325166
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
BINETTE, DONYA
Provider ID: 206426
Provider Gender: Female
License Number: NP95001653
NPI: 1427325166
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
BINETTE, DONYA
Provider ID: 206426
Provider Gender: Female
License Number: NP95001653
NPI: 1427325166
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

BINETTE, DONYA
Provider ID: 206426
Provider Gender: Female
License Number: NP95001653
NPI: 1427325166
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www ihpsocal org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE
PRACTITIONER
DOAN, CHINH
Provider ID: 206426
Provider Gender: Female
License Number: NP18874
NPI: 1083845069
Provider English Spoken: Y
Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www ihpsocal org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE
PRACTITIONER
DOAN, CHINH
Provider ID: 206426
Provider Gender: Female
License Number: NP18874
NPI: 1083845069
Provider English Spoken: Y
Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www ihpsocal org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE
PRACTITIONER
DOAN, CHINH
Provider ID: 206426
Provider Gender: Female
License Number: NP18874
NPI: 1083845069
Provider English Spoken: Y
Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www ihpsocal org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE
PRACTITIONER
DOAN, CHINH
Provider ID: 206426
Provider Gender: Female
License Number: NP18874
NPI: 1083845069
Provider English Spoken: Y
Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www ihpsocal org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
### Certified Nurse Practitioner

#### Doan, Chinh

- **Provider ID:** 206426
- **Provider Gender:** Female
- **License Number:** NP18874
- **NPI:** 1083845069
- **Provider English Spoken:** Y
- **Provider Language(s):** Vietnamese
- **Cultural Competency:** N
- **Board Certified Specialty:** No
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER

#### Certified Nurse Practitioner

#### Fodda, Rami

- **Provider ID:** 614511
- **Provider Gender:** Male
- **License Number:** NP18788
- **NPI:** 1164660452
- **Provider English Spoken:** Y
- **Provider Language(s):** Arabic
- **Cultural Competency:** N
- **Board Certified Specialty:** No
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER

### Certified Nurse Practitioner

#### Fodda, Rami

- **Provider ID:** 614511
- **Provider Gender:** Male
- **License Number:** NP18788
- **NPI:** 1164660452
- **Provider English Spoken:** Y
- **Provider Language(s):** Arabic
- **Cultural Competency:** N
- **Board Certified Specialty:** No
- **Min/Max Age:** 0\999
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

---

CERTIFIED NURSE PRACTITIONER
FODDA, RAMI
Provider ID: 614511
Provider Gender: Male
License Number: NP18788
NPI: 1164660452
- Provider English Spoken: Y
- Provider Language(s) Spoken: Arabic
- Cultural Competency: N
- Board Certified Specialty: No
- 1595 GRAND AVE STE 106
  SAN MARCOS, CA 92078
- Phone: (760) 736-6767
  Fax: (760) 736-6744
- After Hours Phone: (760) 736-6767
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\1999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
FODDA, RAMI
Provider ID: 614511
Provider Gender: Male
License Number: NP18788
NPI: 1164660452
- Provider English Spoken: Y
- Provider Language(s) Spoken: Arabic
- Cultural Competency: N
- Board Certified Specialty: No
- 1595 GRAND AVE STE 106
  SAN MARCOS, CA 92078
- Phone: (760) 736-6767
  Fax: (760) 736-6744
- After Hours Phone: (760) 736-6767
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\1999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
FREEMAN, WANDA
Provider ID: 206426
Provider Gender: Female
License Number: NP95003903
NPI: 1659504264
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 150 VALPREDA RD
  SAN MARCOS, CA 92069
- Phone: (760) 736-6767
  Fax: (760) 736-6744
- After Hours Phone: (760) 736-6767
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

---

D2. 主治医生名录
CERTIFIED NURSE PRACTITIONER

FREEMAN, WANDA
Provider ID: 206426
Provider Gender: Female
License Number: NP95003903
NPI: 1659504264
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

FREEMAN, WANDA
Provider ID: 206426
Provider Gender: Female
License Number: NP95003903
NPI: 1659504264
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

HENLEY, MEARA
Provider ID: 206426
Provider Gender: Female
License Number: NP95002545
NPI: 1538319645
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

NPI: 1538319645
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
HENLEY, MEARA
Provider ID: 206426
Provider Gender: Female
License Number: NP95002545
NPI: 1538319645
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
HENLEY, MEARA
Provider ID: 206426
Provider Gender: Female
License Number: NP95002545
NPI: 1538319645
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
HENLEY, MEARA
Provider ID: 206426
Provider Gender: Female
License Number: NP95002545
NPI: 1538319645
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
KOUSARI, JHALEH
Provider ID: 206426
Provider Gender: Female
License Number: NP20893
D2. 主治医生名录

NPI: 1811262405
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Farsi, Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- 150 VALPREDA RD
  SAN MARCOS, CA 92069
- Phone: (760) 736-6767
- After Hours Phone: (760) 736-6767
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
KOUSARI, JHALEH
- Provider ID: 206426
- Provider Gender: Female
- License Number: NP20893
- NPI: 1811262405
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Farsi, Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- 150 VALPREDA RD
  SAN MARCOS, CA 92069
- Phone: (760) 736-6767
- After Hours Phone: (760) 736-6767
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
KOUSARI, JHALEH
- Provider ID: 206426
- Provider Gender: Female
- License Number: NP20893
- NPI: 1811262405
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Farsi, Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- 150 VALPREDA RD
  SAN MARCOS, CA 92069
- Phone: (760) 736-6767
- After Hours Phone: (760) 736-6767
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

736-6767
Website: www.ihapsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
KOUSARI, JHALEH
Provider ID: 206426
Provider Gender: Female
License Number: NP20893
NPI: 1811262405
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihapsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
MACIAS, ALISSA
Provider ID: 206426
Provider Gender: Female
License Number: NP21368
NPI: 1952658445
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihapsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
MACIAS, ALISSA
Provider ID: 206426
Provider Gender: Female
License Number: NP21368
NPI: 1952658445
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihapsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

American Sign Language (ASL): ☐
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
MACIAS, ALISSA
Provider ID: 206426
Provider Gender: Female
License Number: NP21368
NPI: 1952658445
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE
BELANGER, TANYA
Provider ID: 206426
Provider Gender: Female
License Number: NM235844
NPI: 1407287469
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE
BELANGER, TANYA
Provider ID: 206426
Provider Gender: Female
License Number: NM235844
NPI: 1407287469
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

CERTIFIED REGISTERED NURSE MIDWIFE
BELANGER, TANYA
Provider ID: 206426
Provider Gender: Female
License Number: NM235844
NPI: 1407287469
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org

Min/Max Age: 0\150
D2. 主治医生名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

CERTIFIED REGISTERED NURSE MIDWIFE
BELANGER, TANYA
Provider ID: 206426
Provider Gender: Female
License Number: NM235844
NPI: 1407287469
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org

CERTIFIED REGISTERED NURSE MIDWIFE
KELLY, KATHERINE
Provider ID: 206426
Provider Gender: Female
License Number: NM235997
NPI: 1801134275
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org

Certified Registered Nurse Midwife
BELANGER, TANYA
Provider ID: 206426
Provider Gender: Female
License Number: NM235844
NPI: 1407287469
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org

Certified Registered Nurse Midwife
KELLY, KATHERINE
Provider ID: 206426
Provider Gender: Female
License Number: NM235997
NPI: 1801134275
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

NPI: 1801134275
- Provider English Spoken: Y
- Provider Language(s)
  - Spanish
  - Cultural Competency: N
- Hospital Affiliation: PALOMAR MEDICAL CENTER
- Board Certified Specialty: No
- 150 VALPREDA RD
  - SAN MARCOS, CA 92069
  - Phone: (760) 736-6767
  - After Hours Phone: (760) 736-6767
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE
KELLY, KATHERINE
Provider ID: 206426
- Provider Gender: Female
- License Number: NM235997
- NPI: 1801134275
- Provider English Spoken: Y
- Provider Language(s)
  - Spanish
  - Cultural Competency: N
- Hospital Affiliation: PALOMAR MEDICAL CENTER
- Board Certified Specialty: No
- 150 VALPREDA RD
  - SAN MARCOS, CA 92069
  - Phone: (760) 736-6767
  - After Hours Phone: (760) 736-6767
  - Website: www.ihpsocal.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE
KELLY, KATHERINE
Provider ID: 206426
- Provider Gender: Female
- License Number: NM235997
- NPI: 1801134275
- Provider English Spoken: Y
- Provider Language(s)
  - Spanish
  - Cultural Competency: N
- Hospital Affiliation: PALOMAR MEDICAL CENTER
- Board Certified Specialty: No
- 150 VALPREDA RD
  - SAN MARCOS, CA 92069
  - Phone: (760) 736-6767
  - After Hours Phone: (760) 736-6767
  - Website: www.ihpsocal.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
FAMILY PRACTICE
MATIAS, JULIE
Provider ID: 206426
Provider Gender: Female
License Number: 20A15159
NPI: 1083094510
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
MATIAS, JULIE
Provider ID: 206426
Provider Gender: Female
License Number: 20A15159
NPI: 1083094510
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
MATIAS, JULIE
Provider ID: 206426
Provider Gender: Female
License Number: 20A15159
NPI: 1083094510
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Provider ID: 206426
Provider Gender: Female
License Number: 20A15159
NPI: 1083094510
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPRED A RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
NATH, DEVARSHI
Provider ID: 206426
Provider Gender: Male
License Number: C54157
NPI: 1275630618
Provider English Spoken: Y
Provider Language(s) Spoken: Bengali
Cultural Competency: N
Board Certified Specialty: No
150 VALPRED A RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

1488
FAMILY PRACTICE
NATH, DEVARSHI
Provider ID: 206426
Provider Gender: Male
License Number: C54157
NPI: 1275630618
Provider English Spoken: Y
Provider Language(s) Spoken: Bengali
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

FAMILY PRACTICE
NATH, DEVARSHI
Provider ID: 614511
Provider Gender: Male
License Number: C54157
NPI: 1275630618
Provider English Spoken: Y
Provider Language(s) Spoken: Bengali
Cultural Competency: N
Board Certified Specialty: No
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
NATH, DEVARSHI
Provider ID: 614511
Provider Gender: Male
License Number: C54157
NPI: 1275630618
Provider English Spoken: Y
Provider Language(s) Spoken: Bengali
Cultural Competency: N
Board Certified Specialty: No
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

FAMILY PRACTICE
NATH, DEVARSHI
Provider ID: 614511
Provider Gender: Male
License Number: C54157
NPI: 1275630618
Provider English Spoken: Y
Provider Language(s)
Spoken: Bengali
Cultural Competency: N
Board Certified Specialty: No
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
NATH, DEVARSHI
Provider ID: 614511
Provider Gender: Male
License Number: C54157
NPI: 1275630618
Provider English Spoken: Y
Provider Language(s)
Spoken: Bengali
Cultural Competency: N
Board Certified Specialty: No
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
SAFI, ROOZCHEHR
Provider ID: 206426
Provider Gender: Female
License Number: A116562
NPI: 1659563641
Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
**FAMILY PRACTICE**  
**SAFI, ROOZCHEHR**  
Provider ID: 206426  
Provider Gender: Female  
License Number: A116562  
NPI: 1659563641  
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Farsi  
- Cultural Competency: N  
- Board Certified Specialty: No  
- 150 VALPREDA RD  
SAN MARCOS, CA 92069  
- Phone: (760) 736-6767  
- After Hours Phone: (760) 736-6767  
- Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**  
**SAFI, ROOZCHEHR**  
Provider ID: 206426  
Provider Gender: Female  
License Number: A116562  
NPI: 1659563641  
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Farsi  
- Cultural Competency: N  
- Board Certified Specialty: No  
- 150 VALPREDA RD  
SAN MARCOS, CA 92069  
- Phone: (760) 736-6767  
- After Hours Phone: (760) 736-6767  
- Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**  
**WILLIE, KADEN**  
Provider ID: 206426  
Provider Gender: Male  
License Number: 20A17306  
NPI: 1790133767  
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Portuguese  
- Cultural Competency: N  
- Board Certified Specialty: No  
- 150 VALPREDA RD  
SAN MARCOS, CA 92069  
- Phone: (760) 736-6767  
- After Hours Phone: (760) 736-6767  
- Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**  
**WILLIE, KADEN**  
Provider ID: 206426  
Provider Gender: Male  
License Number: 20A17306  
NPI: 1790133767  
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Portuguese  
- Cultural Competency: N  
- Board Certified Specialty: No  
- 150 VALPREDA RD  
SAN MARCOS, CA 92069  
- Phone: (760) 736-6767  
- After Hours Phone: (760) 736-6767  
- Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2.

FAMILY PRACTICE

WILLIE, KADEN

Provider ID: 206426
Provider Gender: Male
License Number: 20A17306
NPI: 1790133767
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDAR RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

WILLIE, KADEN

Provider ID: 206426
Provider Gender: Male
License Number: 20A17306
NPI: 1790133767
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDAR RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC
TRUECARE

Provider ID: 614511
NPI: 1598484255
Provider English Spoken: Y
Cultural Competency: N
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Phone: (760) 736-6767
Fax: (760) 736-6744
D2. 主治医生名录

- **After Hours Phone:** (760) 736-6767
  - Website: www.ihpsocal.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:00AM-5:00PM

**FQHC TRUECARE,**
- Provider ID: 614511
- NPI: 1811617939
- Provider English Spoken: Y
- Cultural Competency: N
- 1595 GRAND AVE STE 106
  - SAN MARCOS, CA 92078
  - Phone: (760) 736-6767
  - Fax: (760) 736-6744
  - After Hours Phone: (760) 736-6767
  - Website: www.ihpsocal.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:00AM-5:00PM

**FQHC TRUECARE,**
- Provider ID: 614511
- NPI: 1245246917
- Provider English Spoken: Y
- Cultural Competency: N
- 1595 GRAND AVE STE 106
  - SAN MARCOS, CA 92078
  - Phone: (760) 736-6767
  - Fax: (760) 736-6744
  - After Hours Phone: (760) 736-6767
  - Website: www.ihpsocal.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:00AM-5:00PM

**FQHC TRUECARE,**
- Provider ID: 614511
- NPI: 1245246917
- Provider English Spoken: Y
- Cultural Competency: N
- 150 VALPREDA RD
  - SAN MARCOS, CA 92069
  - Phone: (760) 736-6767
  - Fax: (760) 736-8740

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

- After Hours Phone: (760) 736-6767
  Website: www.ihpsocal.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-5:00PM
  SA 8:00AM-5:00PM

**FQHC**
TRUECARE,
Provider ID: 206426
NPI: 1245246917
Provider English Spoken: Y
Cultural Competency: N
150 VALPREDA RD
SAN MARcos, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

**FQHC**
TRUECARE,
Provider ID: 206426
NPI: 1245246917
Provider English Spoken: Y
Cultural Competency: N
150 VALPREDA RD
SAN MARcos, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

**FQHC**
TRUECARE,
Provider ID: 206426
NPI: 1811617939
Provider English Spoken: Y
Cultural Competency: N
150 VALPREDA RD
SAN MARcos, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

**GENERAL PRACTICE**
WITCZAK, IZABELA
D2. 主治医生名录

Provider ID: 206426
Provider Gender: Female
License Number: A71311
NPI: 1184735201
Provider English Spoken: Y
Provider Language(s) Spoken: Polish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

GENERAL PRACTICE
WITCZAK, IZABELA
Provider ID: 206426
Provider Gender: Female
License Number: A71311
NPI: 1184735201
Provider English Spoken: Y
Provider Language(s) Spoken: Polish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

GENERAL PRACTICE
WITCZAK, IZABELA
Provider ID: 206426
Provider Gender: Female
License Number: A71311
NPI: 1184735201
Provider English Spoken: Y
Provider Language(s) Spoken: Polish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

GENERAL PRACTICE
WITCZAK, IZABELA
Provider ID: 206426
Provider Gender: Female
License Number: A71311
NPI: 1184735201
- Provider English Spoken: Y
- Provider Language(s) Spoken: Polish
- Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
PONIACHIK, SAMUEL
Provider ID: 206426
Provider Gender: Male
License Number: G74757
NPI: 1467485078
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
PONIACHIK, SAMUEL
Provider ID: 206426
Provider Gender: Male
License Number: G74757
NPI: 1467485078
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
PONIACHIK, SAMUEL
Provider ID: 206426
Provider Gender: Male
License Number: G74757
NPI: 1467485078
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org

MEDICAL CENTER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
MOSTOFIAN, EIMANEH
Provider ID: 206426
Provider Gender: Female
License Number: A97181
NPI: 1154477628
Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
PONIACHIK, SAMUEL
Provider ID: 206426
Provider Gender: Male
License Number: G74757
NPI: 1467485078
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
## D2. 主治医生名录

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Hours: M-F 8:00AM-5:00PM SA 8:00AM-5:00PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOSTOFIAN, EIMANEH</td>
<td>OBSTETRICS / GYNECOLOGY</td>
</tr>
<tr>
<td>Provider ID: 206426</td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: A97181</td>
<td>NPI: 1154477628</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Provider Language(s)</td>
</tr>
<tr>
<td>Spoken: Farsi, Spanish</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>150 VALPREDA RD</td>
<td>SAN MARCOS, CA 92069</td>
</tr>
<tr>
<td>Phone: (760) 736-6767</td>
<td>After Hours Phone: (760) 736-6767</td>
</tr>
<tr>
<td>Website: <a href="http://www.ihapsocal.org">www.ihapsocal.org</a></td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
</tbody>
</table>

| POUNTNEY, MARLENE | OBSTETRICS / GYNECOLOGY |
| Provider ID: 206426 | Provider Gender: Female |
| License Number: A93248 | NPI: 1174703680 |
| Provider English Spoken: Y | Provider Language(s) |
| Spoken: Spanish | Cultural Competency: N |
| Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER | |
| Board Certified Specialty: No | |
| 150 VALPREDA RD | SAN MARCOS, CA 92069 |
| Phone: (760) 736-6767 | After Hours Phone: (760) 736-6767 |
| Website: www.ihapsocal.org | Medi-Cal Open Panel: Yes |
| Min/Max Age: 0\150 | American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER | |
D2. 主治医生名录

Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
POUNTNEY, MARLENE
Provider ID: 206426
Provider Gender: Female
License Number: A93248
NPI: 1174703680

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
POUNTNEY, MARLENE
Provider ID: 206426
Provider Gender: Female
License Number: A93248
NPI: 1174703680

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
POUNTNEY, MARLENE
Provider ID: 206426
Provider Gender: Female
License Number: A93248
NPI: 1174703680

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
POUNTNEY, MARLENE
Provider ID: 206426
Provider Gender: Female
License Number: A93248
NPI: 1174703680

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

1499
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
SCHWEIKERT, SUZANNE
Provider ID: 206426
Provider Gender: Female
License Number: A60958
NPI: 1477560142
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
SCHWEIKERT, SUZANNE
Provider ID: 206426
Provider Gender: Female
License Number: A60958
NPI: 1477560142
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
SCHWEIKERT, SUZANNE
Provider ID: 206426
Provider Gender: Female
License Number: A60958
NPI: 1477560142
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
SCHWEIKERT, SUZANNE
Provider ID: 206426
Provider Gender: Female
License Number: A60958
NPI: 1477560142
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
MEMORIAL HOSPITAL, TRICITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
SCHWEIKERT, SUZANNE
Provider ID: 206426
Provider Gender: Female
License Number: A60958
NPI: 1477560142
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, TRICITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY
MALHOTRA, ARATI
Provider ID: 206426
Provider Gender: Female
License Number: A63903
NPI: 1215135306
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
MALHOTRA, ARATI
Provider ID: 206426
Provider Gender: Female
License Number: A63903
NPI: 1215135306
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
📍 150 VALPREDA RD
SAN MARCOS, CA 92069
📞 Phone: (760) 736-6767
📞 After Hours Phone: (760) 736-6767
🌐 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
🔍 Accessibility: CONTACT PROVIDER

PEDIATRICS
MALHOTRA, ARATI
Provider ID: 206426
Provider Gender: Female
License Number: A63903
NPI: 1215135306
 ├ PROVIDER English Spoken: Y
 ├ Provider Language(s) Spoken: Hindi, Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
📍 150 VALPREDA RD
SAN MARCOS, CA 92069
📞 Phone: (760) 736-6767
📞 After Hours Phone: (760) 736-6767
🌐 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
🔍 Accessibility: CONTACT PROVIDER

PEDIATRICS
MALHOTRA, ARATI
Provider ID: 206426
Provider Gender: Female
License Number: A63903
NPI: 1215135306
 ├ PROVIDER English Spoken: Y
 ├ Provider Language(s) Spoken: Hindi, Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
📍 150 VALPREDA RD
SAN MARCOS, CA 92069
📞 Phone: (760) 736-6767
📞 After Hours Phone: (760) 736-6767
🌐 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
🔍 Accessibility: CONTACT PROVIDER
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>MATIAS, JULIE</th>
<th>Provider ID: 661065</th>
<th>Provider Gender: Female</th>
<th>NPI: 1083094510</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provider English Spoken: Y</td>
<td>Provider Language(s)</td>
<td>Spoken: Spanish</td>
</tr>
<tr>
<td></td>
<td>Provider Language(s)</td>
<td></td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td></td>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>150 VALPREDA RD</td>
<td>SAN MARCOS, CA 92069</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: (760) 736-6767</td>
<td>Fax: (760) 736-6797</td>
<td></td>
</tr>
<tr>
<td></td>
<td>After Hours Phone: (760) 736-6767</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Website: N/A</td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\19</td>
</tr>
<tr>
<td></td>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PEDIATRICS

<table>
<thead>
<tr>
<th>POSADAS, EMERITO</th>
<th>Provider ID: 206426</th>
<th>Provider Gender: Male</th>
<th>License Number: A48980</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NPI: 1720093198</td>
<td>Provider English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider Language(s)</td>
<td>Spoken: Spanish, Tagalog</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>150 VALPREDA RD</td>
<td>SAN MARCOS, CA 92069</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: (760) 736-6767</td>
<td>After Hours Phone: (760) 736-6767</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\150</td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PEDIATRICS

<table>
<thead>
<tr>
<th>MONAHAN, CAROLYN</th>
<th>Provider ID: 50425</th>
<th>Provider Gender: Female</th>
<th>NPI: 1619973666</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider Language(s)</td>
<td>Spoken: Spanish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Affiliation: PALOMAR MEDICAL CENTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Board Certified Specialty: Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1582 W SAN MARCOS BLVD</td>
<td>STE 203</td>
<td>SAN MARCOS, CA 92078</td>
</tr>
<tr>
<td></td>
<td>Phone: (760) 744-6710</td>
<td>Fax: (760) 744-6156</td>
<td></td>
</tr>
<tr>
<td></td>
<td>After Hours Phone: (760) 744-6710</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PEDIATRICS

<table>
<thead>
<tr>
<th>POSADAS, EMERITO</th>
<th>Provider ID: 206426</th>
<th>Provider Gender: Male</th>
<th>License Number: A48980</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NPI: 1720093198</td>
<td>Provider English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider Language(s)</td>
<td>Spoken: Spanish, Tagalog</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>150 VALPREDA RD</td>
<td>SAN MARCOS, CA 92069</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: (760) 736-6767</td>
<td>After Hours Phone: (760) 736-6767</td>
<td></td>
</tr>
</tbody>
</table>
D2. 主治医生名录

Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

POSADAS, EMERITO
Provider ID: 206426
Provider Gender: Male
License Number: A48980
NPI: 1720093198
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

POSADAS, EMERITO
Provider ID: 206426
Provider Gender: Male
License Number: A48980
NPI: 1720093198
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

POSADAS, EMERITO
Provider ID: 206426
Provider Gender: Male
License Number: A48980
NPI: 1720093198
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 566-1501
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

QUINTERO, CAROLYN
Provider ID: 303661
Provider Gender: Male
NPI: 1720093198
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 566-1501
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

QUINTERO, CAROLYN
Provider ID: 614767
Provider Gender: Female
NPI: 1023033156
Provider English Spoken: Y
Provider Language(s)
D2. 主治医生名录

Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-6:00PM
SA 8:00AM-5:00PM

PEDIATRICS
SEBIANE, MARIA
Provider ID: 206426
Provider Gender: Female
License Number: G71182
NPI: 1740295229
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PEDIATRICS
SEBIANE, MARIA
Provider ID: 206426
Provider Gender: Female
License Number: G71182
NPI: 1740295229
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
### D2. 主治医生名录

Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**SEBIANE, MARIA**
Provider ID: 206426
Provider Gender: Female
License Number: G71182
NPI: 1740295229

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: RASY CHILDREN'S HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
- Board Certified Specialty: No
- 150 VALPREDA RD
  SAN MARCOS, CA 92069
- Phone: (760) 736-6767
- After Hours Phone: (760) 736-6767
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**BERNARDO, RACHELLE**
Provider ID: 614511
Provider Gender: Female
License Number: PA17718
NPI: 1821237678

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: PALOMAR MEDICAL CENTER
- Board Certified Specialty: No
- 1595 GRAND AVE STE 106
  SAN MARCOS, CA 92078
- Phone: (760) 736-6767
- After Hours Phone: (760) 736-6767
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**SOCHA, TRACI**
Provider ID: 428861
Provider Gender: Female
NPI: 1669478616

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: PALOMAR MEDICAL CENTER
- Board Certified Specialty: No
- 1582 W SAN MARCOS BLVD STE 203
  SAN MARCOS, CA 92078
- Phone: (760) 744-6710
Fax: (760) 744-6156
- After Hours Phone: (760) 744-6710
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**BERNARDO, RACHELLE**
Provider ID: 614511
Provider Gender: Female
License Number: PA17718
NPI: 1821237678

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
### D2. 主治医生名录

<table>
<thead>
<tr>
<th>PHYSICIANS ASSISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERNARDO, RACHELLE</td>
</tr>
<tr>
<td>Provider ID: 614511</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: PA17718</td>
</tr>
<tr>
<td>NPI: 1821237678</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s): Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: PALOMAR MEDICAL CENTER</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>1595 GRAND AVE STE 106 SAN MARCOS, CA 92078</td>
</tr>
<tr>
<td>Phone: (760) 736-6767</td>
</tr>
<tr>
<td>After Hours Phone: (760) 736-6767</td>
</tr>
<tr>
<td>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICIANS ASSISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERNARDO, RACHELLE</td>
</tr>
<tr>
<td>Provider ID: 614511</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: PA17718</td>
</tr>
<tr>
<td>NPI: 1821237678</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s): Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: PALOMAR MEDICAL CENTER</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>1595 GRAND AVE STE 106 SAN MARCOS, CA 92078</td>
</tr>
<tr>
<td>Phone: (760) 736-6767</td>
</tr>
<tr>
<td>After Hours Phone: (760) 736-6767</td>
</tr>
<tr>
<td>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICIANS ASSISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERNARDO, RACHELLE</td>
</tr>
<tr>
<td>Provider ID: 614511</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>License Number: PA17718</td>
</tr>
<tr>
<td>NPI: 1821237678</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s): Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: PALOMAR MEDICAL CENTER</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>1595 GRAND AVE STE 106 SAN MARCOS, CA 92078</td>
</tr>
<tr>
<td>Phone: (760) 736-6767</td>
</tr>
<tr>
<td>After Hours Phone: (760) 736-6767</td>
</tr>
<tr>
<td>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICIANS ASSISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLAKESPEAR, JEREMY</td>
</tr>
<tr>
<td>Provider ID: 206426</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>License Number: PA19825</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Language Spoken</th>
<th>Cultural Competency</th>
<th>Board Certified Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIANS ASSISTANT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLAKESPEAR, JEREMY</td>
<td>206426</td>
<td>Male</td>
<td>PA19825</td>
<td>1750474177</td>
<td>Y</td>
<td>N</td>
<td>No</td>
<td>150 VALPREDA RD SAN MARCOS, CA 92069</td>
<td>(760) 736-6767</td>
<td>(760) 736-6767</td>
<td><a href="http://www.ihspsocal.org">www.ihspsocal.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>PHYSICIANS ASSISTANT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLAKESPEAR, JEREMY</td>
<td>206426</td>
<td>Male</td>
<td>PA19825</td>
<td>1750474177</td>
<td>Y</td>
<td>N</td>
<td>No</td>
<td>150 VALPREDA RD SAN MARCOS, CA 92069</td>
<td>(760) 736-6767</td>
<td>(760) 736-6767</td>
<td><a href="http://www.ihspsocal.org">www.ihspsocal.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>PHYSICIANS ASSISTANT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLAKESPEAR, JEREMY</td>
<td>206426</td>
<td>Male</td>
<td>PA19825</td>
<td>1750474177</td>
<td>Y</td>
<td>N</td>
<td>No</td>
<td>150 VALPREDA RD SAN MARCOS, CA 92069</td>
<td>(760) 736-6767</td>
<td>(760) 736-6767</td>
<td><a href="http://www.ihspsocal.org">www.ihspsocal.org</a></td>
<td>Yes</td>
<td>0\150</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
</tbody>
</table>
D2. 主治医生名录

PHYSICIANS ASSISTANT
CHISWICK, GARY
Provider ID: 206426
Provider Gender: Male
License Number: PA22667
NPI: 1174964001
.Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
CHISWICK, GARY
Provider ID: 206426
Provider Gender: Male
License Number: PA22667
NPI: 1174964001
.Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
CHISWICK, GARY
Provider ID: 206426
Provider Gender: Male
License Number: PA22667
NPI: 1174964001
.Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Provider Gender: Male
License Number: PA22667
NPI: 1174964001

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified Specialty: No

150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
KOSEL, MATTHEW
Provider ID: 206426
Provider Gender: Male
License Number: PA17101
NPI: 1316947302

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
KOSEL, MATTHEW
Provider ID: 206426
Provider Gender: Male
License Number: PA17101
NPI: 1316947302

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
KOSEL, MATTHEW
Provider ID: 206426
Provider Gender: Male
License Number: PA17101
NPI: 1316947302
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

PHYSICIANS ASSISTANT
RUSSO, KRISTA
Provider ID: 206426
Provider Gender: Female
License Number: PA53036
NPI: 1922471192
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

PHYSICIANS ASSISTANT
RUSSO, KRISTA
Provider ID: 206426
Provider Gender: Female
License Number: PA53036
NPI: 1922471192
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
PHYSICIANS ASSISTANT
RUSSO, KRISTA
Provider ID: 206426
Provider Gender: Female
License Number: PA53036
NPI: 1922471192
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

PHYSICIANS ASSISTANT
SPENCE, JAMIE
Provider ID: 206426
Provider Gender: Female
License Number: PA21723
NPI: 1518133032
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
RUSSO, KRISTA
Provider ID: 206426
Provider Gender: Female
License Number: PA53036
NPI: 1922471192
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
SPENCE, JAMIE
Provider ID: 206426
Provider Gender: Female
License Number: PA21723
NPI: 1518133032
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
SPENCE, JAMIE
Provider ID: 206426
Provider Gender: Female
License Number: PA21723
NPI: 1518133032
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

PHYSICIANS ASSISTANT

SPENCE, JAMIE
Provider ID: 206426
Provider Gender: Female
License Number: PA21723
NPI: 1518133032

- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- Phone: (760) 736-6767
- After Hours Phone: (760) 736-6767
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

TAHRIRI, BAHAREH
Provider ID: 206426
Provider Gender: Female
License Number: PA51867
NPI: 1295147387

- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Farsi
- Cultural Competency: N
- Board Certified Specialty: No
- Phone: (760) 736-6767
- After Hours Phone: (760) 736-6767
- Website: www.ihpsocal.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
D2. 主治医生名录

NPI: 1295147387
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Board Certified Specialty: No

150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

PHYSICIANS ASSISTANT
TAHRIRI, BAHAREH
Provider ID: 206426
Provider Gender: Female
License Number: PA51867
NPI: 1295147387
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Board Certified Specialty: No

150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

SAN YSIDRO

ALLERGY IMMUNOLOGY
REDDY, SUMANA
Provider ID: 206292
Provider Gender: Female
License Number: C52581
NPI: 1053300251
Provider English Spoken: Y
Provider Language(s) Spoken: Cambodian, Hindi, Spanish, Telugu
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL
Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
D2. 主治医生名录

American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

ALLERGY IMMUNOLOGY
REDDY, SUMANA
Provider ID: 206292
Provider Gender: Female
License Number: C52581
NPI: 1053300251
Provider English Spoken: Y
Provider Language(s):
Spoken: Cambodian, Hindi, Spanish, Telugu
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

CARDIOVASCULAR DISEASE
PONCE, SONIA
Provider ID: 206292
Provider Gender: Female
License Number: A145008
NPI: 1164659033
Provider English Spoken: Y
Provider Language(s):
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
CELIZ, ADRIANA
Provider ID: 227469
Provider Gender: Female
License Number: NP95004315
NPI: 1972956514
Provider English Spoken: Y
Provider Language(s):
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
3364 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
CELIZ, ADRIANA

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

Provider ID: 227469  
Provider Gender: Female  
License Number: NP95004315  
NPI: 1972956514  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: https://www.syhealth.org/locations  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER  
CHAUSSE CASTRO, EKATERINA  
Provider ID: 227469  
Provider Gender: Female  
License Number: NP95018617  
NPI: 1154040418  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: https://www.syhealth.org/locations  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER  
GARCIA, TEDAYSHIA  
Provider ID: 206292  
Provider Gender: Female  
License Number: NP95003355  
NPI: 1659730778  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org/clinics/san-ysidro-health-center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

ACCESSIBILITY: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
GUADARRAMA, IGNACIO
Provider ID: 227469
Provider Gender: Male
License Number: NP95003671
NPI: 1821331174
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
3364 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
ACCESSIBILITY: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
HACINAS, REYNALDO
Provider ID: 206292
Provider Gender: Male
License Number: NP95003024
NPI: 1215304860
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health -center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
ACCESSIBILITY: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
IBARRA, MARTHA
Provider ID: 206292
Provider Gender: Female
License Number: NP12112
NPI: 1114957289
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
CHULA VISTA
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health -center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
ACCESSIBILITY: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

CERTIFIED NURSE PRACTITIONER
IBARRA, MARTHA
Provider ID: 227469
Provider Gender: Female
License Number: NP12112
NPI: 1114957289
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
3364 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
KANTAS, PARIS
Provider ID: 206292
Provider Gender: Male
License Number: NP18661
NPI: 1114329612
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

/clinics/san-ysidro-health -center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
KANTAS, PARIS
Provider ID: 206292
Provider Gender: Male
License Number: NP18661
NPI: 1114329612
 Provider English Spoken: Y Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR
Board Certified Specialty: No
嚓 3364 BEYER BLVD
SAN YSIDRO, CA 92173
☎ Phone: (619) 662-4100
☎ After Hours Phone: (619) 662-4100
 Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

CERTIFIED NURSE PRACTITIONER
ORDINANZA, MYLENE
Provider ID: 227469
Provider Gender: Female
License Number: NP95019995
NPI: 1265019061
 Provider English Spoken: Y Cultural Competency: N
Board Certified Specialty: No
嚓 3364 BEYER BLVD
SAN YSIDRO, CA 92173
☎ Phone: (619) 662-4100
☎ After Hours Phone: (619) 662-4100
 Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
PITTMAN, LILIANA
Provider ID: 227469
Provider Gender: Female
License Number: NP95017732
NPI: 1326599002
 Provider English Spoken: Y Cultural Competency: N
Board Certified Specialty: No
嚓 3364 BEYER BLVD
SAN YSIDRO, CA 92173
☎ Phone: (619) 662-4100
☎ After Hours Phone: (619) 662-4100
 Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
ORDINANZA, MYLENE
Provider ID: 227469
Provider Gender: Female
License Number: NP95019995
NPI: 1265019061
 Provider English Spoken: Y Cultural Competency: N
Board Certified Specialty: No
嚓 3364 BEYER BLVD
SAN YSIDRO, CA 92173
☎ Phone: (619) 662-4100
☎ After Hours Phone: (619) 662-4100
 Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
PITTMAN, LILIANA
Provider ID: 227469
Provider Gender: Female
License Number: NP95017732
NPI: 1326599002
 Provider English Spoken: Y Cultural Competency: N
Board Certified Specialty: No
嚓 3364 BEYER BLVD
SAN YSIDRO, CA 92173
☎ Phone: (619) 662-4100

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

- **After Hours Phone**: (619) 662-4100
- **Website**: https://www.syhealth.org/locations
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\150
- **American Sign Language (ASL)**: N
- **Accessibility**: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**SANCHEZ, MYRNA**
- Provider ID: 227469
- Provider Gender: Female
- License Number: NP95003721
- NPI: 1548614506
- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Board Certified Specialty**: No
- **3364 BEYER BLVD SAN YSIDRO, CA 92173**
- **Phone**: (619) 662-4100
- **After Hours Phone**: (619) 662-4100
- **Website**: https://www.syhealth.org/locations
- **Accessibility**: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**VAZQUEZ-ERLBECK, MARTHA**
- Provider ID: 227469
- Provider Gender: Female
- License Number: NP95001960
- NPI: 1669865960
- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Board Certified Specialty**: No
- **3364 BEYER BLVD SAN YSIDRO, CA 92173**
- **Phone**: (619) 662-4100
- **After Hours Phone**: (619) 662-4100
- **Website**: https://www.syhealth.org/locations
- **Accessibility**: CONTACT PROVIDER

### CHIROPRACTOR

**OCHOA, RAUL**
- Provider ID: 206292
- Provider Gender: Male
- License Number: DC33693
- NPI: 1518401827
- **Provider English Spoken**: Y
- **Provider Language(s) Spoken**: Spanish
- **Cultural Competency**: N
- **Board Certified Specialty**: No
- **4004 BEYER BLVD SAN YSIDRO, CA 92173**
- **Phone**: (619) 662-4100
- **After Hours Phone**: (619) 662-4100
- **Website**: www.syhealth.org/clinics/san-ysidro-health
D2. 主治医生名录

- center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CHIROPRACCTOR
OCHOA, RAUL
Provider ID: 206292
Provider Gender: Male
License Number: DC33693
NPI: 1518401827
- center
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Provider ID: 206292
Provider Gender: Male
License Number: DC33693
NPI: 1518401827
Accessibility: CONTACT PROVIDER

ENDOCRINOLOGY
METABOLISM DIABETES
CRUZ, MICHAEL
Provider ID: 206292
Provider Gender: Male
License Number: A138772
NPI: 1265851133
- center
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ALGHAMDI, ASMA
Provider ID: 227469
Provider Gender: Female
License Number: A167529
NPI: 1316310840
- center
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ALGHAMDI, ASMA
Provider ID: 227469
Provider Gender: Female
License Number: A167529
NPI: 1316310840
- center
Provider English Spoken: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

- 3364 BEYER BLVD
  SAN YSIDRO, CA 92173
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
  Website: https://www.syhealth.org/locations
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ALVAREZ-ESTRADA, MIGUEL
Provider ID: 227411
Provider Gender: Male
License Number: A157505
NPI: 1588197826
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL
Board Certified Specialty: No

FAMILY PRACTICE
ALVAREZ-ESTRADA, MIGUEL
Provider ID: 206292
Provider Gender: Male
License Number: A157505
NPI: 1588197826
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL
Board Certified Specialty: No

FAMILY PRACTICE
ALVAREZ-ESTRADA, MIGUEL
Provider ID: 206292
Provider Gender: Male
License Number: A157505
NPI: 1588197826
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL
Board Certified Specialty: No

D2. 主治医生名录
D2. 主治医生名录

Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100
After Hours Phone: (619) 662-4100

Website: www.syhealth.org /clinics/san- ysidro- health - center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150

American Sign Language (ASL): N
Accessibility: CONTACT

PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

FAMILY PRACTICE
ARRIETA, NOEMI

Provider ID: 206292
Provider Gender: Female
License Number: 20A11153
NPI: 1912223496

Provider English Spoken: Y
Provider Language(s)
   Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100
After Hours Phone: (619) 662-4100

Website: www.syhealth.org /clinics/san- ysidro- health - center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150

American Sign Language (ASL): N
Accessibility: CONTACT

PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

FAMILY PRACTICE
BAUM, PETER

Provider ID: 227411
Provider Gender: Male
License Number: 20A14949
NPI: 1174919971

Provider English Spoken: Y
Provider Language(s)
   Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

4005 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100
After Hours Phone: (619) 662-4100

Website: syhealth.org/clinics/maternal- child- health- center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150

American Sign Language (ASL): N
Accessibility: CONTACT

PROVIDER
Hours: M-F 8:30AM-5:00PM
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Provider Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>English Spoken</th>
<th>Language(s) Spoken</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
<th>Board Certified Specialty</th>
<th>Accessibility</th>
<th>Hours</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>BORSAN, COSMIN</td>
<td>206292</td>
<td>Male</td>
<td>20A17643</td>
<td>1679060255</td>
<td>Y</td>
<td>Romanian</td>
<td>N</td>
<td>SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</td>
<td>No</td>
<td>CONTACT</td>
<td>M-F 8:30AM-5:00PM</td>
<td>(619) 662-4100</td>
<td><a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></td>
<td>Yes</td>
<td>0-150</td>
<td>Y</td>
<td>CONTACT</td>
<td>M-F 8:00AM-5:30PM</td>
<td>(619) 662-4100</td>
<td>syhealth.org/clinics/maternal-child-health-center</td>
<td>Yes</td>
<td>0-150</td>
<td>Y</td>
<td>CONTACT</td>
</tr>
<tr>
<td>CAMPOS, MELISSA</td>
<td>227411</td>
<td>Female</td>
<td>A138474</td>
<td>1427475318</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</td>
<td>No</td>
<td>CONTACT</td>
<td>M-F 8:00AM-5:30PM</td>
<td>(619) 662-4100</td>
<td><a href="http://www.syhealth.org/clinics/maternal-child-health-center">www.syhealth.org/clinics/maternal-child-health-center</a></td>
<td>Yes</td>
<td>0-150</td>
<td>Y</td>
<td>CONTACT</td>
<td>M-F 8:00AM-5:30PM</td>
<td>(619) 662-4100</td>
<td>syhealth.org/clinics/maternal-child-health-center</td>
<td>Yes</td>
<td>0-150</td>
<td>Y</td>
<td>CONTACT</td>
</tr>
<tr>
<td>CARRIEDO CENICEROS, MARIA</td>
<td>206292</td>
<td>Female</td>
<td>A78373</td>
<td>1295746618</td>
<td>Y</td>
<td>Romanian</td>
<td>N</td>
<td>SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</td>
<td>No</td>
<td>CONTACT</td>
<td>M-F 8:00AM-5:30PM</td>
<td>(619) 662-4100</td>
<td><a href="http://www.syhealth.org/clinics/maternal-child-health-center">www.syhealth.org/clinics/maternal-child-health-center</a></td>
<td>Yes</td>
<td>0-150</td>
<td>Y</td>
<td>CONTACT</td>
<td>M-F 8:00AM-5:30PM</td>
<td>(619) 662-4100</td>
<td>syhealth.org/clinics/maternal-child-health-center</td>
<td>Yes</td>
<td>0-150</td>
<td>Y</td>
<td>CONTACT</td>
</tr>
</tbody>
</table>
D2. 主治医生名录

Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
CASTILLO, STEPHANIE
Provider ID: 206292
Provider Gender: Female
License Number: A159673
NPI: 1902330723
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
CEVALLOS, JAMES
Provider ID: 206292
Provider Gender: Male
License Number: A55469
NPI: 1720181829
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san- ysidro- health - center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

FAMILY PRACTICE
CARRIÉDO CENICEROS, MARÍA
Provider ID: 206292
Provider Gender: Female
License Number: A78373
NPI: 1295746618

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
CASTILLO, STEPHANIE
Provider ID: 206292
Provider Gender: Female
License Number: A159673
NPI: 1902330723
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
CEVALLOS, JAMES
Provider ID: 206292
Provider Gender: Male
License Number: A55469
NPI: 1720181829
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
D2. 主治医生名录

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
CEVALLOS, JAMES
Provider ID: 206292
Provider Gender: Male
License Number: A55469
NPI: 1720181829
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
- Board Certified Specialty: No
- 4004 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: syhealth.org/clinics/maternal-child-health-center
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
CORONADO, MYRNA
Provider ID: 227411
Provider Gender: Female
License Number: A112627
NPI: 1710147566
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 4050 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: syhealth.org/clinics/maternal-child-health-center
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
CORONADO, MYRNA
Provider ID: 206292
Provider Gender: Female
License Number: A112627
NPI: 1710147566
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 4004 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org/clinics/san-ysidro-health-center
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
CORONADO, MYRNA
Provider ID: 227411
Provider Gender: Female
License Number: A112627
NPI: 1710147566
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No
- 4004 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org/clinics/san-ysidro-health-center
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
D2. 主治医生名录

662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
DALUGDUGAN, ESTHER
Provider ID: 206292
Provider Gender: Female
License Number: A112511
NPI: 1962662718
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
DALUGDUGAN, ESTHER
Provider ID: 206292
Provider Gender: Female
License Number: A112511
NPI: 1962662718
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ESTRADA, JOHANNA
Provider ID: 206292
Provider Gender: Female
License Number: A127188
NPI: 1255698155
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

FAMILY PRACTICE
ESTRADA, JOHANNA
Provider ID: 206292
Provider Gender: Female
License Number: A127188
NPI: 1255698155
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

- center
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
_accessible: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

FAMILY PRACTICE

HEINRICI, ALEKA
Provider ID: 206292
Provider Gender: Female
License Number: A125329
NPI: 1780979120
_provider English Spoken: Y
_provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173
_phone: (619) 662-4100
_after Hours Phone: (619) 662-4100
_website: https://www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
_accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

FAMILY PRACTICE

HENDRIX, JEFFERSON
Provider ID: 227469
Provider Gender: Male
License Number: A32571
NPI: 1235142738
_provider English Spoken: Y
_provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

3364 BEYER BLVD
SAN YSIDRO, CA 92173
_phone: (619) 662-4100
_after Hours Phone: (619) 662-4100
_website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 150
American Sign Language (ASL): N
_accessibility: CONTACT PROVIDER

FAMILY PRACTICE

HERNANDEZ, RALPH
Provider ID: 227469
Provider Gender: Male
License Number: C42207
D2. 主治医生名录

NPI: 1285782151
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No

FAMILY PRACTICE
HERNANDEZ, RALPH
Provider ID: 206292
Provider Gender: Male
License Number: C42207
NPI: 1285782151
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No

ACCESSIBILITY: CONTACT PROVIDER

FAMILY PRACTICE
HERNANDEZ, RALPH
Provider ID: 206292
Provider Gender: Male
License Number: C42207
NPI: 1285782151
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Board Certified Specialty: No

ACCESSIBILITY: CONTACT PROVIDER

FAMILY PRACTICE
KAUFHOLD, ANNE
Provider ID: 206292
Provider Gender: Female
License Number: A88893
NPI: 1164508073
- Provider English Spoken: Y
- Provider Language(s) Spoken: Arabic, Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA

ACCESSIBILITY: CONTACT PROVIDER

Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER

Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER

Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER

Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER

Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER
D2. 主治医生名录

**FAMILY PRACTICE**

**KAUFHOLD, ANNE**  
Provider ID: 206292  
Provider Gender: Female  
License Number: A88893  
NPI: 1164508073  
Provider English Spoken: Y  
Provider Language(s) Spoken: Arabic, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org /clinics/san-ysidro-health-center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

**FAMILY PRACTICE**

**LEE, JOSEPH**  
Provider ID: 206292  
Provider Gender: Male  
License Number: A164201  
NPI: 1417480948  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: ST ELIZABETH HOSP  
Board Certified Specialty: No  
Phone: (619) 662-4100  
After Hours Phone: (619) 205-6341  
Website: www.syhealth.org /clinics/san-ysidro-health-center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**LARA, LESLEY**  
Provider ID: 206292  
Provider Gender: Female  
License Number: A173435  
NPI: 1184112682  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org /clinics/san-ysidro-health-center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

**FAMILY PRACTICE**

**LEE, JOSEPH**  
Provider ID: 206292  
Provider Gender: Male  
License Number: A164201  
NPI: 1417480948  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: ST ELIZABETH HOSP  
Board Certified Specialty: No  
Phone: (619) 662-4100  
After Hours Phone: (619) 205-6341  
Website: www.syhealth.org /clinics/san-ysidro-health-center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

ELIZABETH HOSP
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6341
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san- ysidro- health - center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:30AM-2:00PM

FAMILY PRACTICE
LEE, JOSEPH
Provider ID: 227469
Provider Gender: Male
License Number: A164201
NPI: 1417480948
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: ST ELIZABETH HOSP
Board Certified Specialty: No
3364 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
LEPEZ, DAVID
Provider ID: 206292
Provider Gender: Male
License Number: A130348
NPI: 1205196029
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san- ysidro- health - center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:30AM-2:00PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
LEUTE, ERIC
Provider ID: 206292
Provider Gender: Male
License Number: A80832
NPI: 1720171507

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
MOYA, MARY
Provider ID: 206292
Provider Gender: Female
License Number: A80185
NPI: 1093844417

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
LEUTE, ERIC
Provider ID: 206292
Provider Gender: Male
License Number: A80832
NPI: 1720171507

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
MOYA, MARY
Provider ID: 206292
Provider Gender: Female
License Number: A80185
NPI: 1093844417

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
LEUTE, ERIC
Provider ID: 206292
D2. 主治医生名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
NAVARRO, VANESSA
Provider ID: 227469
Provider Gender: Female
License Number: A113624
NPI: 1952563421
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Filipino, Spanish,
 Tagalog
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, SHARP CHULA VISTA
 MED CTR
 Board Certified Specialty: No
 3364 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: https://www.syhealth.org/locations
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
NGUYEN, CARIE
Provider ID: 206292
Provider Gender: Female
License Number: A106103
NPI: 1174781132
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL
 Board Certified Specialty: No
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
 /clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
NAVARRO, VANESSA
Provider ID: 227469
Provider Gender: Female
License Number: A113624
NPI: 1952563421
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Filipino, Spanish,
 Tagalog
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, SHARP CHULA VISTA
 MED CTR
 Board Certified Specialty: No
 3364 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: https://www.syhealth.org/locations
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
NGUYEN, CARIE
Provider ID: 206292
Provider Gender: Female
License Number: A106103
NPI: 1174781132
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL
 Board Certified Specialty: No
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
 /clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

Website: www.syhealth.org
/clinics/san-ysidro-health-center

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
NIKZAD, JASON
Provider ID: 206292
Provider Gender: Male
License Number: 20A12653
NPI: 1508121674
Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

FAMILY PRACTICE
ORTEGA, LUIS
Provider ID: 206292
Provider Gender: Male
License Number: A180886
NPI: 1558924936
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

FAMILY PRACTICE
ORTIZ, KENNETH
Provider ID: 206292
Provider Gender: Male
License Number: A156607
NPI: 1534
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

NPI: 13956761571
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- Address: 4004 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org/clinics/san-ysidro-health-center
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ORTIZ, KENNETH
Provider ID: 206292
Provider Gender: Male
License Number: A156607
NPI: 1356761571
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- Address: 4004 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org/clinics/san-ysidro-health-center
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ORTIZ ILIZALITURRI, ANA
Provider ID: 206292
Provider Gender: Female
License Number: A178949
NPI: 1316407026
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
- Board Certified Specialty: No
- Address: 4004 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org/clinics/maternal-child-health-center
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ORTIZ ILIZALITURRI, ANA
Provider ID: 227411
Provider Gender: Female
License Number: A178949
NPI: 1316407026
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
- Address: 4050 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: syhealth.org/clinics/maternity-child-health-center
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ORTIZ ILIZALITURRI, ANA
Provider ID: 206292
Provider Gender: Female
License Number: A178949
NPI: 1316407026
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
- Address: 4050 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: syhealth.org/clinics/maternal-child-health-center
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ORTIZ ILIZALITURRI, ANA
Provider ID: 227411
Provider Gender: Female
License Number: A178949
NPI: 1316407026
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
- Address: 4050 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: syhealth.org/clinics/maternal-child-health-center
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
D2. 主治医生名录

CHULA VISTA
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
☎ Phone: (619) 662-4100
☎ After Hours Phone: (619) 662-4100
🌐 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
💰 Accessibility: CONTACT PROVIDER
American Sign Language (ASL): N
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP

FAMILY PRACTICE
RAJAIPOUR, NEGIN
Provider ID: 206292
Provider Gender: Female
License Number: A145480
NPI: 1508286709
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
☎ Phone: (619) 662-4100
☎ After Hours Phone: (619) 662-4100
🌐 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No
4000 BEYER BLVD
SAN YSIDRO, CA 92173
☎ Phone: (619) 662-4100
☎ After Hours Phone: (619) 662-4100
🌐 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No
3364 BEYER BLVD
SAN YSIDRO, CA 92173
☎ Phone: (619) 662-4100
☎ After Hours Phone: (619) 662-4100
🌐 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
RAJAIPOUR, NEGIN
Provider ID: 227469
Provider Gender: Female
License Number: A145480
NPI: 1508286709
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
RITTER, STEVEN
Provider ID: 206292
Provider Gender: Male
License Number: 20A7435
NPI: 1356556021
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ROJAS, STEVEN
Provider ID: 206292
Provider Gender: Male
License Number: A132982
NPI: 1801230297
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
RITTER, STEVEN
Provider ID: 206292
Provider Gender: Male
License Number: 20A7435
NPI: 1356556021
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ROJAS, STEVEN
Provider ID: 206292
Provider Gender: Male
License Number: A132982
NPI: 1801230297
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

FAMILY PRACTICE
ROSENBAUM, HERBERT
Provider ID: 206292
Provider Gender: Male
License Number: A169694
NPI: 1922532712
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

FAMILY PRACTICE
SALEM, RAMSEY
Provider ID: 206292
Provider Gender: Male
License Number: A158364
NPI: 1245401298
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

FAMILY PRACTICE
SHAHTAJI, ALAN
Provider ID: 206292
Provider Gender: Male
License Number: 20A11087
NPI: 1972751089
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san- ysidro- health - center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
SNYDER, CHRISTOPHER
Provider ID: 206292
Provider Gender: Male
License Number: 20A7502
NPI: 1922041235
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PIH
Hospital - Downey, JOHN F KENNEDY MEMORIAL HOSP, CEDARS SINAI MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, EISENHOWER MEDICAL CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san- ysidro- health - center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
STALEY, MICHAELA
Provider ID: 206292
Provider Gender: Female
License Number: A157772
NPI: 1912438250
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
D2. 主治医生名录

FAMILY PRACTICE
STALEY, MICHAELA
Provider ID: 206292
Provider Gender: Female
License Number: A157772
NPI: 1912438250
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: HOAG
HOSPITAL IRVINE, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, GROSSMONT
HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL,
DESERT REGIONAL MED CTR,
SHARP CORONADO HOSP
AND HEALTHCARE CTR,
PIONEERS MEMORIAL
HOSPITAL, PIONEERS
MEMORIAL HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
SWEET, PATRICK
Provider ID: 206292
Provider Gender: Male
License Number: A101827
NPI: 1457407702
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: HOAG
HOSPITAL IRVINE, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, GROSSMONT
HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL,
DESERT REGIONAL MED CTR,
SHARP CORONADO HOSP
AND HEALTHCARE CTR,
PIONEERS MEMORIAL
HOSPITAL, PIONEERS
MEMORIAL HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

FAMILY PRACTICE
TALAVERA, GREGORY
Provider ID: 206292
Provider Gender: Male
License Number: A40061
NPI: 1740337161
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
D2. 主治医生名录

Cultural Competency: N
Board Certified Specialty: No

 PROVIDER
Hours: M-TU 8:30AM-5:30PM

FAMILY PRACTICE
TREJO, RAUL
Provider ID: 206292
Provider Gender: Male
License Number: A77936
NPI: 1174534184
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

FAMILY PRACTICE
TALAVERA, GREGORY
Provider ID: 206292
Provider Gender: Male
License Number: A40061
NPI: 1740337161
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

FAMILY PRACTICE
UTZ, JACK
Provider ID: 206292
Provider Gender: Male
License Number: A183145
NPI: 1194353094
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

Hospital Affiliation: CONTACT PROVIDER

ACCESSIBILITY
PROVIDER

MEDICAL CENTER

Patient’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
FAMILY PRACTICE
UTZ, JACK
Provider ID: 206292
Provider Gender: Male
License Number: A183145
NPI: 1194353094
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
VAN HOLLEBEKE, RACHEL
Provider ID: 206292
Provider Gender: Female
License Number: A177337
NPI: 1497217756
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
VELASQUEZ, SHARON
Provider ID: 206292
Provider Gender: Female
License Number: A71304
NPI: 1972732584
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

 Provider Language(s)
  Spoken: Spanish
  Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san- ysidro- health -center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC
SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,
Provider ID: 227411
NPI: 1558852947
Provider English Spoken: Y
Cultural Competency: N
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san- ysidro- health -center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FQHC
SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,
Provider ID: 206292
NPI: 1952364747
Provider English Spoken: Y
Cultural Competency: N
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san- ysidro- health -center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

FQHC
SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,
Provider ID: 227469

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM
D2. 主治医生名录

NPI: 1801438239
牢固
Provider English Spoken: Y
Cultural Competency: N
3364 BEYER BLVD
SAN YSIDRO, CA 92173
牢固
Phone: (619) 662-4100
Fax: (619) 600-4870
牢固
After Hours Phone: (619) 662-4100
牢固
Website: https://www.syhealth.org/locations
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
牢固
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

GENERAL PRACTICE
REYNAGA, JOSUE
Provider ID: 206292
Provider Gender: Male
License Number: A181644
NPI: 1356929111
牢固
Provider English Spoken: Y
牢固
Provider Language(s)
spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
牢固
Phone: (619) 662-4100
牢固
After Hours Phone: (619) 662-4100
牢固
Website: www.syhealth.org /clinics/san- ysidro- health - center
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
牢固
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

GENERAL PRACTICE
TEJEDA, FRANCISCO
Provider ID: 206292
Provider Gender: Male
License Number: A66885
NPI: 1407940075
牢固
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
牢固
Phone: (619) 662-4100
牢固
After Hours Phone: (619) 662-4100
牢固
Website: www.syhealth.org /clinics/san- ysidro- health - center
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
牢固
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

GENERAL PRACTICE
REYNAGA, JOSUE
Provider ID: 206292
Provider Gender: Male
License Number: A181644
NPI: 1356929111
牢固
Provider English Spoken: Y
牢固
Provider Language(s)
spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
牢固
Phone: (619) 662-4100
牢固
After Hours Phone: (619) 662-4100
牢固
Website: www.syhealth.org /clinics/san- ysidro- health - center
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
牢固
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

GENERAL PRACTICE
TEJEDA, FRANCISCO
Provider ID: 206292
Provider Gender: Male
License Number: A66885
NPI: 1407940075
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org /clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

GYNECOLOGY
CALDERON, JORGE
Provider ID: 206292
Provider Gender: Male
License Number: A40480
NPI: 1407800881
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, LOMPOC VALLEY MEDICAL CENTER Board Certified Specialty: No
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org /clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

INFECTIOUS DISEASE
PROMER, KATHERINE
Provider ID: 206292
Provider Gender: Female
License Number: A131952
NPI: 1306280607
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, PALOMAR MEDICAL CENTER Board Certified Specialty: No
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org /clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM
### INFECTION DISEASE

**PROMER, KATHERINE**  
Provider ID: 206292  
Provider Gender: Female  
License Number: A131952  
NPI: 1306280607  
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Hospital Affiliation: UCSD MEDICAL CTR  
- Board Certified Specialty: No  
- 4004 BEYER BLVD  
  SAN YSIDRO, CA 92173  
- Phone: (619) 662-4100  
- After Hours Phone: (619) 662-4100  
- Website: www.syhealth.org /clinics/san-ysidro-health - center  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

**CARPENTER, ROBERT**  
Provider ID: 206292  
Provider Gender: Male  
License Number: 20A10964  
NPI: 1356343040  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
- Board Certified Specialty: No  
- 4004 BEYER BLVD  
  SAN YSIDRO, CA 92173  
- Phone: (619) 662-4100  
- After Hours Phone: (619) 662-4100  
- Website: www.syhealth.org /clinics/san-ysidro-health - center  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

**ALDOUS, JEANNETTE**  
Provider ID: 206292  
Provider Gender: Female  
License Number: A101017  
NPI: 1073650339  
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Hospital Affiliation: UCSD MEDICAL CTR  
- Board Certified Specialty: No  
- 4004 BEYER BLVD  
  SAN YSIDRO, CA 92173  
- Phone: (619) 662-4100  
- After Hours Phone: (619) 662-4100  
- Website: www.syhealth.org /clinics/san-ysidro-health - center  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

**Carpenter, Robert**  
Provider ID: 206292  
Provider Gender: Male  
License Number: 20A10964  
NPI: 1356343040  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
- Board Certified Specialty: No  
- 4004 BEYER BLVD  
  SAN YSIDRO, CA 92173  
- Phone: (619) 662-4100  
- After Hours Phone: (619) 662-4100  
- Website: www.syhealth.org /clinics/san-ysidro-health - center  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

---

**SA 8:30AM-2:00PM**

**INFECTION DISEASE**

**PROMER, KATHERINE**  
Provider ID: 206292  
Provider Gender: Female  
License Number: A131952  
NPI: 1306280607  
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Hospital Affiliation: UCSD MEDICAL CTR  
- Board Certified Specialty: No  
- 4004 BEYER BLVD  
  SAN YSIDRO, CA 92173  
- Phone: (619) 662-4100  
- After Hours Phone: (619) 662-4100  
- Website: www.syhealth.org /clinics/san-ysidro-health - center  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

---

**INTERNAL MEDICINE**

**ALDOUS, JEANNETTE**  
Provider ID: 206292  
Provider Gender: Female  
License Number: A101017  
NPI: 1073650339  
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Hospital Affiliation: UCSD MEDICAL CTR  
- Board Certified Specialty: No  
- 4004 BEYER BLVD  
  SAN YSIDRO, CA 92173  
- Phone: (619) 662-4100  
- After Hours Phone: (619) 662-4100  
- Website: www.syhealth.org /clinics/san-ysidro-health - center  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

---

**INTERNAL MEDICINE**

**Carpenter, Robert**  
Provider ID: 206292  
Provider Gender: Male  
License Number: 20A10964  
NPI: 1356343040  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
- Board Certified Specialty: No  
- 4004 BEYER BLVD  
  SAN YSIDRO, CA 92173  
- Phone: (619) 662-4100  
- After Hours Phone: (619) 662-4100  
- Website: www.syhealth.org /clinics/san-ysidro-health - center  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

---

**INTERNAL MEDICINE**

**ALDOUS, JEANNETTE**  
Provider ID: 206292  
Provider Gender: Female  
License Number: A101017  
NPI: 1073650339  
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Hospital Affiliation: UCSD MEDICAL CTR  
- Board Certified Specialty: No  
- 4004 BEYER BLVD  
  SAN YSIDRO, CA 92173  
- Phone: (619) 662-4100  
- After Hours Phone: (619) 662-4100  
- Website: www.syhealth.org /clinics/san-ysidro-health - center  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\150  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER

---

**INTERNAL MEDICINE**

**Carpenter, Robert**  
Provider ID: 206292  
Provider Gender: Male
D2. 主治医生名录

License Number: 20A10964
NPI: 1356343040
- Provider English Spoken: Y
- Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org /clinics/san- ysidro- health - center
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\ 150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

INTERNATIONAL MEDICINE
CHEN, TSUH YIN
Provider ID: 206292
Provider Gender: Female
License Number: C55563
NPI: 1093803520
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Portuguese, Spanish
- Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- Fax: (619) 205-6341
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org /clinics/san- ysidro- health - center
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\ 150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

INTERNATIONAL MEDICINE
CHOW, MAN HUNG
Provider ID: 227469
Provider Gender: Female
License Number: G66745
NPI: 1225149115
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Chinese, Mandarin
- Cultural Competency: N
Hospital Affiliation: Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital
Board Certified Specialty: No
3364 BEYER BLVD
SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: https://www.syhealth.org/locations
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\ 150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

INTERNATIONAL MEDICINE
CHOW, MAN HUNG
Provider ID: 227469
Provider Gender: Female
License Number: G66745
NPI: 1225149115
- Provider English Spoken: Y
D2. 主治医生名录

- Provider Language(s)
  - Spoken: Chinese, Mandarin
  - Cultural Competency: N
- Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR,
  SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL,
  SCRIPPS MERCY HOSPITAL
- Board Certified Specialty: No
- Address: 3364 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: https://www.syhealth.org/locations
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

DE LA ROSA, JOSE

Provider ID: 206292
Provider Gender: Male
License Number: A49267
NPI: 1689646572
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- Address: 4004 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
  /clinics/san-yisdro-health-center
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

DILLON, BENEDICT

Provider ID: 227411
Provider Gender: Male
License Number: A111118
NPI: 1710142708
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Spanish
  - Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
  SCRIPPS MERCY HOSPITAL
- Address: 4004 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
  /clinics/san-yisdro-health-center
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
D2. 主治医生名录

COMM HOSP
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
HURST, MICHAEL
Provider ID: 206292
Provider Gender: Male
License Number: 20A8081
NPI: 1205893104
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: SUTTER TRACY COMMUNITY HOSP, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
KAUFER, DAVID
Provider ID: 206292
Provider Gender: Male
License Number: G80107
NPI: 1710082789
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

INTERNAL MEDICINE
KAUFER, DAVID
Provider ID: 206292
Provider Gender: Male
License Number: G80107
NPI: 1710082789
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-8:00PM
SA 8:00AM-2:00PM

INTERNAL MEDICINE
D2. 主治医生名录

Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

INTERNAL MEDICINE
KAUFER, DAVID
Provider ID: 227469
Provider Gender: Male
License Number: G80107
NPI: 1710082789
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Board Certified Specialty: No
3364 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
LAMANTIA, MICHELE
Provider ID: 206292
Provider Gender: Female
License Number: G71855
NPI: 1124176102
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
KAUFER, DAVID
Provider ID: 227469
Provider Gender: Male
License Number: G80107
NPI: 1710082789
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Board Certified Specialty: No
3364 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

EXTERNAL MEDICINE
LAMANTIA, MICHELE
Provider ID: 206292
Provider Gender: Female
License Number: G71855
NPI: 1124176102
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

EXTERNAL MEDICINE
MAY, LOUIS
Provider ID: 206292
Provider Gender: Male
License Number: A138568
NPI: 1720497514
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: EISENHOWER MEDICAL CTR
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

**INTERNAL MEDICINE**

**MAY, LOUIS**
Provider ID: 206292
Provider Gender: Male
License Number: A138568
NPI: 1720497514
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Hospital Affiliation: EISENHOWER MEDICAL CTR
- Board Certified Specialty: No
- 4004 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org

**INTERNAL MEDICINE**

**POAST, JENNIFER**
Provider ID: 206292
Provider Gender: Female
License Number: 20A8245
NPI: 1164435681
- Provider English Spoken: Y
- Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- 4004 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org

**INTERNAL MEDICINE**

**PARK, DANIEL**
Provider ID: 206292
Provider Gender: Male
License Number: A99433
NPI: 1538371844
- Provider English Spoken: Y
- Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL
- Board Certified Specialty: No
- 4004 BEYER BLVD
  SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org
D2. 主治医生名录

- Provider English Spoken: Y
  Cultural Competency: N
  Board Certified Specialty: No
  4004 BEYER BLVD
  SAN YSIDRO, CA 92173
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
  Website: www.syhealth.org /clinics/san- ysidro- health - center
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**RAMIREZ SANCHEZ, CLAUDIA**

Provider ID: 206292
Provider Gender: Female
License Number: A160493
NPI: 1659720555
- Provider English Spoken: Y
  Provider Language(s) Spoken: Spanish
  Cultural Competency: N
  Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
  SCRIPPS MERCY HOSPITAL CHULA VISTA
  Board Certified Specialty: No
  4004 BEYER BLVD
  SAN YSIDRO, CA 92173
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
  Website: www.syhealth.org /clinics/san- ysidro- health - center
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**SALERNO, MARIANA**

Provider ID: 206292
Provider Gender: Female
License Number: A131021
NPI: 1598921645
- Provider English Spoken: Y
  Provider Language(s) Spoken: Spanish
  Cultural Competency: N
  Hospital Affiliation: Providence St. Joseph Hospital Eureka
  Board Certified Specialty: No
  4004 BEYER BLVD
  SAN YSIDRO, CA 92173
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
  Website: www.syhealth.org /clinics/san- ysidro- health - center
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**SALERNO, MARIANA**

Provider ID: 206292
Provider Gender: Female
License Number: A131021
NPI: 1598921645
- Provider English Spoken: Y
  Provider Language(s) Spoken: Spanish
  Cultural Competency: N
  Hospital Affiliation: Providence St. Joseph Hospital Eureka
  Board Certified Specialty: No
  4004 BEYER BLVD
  SAN YSIDRO, CA 92173
  Phone: (619) 662-4100
  After Hours Phone: (619) 662-4100
  Website: www.syhealth.org /clinics/san- ysidro- health - center
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
SCHNEIDER-MUNOZ, MARGARITA
Provider ID: 206292
Provider Gender: Female
License Number: G81461
NPI: 1821299520
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san- ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
SHEIKH MOHAMED, AMIRA
Provider ID: 227469
Provider Gender: Female
License Number: A153975
NPI: 1831583079
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, French, Hindi, Italian, Urdu
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
3364 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

INTERNAL MEDICINE
SY, RAMON
Provider ID: 227469
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

License Number: A51843
NPI: 1982617403

Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS
MEMORIAL HOSPITAL,
PARADISE VALLEY HOSPITAL
Board Certified Specialty: No
3364 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
VELAZQUEZ CAMARENA, MARIA
Provider ID: 206292
Provider Gender: Female
License Number: A56153
NPI: 1518965714

Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE
WEN, AKI YEN CHANG
Provider ID: 227411
Provider Gender: Male
License Number: 2A012555
NPI: 1205126505

Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
**D2. 主治医生名录**

- **Provider English Spoken:** Y  
  **Cultural Competency:** N  
  **Board Certified Specialty:** No

- **MOUSSAVIAN, MEHRAN**  
  **Provider ID:** 206292  
  **Provider Gender:** Male  
  **License Number:** 20A7241  
  **NPI:** 1689788234

- **4004 BEYER BLVD**  
  **SAN YSIDRO, CA 92173**

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

  **Website:** syhealth.org/clinics/maternal-child-health-center

  **Medi-Cal Open Panel:** Yes  
  **Min/Max Age:** 0\150  
  **American Sign Language (ASL):** N

  **Accessibility:** CONTACT PROVIDER

---

**INTERNAL MEDICINE**  
**WEN, AKI YEN CHANG**  
**Provider ID:** 227411  
**Provider Gender:** Male  
**License Number:** 20A12555  
**NPI:** 1205126505

- **Provider English Spoken:** Y  
  **Cultural Competency:** N  
  **Board Certified Specialty:** No

- **4050 BEYER BLVD**  
  **SAN YSIDRO, CA 92173**

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

  **Website:** syhealth.org/clinics/maternal-child-health-center

  **Medi-Cal Open Panel:** Yes  
  **Min/Max Age:** 0\150  
  **American Sign Language (ASL):** N

  **Accessibility:** CONTACT PROVIDER

---

**INTERVENTIONAL CARDIOLOGY**

**MOUSSAVIAN, MEHRAN**

**Provider ID:** 206292  
**Provider Gender:** Male  
**License Number:** 20A7241  
**NPI:** 1689788234

- **4004 BEYER BLVD**  
  **SAN YSIDRO, CA 92173**

  **Phone:** (619) 662-4100  
  **Fax:** (619) 205-6341  
  **After Hours Phone:** (619) 662-4100

  **Website:** www.syhealth.org/clinics/san-ysidro-health-center

  **Medi-Cal Open Panel:** Yes  
  **Min/Max Age:** 0\150  
  **American Sign Language (ASL):** N

  **Accessibility:** CONTACT PROVIDER

---

**OBSTETRICS / GYNECOLOGY**

**BERGGREN, ERICA**
<table>
<thead>
<tr>
<th>Provider ID: 227411</th>
<th>Provider Gender: Female</th>
<th>License Number: C158543</th>
<th>NPI: 1912159674</th>
<th>Provider English Spoken: Y</th>
<th>Cultural Competency: N</th>
<th>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL</th>
<th>Board Certified Specialty: No</th>
<th>4050 BEYER BLVD</th>
<th>SAN YSIDRO, CA 92173</th>
<th>Phone: (619) 662-4100</th>
<th>After Hours Phone: (619) 662-4100</th>
<th>Website: <a href="http://www.syhealth.org">www.syhealth.org</a> /clinics/san- ysidro- health - center</th>
<th>Medi-Cal Open Panel: Yes</th>
<th>Min/Max Age: 0\150</th>
<th>American Sign Language (ASL): N</th>
<th>Accessibility: CONTACT PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBSTETRICS / GYNECOLOGY</td>
<td>BERGGREN, ERICA</td>
<td>Provider ID: 227411</td>
<td>Provider Gender: Female</td>
<td>License Number: C158543</td>
<td>NPI: 1912159674</td>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td>Hospital Affiliation: SHARP Memoria</td>
<td>HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL</td>
<td>Board Certified Specialty: No</td>
<td>4004 BEYER BLVD</td>
<td>SAN YSIDRO, CA 92173</td>
<td>Phone: (619) 662-4100</td>
<td>After Hours Phone: (619) 662-4100</td>
<td>Website: <a href="http://www.syhealth.org">www.syhealth.org</a> /clinics/san- ysidro- health - center</td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------</td>
<td>-------------------------</td>
<td>----------------</td>
<td>------------------------</td>
<td>----------------------</td>
<td>------------------------------------------------</td>
<td>------------------------</td>
<td>------------------</td>
<td>------------------</td>
<td>---------------------</td>
<td>-----------------------------</td>
<td>------------------------</td>
<td>---------------------</td>
<td>-------------------------</td>
<td>-------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>OBSTETRICS / GYNECOLOGY</td>
<td>CARR, MIANDA</td>
<td>Provider ID: 206292</td>
<td>Provider Gender: Female</td>
<td>License Number: A104660</td>
<td>NPI: 1083815823</td>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td>Hospital Affiliation: ST JOSEPHS MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL</td>
<td>Board Certified Specialty: No</td>
<td>4004 BEYER BLVD</td>
<td>SAN YSIDRO, CA 92173</td>
<td>Phone: (619) 662-4100</td>
<td>After Hours Phone: (619) 662-4100</td>
<td>Website: <a href="http://www.syhealth.org">www.syhealth.org</a> /clinics/san- ysidro- health - center</td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\150</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### OBSTETRICS / GYNECOLOGY

<table>
<thead>
<tr>
<th>Provider ID: 227411</th>
<th>Provider Gender: Female</th>
<th>License Number: A104660</th>
<th>NPI: 1083815823</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td>Hospital Affiliation: ST</td>
<td>JOSEPHS MEDICAL CENTER, SCRIPPS MERCY HOSPITAL</td>
</tr>
<tr>
<td>HOSPITAL</td>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4050 BEYER BLVD</td>
<td>SAN YSIDRO, CA 92173</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
<td>After Hours Phone: (619) 662-4100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: syhealth.org/clinic/s/maternal-child-health-center</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-CAL Open Panel: Yes</td>
<td>Min/Max Age: 0\150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider ID: 206292</th>
<th>Provider Gender: Female</th>
<th>License Number: A72235</th>
<th>NPI: 1245229129</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider English Spoken: Y</td>
<td>Provider Language(s) Spoken: Spanish</td>
<td>Cultural Competency: N</td>
<td>Hospital Affiliation: SHARP</td>
</tr>
<tr>
<td>Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-CAL Open Panel: Yes</td>
<td>Min/Max Age: 0\150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider ID: 227411</th>
<th>Provider Gender: Male</th>
<th>License Number: A63844</th>
<th>NPI: 1891867412</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider English Spoken: Y</td>
<td>Provider Language(s) Spoken: Farsi, Spanish</td>
<td>Cultural Competency: N</td>
<td>Hospital Affiliation: Rady</td>
</tr>
<tr>
<td>Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-CAL Open Panel: Yes</td>
<td>Min/Max Age: 0\150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Accessibility: CONTACT PROVIDER
CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

Provider ID: 206292
Provider Gender: Male
License Number: A63844
NPI: 1891867412

CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

Provider ID: 227411
Provider Gender: Male
License Number: A63844
NPI: 1891867412

OBSTETRICS / GYNECOLOGY
DANESHMAND, SHAHRAM
Provider ID: 206292

OBSTETRICS / GYNECOLOGY
DANESHMAND, SHAHRAM
D2. 主治医生名录

SA 8:30AM-2:00PM

**OBSTETRICS / GYNECOLOGY**

DANESHMAND, SHAHRAM  
Provider ID: 206292  
Provider Gender: Male  
License Number: A63844  
NPI: 1891867412

- Provider English Spoken: Y  
- Provider Language(s) Spoken: Farsi, Spanish  
- Cultural Competency: N  
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, TRICITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No  

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org/clinics/san-ysidro-health-center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  

Accessibility: CONTACT PROVIDER

HOURS: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

**OBSTETRICS / GYNECOLOGY**

DINH, MY  
Provider ID: 227411  
Provider Gender: Female  
License Number: 20A9907  
NPI: 1316146996

- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: syhealth.org/clinics/maternal-child-health-center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  

Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

DINH, MY  
Provider ID: 206292  
Provider Gender: Female  
License Number: 20A9907  
NPI: 1316146996

- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org/clinics/san-ysidro-health-center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  

Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

DINH, MY  
Provider ID: 227411  
Provider Gender: Female  
License Number: 20A9907

- Provider English Spoken: Y  
- Cultural Competency: N  
- Board Certified Specialty: No  

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org/clinics/san-ysidro-health-center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  

Accessibility: CONTACT PROVIDER
NPI: 1316146996
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
GOLDSTEIN, EDWARD
Provider ID: 227411
Provider Gender: Male
License Number: G20087
NPI: 1982617494
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-1948
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
GOMEZ, DANIELA
Provider ID: 206292
Provider Gender: Female
License Number: A175006
NPI: 1255878997
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

OBSTETRICS / GYNECOLOGY
GOMEZ, DANIELA
Provider ID: 227411
Provider Gender: Female
License Number: A175006
NPI: 1255878997
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-1948
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D2. 主治医生名录

<table>
<thead>
<tr>
<th>医师</th>
<th>联系信息</th>
<th>医疗服务</th>
<th>语言能力</th>
<th>访问性</th>
<th>工作时间</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOMEZ, DANIELA</td>
<td>662-4100</td>
<td>Website: syhealth.org/clinics/maternal-child-health-center</td>
<td>Medi-Cal Open Panel: Yes, Min/Max Age: 0\150</td>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER, Hours: M-F 8:30AM-5:00PM</td>
</tr>
<tr>
<td>Provider ID: 227411</td>
<td>Provider Gender: Female</td>
<td>License Number: A175006</td>
<td>NPI: 1255878997</td>
<td>Provider English Spoken: Y, Cultural Competency: N</td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>JENKINS, ENCHANTA</td>
<td>662-4100</td>
<td>Website: syhealth.org/clinics/maternal-child-health-center</td>
<td>Medi-Cal Open Panel: Yes, Min/Max Age: 0\150</td>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER, Hours: M-F 8:00AM-5:30PM, SA 8:30AM-2:00PM</td>
</tr>
<tr>
<td>Provider ID: 227411</td>
<td>Provider Gender: Female</td>
<td>License Number: C143625</td>
<td>NPI: 1285604702</td>
<td>Provider English Spoken: Y, Cultural Competency: N</td>
<td>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, Board Certified Specialty: No</td>
</tr>
<tr>
<td>MAJERSKI GONZALEZ, MANDY</td>
<td>662-4100</td>
<td>Website: syhealth.org/clinics/maternal-child-health-center</td>
<td>Medi-Cal Open Panel: Yes, Min/Max Age: 0\150</td>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Provider ID: 206292</td>
<td>Provider Gender: Female</td>
<td>License Number: A175006</td>
<td>NPI: 1255878997</td>
<td>Provider English Spoken: Y, Cultural Competency: N</td>
<td>Board Certified Specialty: No</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

NPI: 1982812392
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR
Board Certified Specialty: No
4050 Beyer Blvd
San Ysidro, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:00PM

OBSTETRICS / GYNECOLOGY
MAJERSKI GONZALEZ, MANDY
Provider ID: 227411
Provider Gender: Female
License Number: A113914
NPI: 1982812392
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR
Board Certified Specialty: No
4050 Beyer Blvd
San Ysidro, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:00PM

OBSTETRICS / GYNECOLOGY
MENDEZ, DIEGO
Provider ID: 227411
Provider Gender: Male
License Number: A47906
NPI: 1437181922
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: MERCY GENERAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, BAKERSFIELD MEMORIAL HOSP, SHARP MEMORIAL HOSPITAL, Adventist Health Bakersfield, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, KERN MEDICAL CENTER
Board Certified Specialty: No
4050 Beyer Blvd
San Ysidro, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinic
SEFA-BOAKYE, KOFI
Provider ID: 206292
Provider Gender: Male
License Number: G59670
NPI: 1902993660
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center

SEFA-BOAKYE, KOFI
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org /clinics/san-ysidro-health-center

SHORT, ABIADE
Provider ID: 206292
Provider Gender: Male
License Number: A114893
NPI: 1750559589
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173
D2. 主治医生名录

Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**OPHTHALMOLOGY**

**MANI, NASRIN**
Provider ID: 227469
Provider Gender: Female
License Number: A40473
NPI: 1023061314
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Faroese, Farsi, Persian, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSD MEDICAL CTR, SHARP CHULA VISTA MED CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
3364 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**SKAF, AYHAM**
Provider ID: 227469
Provider Gender: Male
License Number: A120584
NPI: 1285888628
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Spanish
Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No
3364 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**OPHTHALMOLOGY**

**SKAF, AYHAM**
Provider ID: 227469
Provider Gender: Male
License Number: A120584
NPI: 1285888628
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Spanish
Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No
3364 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
ACEVEDO, SUSANA
Provider ID: 227411
Provider Gender: Female
License Number: A74960
NPI: 1801971569
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
BARBADILLO, FERDINAND
Provider ID: 227411
Provider Gender: Male
License Number: A49307
NPI: 1982662193
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:30AM-5:30PM

PEDIATRICS
BARBADILLO, FERDINAND
Provider ID: 206292
Provider Gender: Male
License Number: A49307
NPI: 1982662193
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

- **Provider English Spoken:** Y
- **Provider Language(s)**
  - Spoken: Spanish, Tagalog
- **Cultural Competency:** N
- **Hospital Affiliation:** SHARP
- **Board Certified Specialty:** No
- **Address:**
  - 4004 BEYER BLVD
  - SAN YSIDRO, CA 92173
- **Phone:** (619) 662-4100
- **After Hours Phone:** (619) 662-4100
- **Website:** syhealth.org/clinics/san-ysidro-health-center
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER

**PEDIATRICS**

**CABARLO, JEHRI**

- **Provider ID:** 227411
- **Provider Gender:** Male
- **License Number:** 20A8516
- **NPI:** 1770661340
- **Provider English Spoken:** Y
- **Provider Language(s)**
  - Spoken: Spanish
- **Cultural Competency:** N
- **Hospital Affiliation:** RADY
- **Board Certified Specialty:** No
- **Address:**
  - 4004 BEYER BLVD
  - SAN YSIDRO, CA 92173
- **Phone:** (619) 662-4100
- **After Hours Phone:** (619) 662-4100
- **Website:** syhealth.org/clinics/san-ysidro-health-center
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER

**PEDIATRICS**

**CHAIT LLAMAS, LWBB**

- **Provider ID:** 227411
- **Provider Gender:** Female
- **License Number:** 213938
- **NPI:** 1134567530
- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **Hospital Affiliation:** PIONEERS
- **Board Certified Specialty:** No
- **Address:**
  - 4004 BEYER BLVD
  - SAN YSIDRO, CA 92173
- **Phone:** (619) 662-4100
- **After Hours Phone:** (619) 662-4100
- **Website:** syhealth.org/clinics/san-ysidro-health-center
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER

**PEDIATRICS**

**CABARLO, JEHRI**

- **Provider ID:** 227411
D2. 主治医生名录

Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
CHAIT LLAMAS, LWBBA
Provider ID: 227411
Provider Gender: Female
License Number: A138938
NPI: 1134567530
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
FUJII, CINDY
Provider ID: 227411
Provider Gender: Female
License Number: G52183
NPI: 1871664821
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
GHAHREMANI, SIMIN
Provider ID: 206292
Provider Gender: Female
License Number: C51110
NPI: 1508904657
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM SA 8:30AM-2:00PM

PEDIATRICS
GHAHREMANI, SIMIN
Provider ID: 206292
Provider Gender: Female
D2. 主治医生名录

License Number: C51110
NPI: 1508904657
☑ Provider English Spoken: Y
☑ Provider Language(s)
   Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
☐ 4050 BEYER BLVD
   SAN YSIDRO, CA 92173
☐ Phone: (619) 662-4100
☐ Fax: (619) 205-1948
☐ After Hours Phone: (619) 662-4100
☐ Website: syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
☐ Accessibility: CONTACT PROVIDER

PEDIATRICS
NISSAN, BETI
Provider ID: 206292
Provider Gender: Female
License Number: A64487
NPI: 1396705299
☑ Provider English Spoken: Y
☑ Provider Language(s)
   Spoken: Farsi, Persian
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, HOLLYWOOD PRESBYTERIAN MED CTR, SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No
☐ 4004 BEYER BLVD
   SAN YSIDRO, CA 92173
☐ Phone: (619) 662-4100
☐ After Hours Phone: (619) 662-4100
☐ Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
☐ Accessibility: CONTACT PROVIDER

PEDIATRICS
HERMAN, ANDREA
Provider ID: 227411
Provider Gender: Female
License Number: A72721
NPI: 1518970037
☐ Provider English Spoken: Y
☐ Provider Language(s)
   Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
☐ 4050 BEYER BLVD
   SAN YSIDRO, CA 92173
☐ Phone: (619) 662-4100
☐ Fax: (619) 205-1948
☐ After Hours Phone: (619) 662-4100
☐ Website: syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
☐ Accessibility: CONTACT PROVIDER

Website: syhealth.org/clinics/maternal-child-health-center

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
PEDIATRICS
NISSAN, BETI
Provider ID: 206292
Provider Gender: Female
License Number: A64487
NPI: 1396705299
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Farsi, Persian
Cultural Competency: N
Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO, HOLLYWOOD PRESBYTERIAN MED CTR,
SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

PEDIATRICS
PIANSAY, MARIA CORAZON
Provider ID: 206292
Provider Gender: Female
License Number: A93785
NPI: 1669680351
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

PEDIATRICS
RODRIGUEZ, ALDO
Provider ID: 227411
Provider Gender: Male
License Number: A134995
NPI: 1508209651
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100
- Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

PEDIATRICS
RODRIGUEZ, ALDO
D2. 医生名录

Provider ID: 227411
Provider Gender: Male
License Number: A134995
NPI: 1508209651
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDiATRICS
RUELAS, ROBERTO
Provider ID: 227411
Provider Gender: Male
License Number: A170141
NPI: 1194257386
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDiATRICS
SAHMS, TIMOTHY
Provider ID: 206292
Provider Gender: Male
License Number: G51462
NPI: 1780697276
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-7:30PM
SA 8:30AM-2:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-7:30PM
SA 8:30AM-2:00PM

PEDIATRICS

SAHMS, TIMOTHY
Provider ID: 227411
Provider Gender: Male
License Number: G51462
NPI: 1780697276
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-1948
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

SHAHIDYAZDANI, TINA
Provider ID: 227411
Provider Gender: Female
License Number: A94813
NPI: 1891924858
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS

SULLIVAN, ELISSA
Provider ID: 227411
Provider Gender: Female
License Number: A169577
NPI: 1790216422
Provider English Spoken: Y
PEDIATRICS

SULLIVAN, ELISSA
Provider ID: 227411
Provider Gender: Female
License Number: A169577
NPI: 1790216422
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-1948
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:00PM

PEDIATRICS

TAYLOR, TASHA
Provider ID: 227411
Provider Gender: Female
License Number: A82187
NPI: 1528144433
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:00PM

PHYSICIANS ASSISTANT

BUCKNER, JOSEPH
Provider ID: 206292
Provider Gender: Male
License Number: PA18363
NPI: 1215909205
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

1572
D2. 主治医生名录

**PHYSICIANS ASSISTANT**  
BUCKNER, JOSEPH  
Provider ID: 206292  
Provider Gender: Male  
License Number: PA18363  
NPI: 1215909205  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org /clinics/san-ysidro-health-center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**  
GI, HUNG  
Provider ID: 206292  
Provider Gender: Male  
License Number: PA16994  
NPI: 1023207404  
Provider English Spoken: Y  
Provider Language(s) Spoken: Chinese, French, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org /clinics/san-ysidro-health-center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**  
HARMIS, NATASHA  
Provider ID: 227469  
Provider Gender: Female  
License Number: PA58672  
NPI: 1013516996  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: https://www.syhealth.org/locations  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

PHYSICIANS ASSISTANT
KAMOTO, LYNN
Provider ID: 206292
Provider Gender: Female
License Number: PA17162
NPI: 1447326459
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
PORTO MADURSKI, KRISTINE
Provider ID: 227411
Provider Gender: Female
License Number: PA16269
NPI: 1053403782
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Website: www.syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
KAMOTO, LYNN
Provider ID: 206292
Provider Gender: Female
License Number: PA17162
NPI: 1447326459
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
PORTO MADURSKI, KRISTINE
Provider ID: 227411
Provider Gender: Female
License Number: PA16269
NPI: 1053403782
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Website: www.syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
ROSS, COLLIN
Provider ID: 206292
Provider Gender: Male
License Number: PA16058
NPI: 1629182050
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

PHYSICIANS ASSISTANT
ROSS, COLLIN
Provider ID: 206292
Provider Gender: Male
License Number: PA16058
NPI: 1629182050
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
SHARPE, NORMA
Provider ID: 206292
Provider Gender: Female
License Number: PA20490
NPI: 1619100237
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
SHARPE, NORMA
Provider ID: 206292
Provider Gender: Female
License Number: PA20490
NPI: 1619100237
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
SMITH, DOUGLAS
Provider ID: 206292
Provider Gender: Male
License Number: PA12304
NPI: 1902016611
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
SUNA SITTO, MOHEEN
Provider ID: 227469

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

PHYSICIANS ASSISTANT
TRUJILLO, MIGUEL
Provider ID: 206292
Provider Gender: Male
License Number: PA15656
NPI: 1285806794
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
TRUJILLO, MIGUEL
Provider ID: 206292
Provider Gender: Male
License Number: PA15656
NPI: 1285806794
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT
TRUJILLO, MIGUEL
Provider ID: 206292
Provider Gender: Male
License Number: PA15656
NPI: 1285806794
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PODIATRIST
MANCHEL, BRUCE
Provider ID: 206292
Provider Gender: Male
License Number: DPM2930
NPI: 1790890788
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR
Board Certified Specialty: No
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PODIATRIST
D2. 主治医生名录

MANCHEL, BRUCE  
Provider ID: 227469  
Provider Gender: Male  
License Number: DPM2930  
NPI: 1790890788  
Provider English Spoken: Y  
Provider Language(s): Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR  
Board Certified Specialty: No  

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-6341  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org/locations  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

PODIATRIST  
MANCHEL, BRUCE  
Provider ID: 227469  
Provider Gender: Male  
License Number: DPM2930  
NPI: 1790890788  
Provider English Spoken: Y  
Provider Language(s): Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR  
Board Certified Specialty: No  

3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: https://www.syhealth.org/locations  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST  
CLARK, SKYLAR  
Provider ID: 227469  
Provider Gender: Female  
License Number: PT302385  
NPI: 1457089187  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  

3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: https://www.syhealth.org/locations  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

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

REGISTERED PHYSICAL THERAPIST  
CLARK, SKYLAR  
Provider ID: 227469  
Provider Gender: Female  
License Number: PT302385  
NPI: 1457089187  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  

3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619)
D2. 主治医生名录

662-4100
Website: https://www.syhealth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

REGISTERED PHYSICAL THERAPIST
TORRES, JOANN
Provider ID: 206292
Provider Gender: Female
License Number: PT296607
NPI: 1134732522
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

SPEECH PATHOLOGIST
HILL, CARLA
Provider ID: 206292
Provider Gender: Female
License Number: SP9075
NPI: 1043950751
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

SURGERY GENERAL
OKWUOSA, CHRIS
Provider ID: 206292
Provider Gender: Male
License Number: A170738
NPI: 1114336260
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Providence St Mary Medical Center
Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org /clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

1578
D2. 主治医生名录

Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:30PM SA 8:30AM-2:00PM

**Surgery General**

**OKWUOSA, CHRIS**
Provider ID: 206292
Provider Gender: Male
License Number: A170738
NPI: 1114336260

Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: Providence St Mary Medical Center
Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100
After Hours Phone: (619) 662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

**Pediatrics**

**ARLATA, TAMANTHA**
Provider ID: 615945
Provider Gender: Female
NPI: 1568721934

Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Board Certified Specialty: No

9600 CUYAMACA ST STE 101
SANTEE, CA 92071

Phone: (619) 749-2150
Fax: (619) 456-9744
After Hours Phone: (619) 749-2150

Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

**Pediatrics**

**MANGINE, REGINA**
Provider ID: 366456
Provider Gender: Female
NPI: 1417177577

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MARY
Board Certified Specialty: No

8788 JAMACHA RD
SPRING VALLEY, CA 91977

Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150

**Certified Nurse Practitioner**

**LEONARD, BEVERLY**
Provider ID: 206361
Provider Gender: Female
License Number: NP10943
NPI: 1285772392

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

8788 JAMACHA RD
SPRING VALLEY, CA 91977

Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150

**Birch Hosp For Women and Newborns**

Board Certified Specialty: No

9600 CUYAMACA ST STE 101
SANTEE, CA 92071
Phone: (619) 749-2150
Fax: (619) 456-9744
After Hours Phone: (619) 749-2150
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
D2. 主治医生名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
LEONARD, BEVERLY
Provider ID: 206361
Provider Gender: Female
License Number: NPI0943
NPI: 1285772392
- Provider English Spoken: Y
- Provider Language(s): Spanish
Cultural Competency: N
Board Certified Specialty: No
- 8788 JAMACHA RD
  SPRING VALLEY, CA 91977
  Phone: (619) 515-2555
  After Hours Phone: (619) 515-2555
  Website: www.fhcsd.org
  Email: angelad@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
WILLIAMS, TAKISHA
Provider ID: 206361
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
- Provider English Spoken: Y
- Provider Language(s): Spanish
Cultural Competency: N
Board Certified Specialty: No
- 8788 JAMACHA RD
  SPRING VALLEY, CA 91977
  Phone: (619) 515-2555
  After Hours Phone: (619) 515-2555
  Website: www.fhcsd.org
  Email: angelad@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
BACHARACH, REBECCA
Provider ID: 206361
Provider Gender: Female
License Number: 20A15459
NPI: 1225442643
- Provider English Spoken: Y
- Provider Language(s): Spanish
Cultural Competency: N
Board Certified Specialty: No
- 8788 JAMACHA RD
  SPRING VALLEY, CA 91977
  Phone: (619) 515-2555
  After Hours Phone: (619) 515-2555
  Website: www.fhcsd.org
  Email: angelad@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
FAMILY PRACTICE
BACHARACH, REBECCA
Provider ID: 206361
Provider Gender: Female
License Number: 20A15459
NPI: 1225442643
- Provider English Spoken: Y
- Provider Language(s): Spanish
Cultural Competency: N
Board Certified Specialty: No
- 8788 JAMACHA RD
  SPRING VALLEY, CA 91977
  Phone: (619) 515-2555
  After Hours Phone: (619) 515-2555
  Website: www.fhcsd.org
  Email: angelad@fhcsd.org
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\150
D2. 主治医生名录

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
CARDONES, ARTHUR
Provider ID: 206361
Provider Gender: Male
License Number: A55932
NPI: 1962436451
 Provider English Spoken: Y
 Provider Language(s) Spoken: Tagalog
 Cultural Competency: N
 Board Certified Specialty: No

8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
CARDONES, ARTHUR
Provider ID: 206361
Provider Gender: Male
License Number: A55932
NPI: 1962436451
 Provider English Spoken: Y
 Provider Language(s) Spoken: Tagalog
 Cultural Competency: N
 Board Certified Specialty: No

8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
CONSTANTINO, STEPHANIE
Provider ID: 206361
Provider Gender: Female
License Number: A149063
NPI: 1366824971
 Provider English Spoken: Y
 Provider Language(s) Spoken: Mandarin
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL
 Board Certified Specialty: No

8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
ROSE, PATRICIA
Provider ID: 206361
Provider Gender: Female
License Number: A76059
NPI: 1588677314
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No

Hours: M 8:30AM-5:30PM
TU 8:30AM-7:00PM
W-F 8:30AM-5:30PM

D2. 主治医生名录

8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-7:00PM
W-F 8:30AM-5:30PM

FAMILY PRACTICE
ROSE, PATRICIA
Provider ID: 206361
Provider Gender: Female
License Number: A76059
NPI: 1588677314
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC
GROSSMONT SPRING VALLEY
FAMILY HLTH CTRS INC,
Provider ID: 206361
NPI: 1508801069
Provider English Spoken: Y
Cultural Competency: N
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
Fax: (619) 462-5584
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-7:00PM
W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
ALIMONOS, LYSISTRATI
Provider ID: 206361
Provider Gender: Female
License Number: 20A14919
NPI: 1619397031
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-7:00PM
W-F 8:30AM-5:30PM

1582
D2. 主治医生名录

- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Spanish
- **Cultural Competency:** N
- **Hospital Affiliation:** GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL

| Board Certified Specialty: No |
| 8788 JAMACHA RD |
| SPRING VALLEY, CA 91977 |
| Phone: (619) 515-2555 |
| After Hours Phone: (619) 515-2555 |
| Website: www.fhcsd.org |
| Email: angelad@fhcsd.org |
| Medi-Cal Open Panel: Yes |
| Min/Max Age: 0\150 |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |

**OBSTETRICS / GYNECOLOGY**

- **CARTER, KHALIL**
  - Provider ID: 206361
  - Provider Gender: Male
  - License Number: A113001
  - NPI: 1225231582

  | Provider English Spoken: Y |
  | Provider Language(s) Spoken: Spanish |
  | Cultural Competency: N |
  | Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRICITY MEDICAL CTR |

  | Board Certified Specialty: No |
  | 8788 JAMACHA RD |
  | SPRING VALLEY, CA 91977 |
  | Phone: (619) 515-2555 |
  | After Hours Phone: (619) 515-2555 |
  | Website: www.fhcsd.org |
  | Email: angelad@fhcsd.org |
  | Medi-Cal Open Panel: Yes |
  | Min/Max Age: 0\150 |
  | American Sign Language (ASL): N |
  | Accessibility: CONTACT PROVIDER |
  | Hours: M 8:30AM-5:30PM |
  | TU 8:30AM-7:00PM |
  | W-F 8:30AM-5:30PM |

**OBSTETRICS / GYNECOLOGY**

- **BUECHNER, CHARLENE**
  - Provider ID: 206361
  - Provider Gender: Female
  - License Number: A68463
  - NPI: 1376663831

  | Provider English Spoken: Y |
  | Provider Language(s) Spoken: Spanish |
  | Cultural Competency: N |
  | Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS |

  | Board Certified Specialty: No |
  | 8788 JAMACHA RD |
  | SPRING VALLEY, CA 91977 |
  | Phone: (619) 515-2555 |
  | After Hours Phone: (619) 515-2555 |
  | Website: www.fhcsd.org |
  | Email: angelad@fhcsd.org |
  | Medi-Cal Open Panel: Yes |
  | Min/Max Age: 0\150 |
  | American Sign Language (ASL): N |
  | Accessibility: CONTACT PROVIDER |
  | Hours: M 8:30AM-5:30PM |
  | TU 8:30AM-7:00PM |
  | W-F 8:30AM-5:30PM |

**OBSTETRICS / GYNECOLOGY**

- **CARTER, KHALIL**
  - Provider ID: 206361
D2. 主治医生名录

**Provider Gender: Male**  
**License Number: A113001**  
**NPI: 1225231582**

- **Provider English Spoken: Y**  
- **Provider Language(s):** Spanish

**Hospital Affiliation:** SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRICITY MEDICAL CTR

**Board Certified Specialty:** No

**Address:** 8788 JAMACHA RD  
**City:** SPRING VALLEY, CA 91977  
**Phone:** (619) 515-2555  
**After Hours Phone:** (619) 515-2555

**Website:** www.fhcsd.org  
**Email:** angelad@fhcsd.org  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\150

**American Sign Language (ASL):** N

**Accessibility:** CONTACT PROVIDER

**Hours:**  
**M** 8:30AM-5:30PM  
**TU** 8:30AM-7:00PM  
**W-F** 8:30AM-5:30PM

---

**OBSTETRICS / GYNECOLOGY**  
**CERVANTES, SANDRA**

**Provider ID:** 206361  
**Provider Gender:** Female  
**License Number:** A118095  
**NPI:** 1073701041

- **Provider English Spoken: Y**  
- **Provider Language(s):** Spanish

**Hospital Affiliation:** SCRIPPS MERCY HOSPITAL, SHARP

**Board Certified Specialty:** No

**Address:** 8788 JAMACHA RD  
**City:** SPRING VALLEY, CA 91977  
**Phone:** (619) 515-2555  
**After Hours Phone:** (619) 515-2555

**Website:** www.fhcsd.org  
**Email:** angelad@fhcsd.org  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\150

**American Sign Language (ASL):** N

**Accessibility:** CONTACT PROVIDER

**Hours:**  
**M** 8:30AM-5:30PM  
**TU** 8:30AM-7:00PM  
**W-F** 8:30AM-5:30PM

---

**OBSTETRICS / GYNECOLOGY**  
**CHAKRABARTI, PRIYA**

**Provider ID:** 206361  
**Provider Gender:** Female  
**License Number:** A163464  
**NPI:** 1326531401

- **Provider English Spoken: Y**  
- **Provider Language(s):** Spanish

**Hospital Affiliation:** SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital

**Board Certified Specialty:** No

**Address:** 8788 JAMACHA RD  
**City:** SPRING VALLEY, CA 91977  
**Phone:** (619) 515-2555  
**After Hours Phone:** (619) 515-2555

**Website:** www.fhcsd.org  
**Email:** angelad@fhcsd.org  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\150

**American Sign Language (ASL):** N

**Accessibility:** CONTACT PROVIDER

**Hours:**  
**M** 8:30AM-5:30PM  
**TU** 8:30AM-7:00PM  
**W-F** 8:30AM-5:30PM
### Obstetrics / Gynecology

#### Chakrabarti, Priya
- **Provider ID:** 206361
- **Provider Gender:** Female
- **License Number:** A163464
- **NPI:** 1326531401
- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Spanish
- **Cultural Competency:** N
- **Hospital Affiliation:** SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
- **Board Certified Specialty:** No
- **Address:** 8788 Jamacha Rd, Spring Valley, CA 91977
- **Phone:** (619) 515-2555
- **After Hours Phone:** (619) 515-2555
- **Website:** www.fhcsd.org
- **Email:** angelad@fhcsd.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER

#### De Mik, Travis
- **Provider ID:** 206361
- **Provider Gender:** Male
- **License Number:** A108228
- **NPI:** 1629277322
- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **Board Certified Specialty:** No
- **Address:** 8788 Jamacha Rd, Spring Valley, CA 91977
- **Phone:** (619) 515-2555
- **After Hours Phone:** (619) 515-2555
- **Website:** www.fhcsd.org
- **Email:** angelad@fhcsd.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER

#### Doruelo, Ashley
- **Provider ID:** 206361
- **Provider Gender:** Female
- **License Number:** A178499
- **NPI:** 1033613732
- **Provider English Spoken:** Y
- **Provider Language(s) Spoken:** Spanish
- **Cultural Competency:** N
- **Hospital Affiliation:** SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
- **Board Certified Specialty:** No
- **Address:** 8788 Jamacha Rd, Spring Valley, CA 91977
- **Phone:** (619) 515-2555
- **After Hours Phone:** (619) 515-2555
- **Website:** www.fhcsd.org
- **Email:** angelad@fhcsd.org
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\150
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
D2. 主治医生名录

**FOLCH TORRES-AGUIAR, BEATRIZ**

- Provider ID: 206361
- Provider Gender: Female
- License Number: A148014
- NPI: 1457794752
- Provider English Spoken: Y
- Provider Language(s): Spanish, Yue, Chinese
- Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital, SCRIPPS MERCY HOSPITAL CHULA VISTA
- Board Certified Specialty: No
- Address: 8788 JAMACHA RD, SPRING VALLEY, CA 91977
- Phone: (619) 515-2555
- After Hours Phone: (619) 515-2555
- Website: www.fhcsd.org
- Email: angelad@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-150
- American Sign Language (ASL): N

---

**FOLCH TORRES-AGUIAR, BEATRIZ**

- Provider ID: 206361
- Provider Gender: Female
- License Number: A148014
- NPI: 1457794752
- Provider English Spoken: Y
- Provider Language(s): Spanish, Yue, Chinese
- Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital, SCRIPPS MERCY HOSPITAL CHULA VISTA
- Board Certified Specialty: No
- Address: 8788 JAMACHA RD, SPRING VALLEY, CA 91977
- Phone: (619) 515-2555
- After Hours Phone: (619) 515-2555
- Website: www.fhcsd.org
- Email: angelad@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-150
- American Sign Language (ASL): N

---

**HANLEY, LAUREN**

- Provider ID: 206361
- Provider Gender: Female
- License Number: C174771
- NPI: 1053392035
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
- Board Certified Specialty: No
- Address: 8788 JAMACHA RD, SPRING VALLEY, CA 91977
- Phone: (619) 515-2555
- After Hours Phone: (619) 515-2555
- Website: www.fhcsd.org
- Email: angelad@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-150
- American Sign Language (ASL): N

---

**HANLEY, LAUREN**

- Provider ID: 206361
- Provider Gender: Female
- License Number: C174771
- NPI: 1053392035
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
- Board Certified Specialty: No
- Address: 8788 JAMACHA RD, SPRING VALLEY, CA 91977
- Phone: (619) 515-2555
- After Hours Phone: (619) 515-2555
- Website: www.fhcsd.org
- Email: angelad@fhcsd.org
- Medi-Cal Open Panel: Yes

---

**HANLEY, LAUREN**

- Provider ID: 206361
- Provider Gender: Female
- License Number: C174771
- NPI: 1053392035
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
- Board Certified Specialty: No
- Address: 8788 JAMACHA RD, SPRING VALLEY, CA 91977
- Phone: (619) 515-2555
- After Hours Phone: (619) 515-2555
- Website: www.fhcsd.org
- Email: angelad@fhcsd.org
- Medi-Cal Open Panel: Yes

---

**HANLEY, LAUREN**

- Provider ID: 206361
- Provider Gender: Female
- License Number: C174771
- NPI: 1053392035
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
- Board Certified Specialty: No
- Address: 8788 JAMACHA RD, SPRING VALLEY, CA 91977
- Phone: (619) 515-2555
- After Hours Phone: (619) 515-2555
- Website: www.fhcsd.org
- Email: angelad@fhcsd.org
- Medi-Cal Open Panel: Yes
D2. 主治医生名录

Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
LIPSCHITZ, LISA
Provider ID: 206361
Provider Gender: Female
License Number: A72005
NPI: 1649208711
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-7:00PM
W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
LOEFFLER, ALLISON
Provider ID: 206361
Provider Gender: Female
License Number: A72005
NPI: 1649208711
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-7:00PM
W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
LIPSCHITZ, LISA
Provider ID: 206361
Provider Gender: Female
License Number: A72005
NPI: 1649208711
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-7:00PM
W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
LOEFFLER, ALLISON
Provider ID: 206361
Provider Gender: Female
License Number: A116680
NPI: 1700073962
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-7:00PM
W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
LIPSCHITZ, LISA
Provider ID: 206361
Provider Gender: Female
License Number: A72005
NPI: 1649208711
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-7:00PM
W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
LOEFFLER, ALLISON
Provider ID: 206361
Provider Gender: Female
License Number: A116680
NPI: 1700073962
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-7:00PM
W-F 8:30AM-5:30PM
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-7:00PM
W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
MELENDEZ BERRIOS, IARA DEL
Provider ID: 206361
Provider Gender: Female
License Number: A114181
NPI: 1740514249
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

OBSTETRICS / GYNECOLOGY
RODRIGUEZ JEREZ, ROBERTO
Provider ID: 206361
Provider Gender: Male
License Number: A154298
NPI: 1710316450
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
HEALTHCARE CTR,
GROSSMONT HOSPITAL
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

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

OBSTETRICS / GYNECOLOGY
SAPRA, SONIA
Provider ID: 206361
Provider Gender: Female
License Number: A164859
NPI: 1952751711
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

STABEN, REBECCA
Provider ID: 206361
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

WINESBURG, JENNIFER
Provider ID: 206361
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified Specialty: No

8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY
WINESBURG, JENNIFER
Provider ID: 206361
D2. 主治医生名录

Provider Gender: Female
License Number: 20A11535
NPI: 1811162456

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977

- Phone: (619) 515-2555
- After Hours Phone: (619) 515-2555
- Website: www.fhcsd.org
- Email: angelad@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-150
- American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
Provider ID: 206361
Provider Gender: Male
License Number: G78814
NPI: 1699790634

- Provider English Spoken: Y
- Cultural Competency: N

Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977

- Phone: (619) 515-2555
- After Hours Phone: (619) 515-2555
- Website: www.fhcsd.org
- Email: angelad@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-150
- American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-7:00PM
W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY
WINESBURG, JENNIFER
Provider ID: 206361
Provider Gender: Female
License Number: 20A11535
NPI: 1811162456

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N

Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
8788 JAMACHA RD
SPRING VALLEY, CA 91977

- Phone: (619) 515-2555
- After Hours Phone: (619) 515-2555
- Website: www.fhcsd.org
- Email: angelad@fhcsd.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-150
- American Sign Language (ASL):
**D2. 主治医生名录**

**N**

- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F 9:00AM-5:00PM

**PEDIATRICS**

**JI, AMANDA**

- Provider ID: 206361
- Provider Gender: Female
- License Number: A169342
- NPI: 1750745493
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL
- Board Certified Specialty: No
- 8788 JAMACHA RD
  - Phone: (619) 515-2555
  - After Hours Phone: (619) 515-2555
  - Website: www.fhcsd.org
  - Email: angelad@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
- **Accessibility:** CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**TRAN, TU-UYEN**

- Provider ID: 206361
- Provider Gender: Female
- License Number: PA54588
- NPI: 1598293748
- Provider English Spoken: Y
- Provider Language(s) Spoken: Vietnamese
- Cultural Competency: N
- Board Certified Specialty: No
- 8788 JAMACHA RD
  - Phone: (619) 515-2555
  - After Hours Phone: (619) 515-2555
  - Website: www.fhcsd.org
  - Email: angelad@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
- **Accessibility:** CONTACT PROVIDER

**PEDIATRICS**

**JI, AMANDA**

- Provider ID: 206361
- Provider Gender: Female
- License Number: A169342
- NPI: 1750745493
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL
- Board Certified Specialty: No
- 8788 JAMACHA RD
  - Phone: (619) 515-2555
  - After Hours Phone: (619) 515-2555
  - Website: www.fhcsd.org
  - Email: angelad@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
- **Accessibility:** CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**TRAN, TU-UYEN**

- Provider ID: 206361
- Provider Gender: Female
- License Number: PA54588
- NPI: 1598293748
- Provider English Spoken: Y
- Provider Language(s) Spoken: Vietnamese
- Cultural Competency: N
- Board Certified Specialty: No
- 8788 JAMACHA RD
  - Phone: (619) 515-2555
  - After Hours Phone: (619) 515-2555
  - Website: www.fhcsd.org
  - Email: angelad@fhcsd.org
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\150
  - American Sign Language (ASL): N
- **Accessibility:** CONTACT PROVIDER

**CLINIC OUTPATIENT NEIGHBORHOOD HEALTHCARE,**

- Provider ID: 519918
- NPI: 1437335148
- Provider English Spoken: Y
- Cultural Competency: N
D2. 主治医生名录

FAMILY PRACTICE
CASTANER, ZALYA
Provider ID: 519918
Provider Gender: Female
License Number: A139490
NPI: 1487072179
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No

28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Phone: (760) 742-9912
After Hours Phone: (760) 742-9912
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
AYON MARTINEZ, CARLOS
Provider ID: 519918
Provider Gender: Male
License Number: A114419
NPI: 1154583128
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Phone: (760) 742-9919
After Hours Phone: (760) 742-9919
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE
CASTANER, ZALYA
Provider ID: 519918
Provider Gender: Female
License Number: A139490
NPI: 1487072179
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified Specialty: No

28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Phone: (760) 742-9912
After Hours Phone: (760) 742-9912
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D2. 主治医生名录

742-9912
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE

SCHULTZ, JAMES
Provider ID: 519918
Provider Gender: Male
License Number: G61829
NPI: 1356376164
Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi, Greek, Spanish
Cultural Competency: N
Hospital Affiliation:
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
PALOMAR MEDICAL CENTER
Board Certified Specialty: No
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Phone: (760) 742-9919
After Hours Phone: (760) 742-9919
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FQHC

NEIGHBORHOOD HEALTHCARE,
Provider ID: 519918
NPI: 1437335148
Provider English Spoken: Y
Cultural Competency: N
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Phone: (760) 742-9919
After Hours Phone: (760) 742-9919
Fax: (360) 462-2750
After Hours Phone: (760) 742-9919
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS

CRAYCHEE, LEO
Provider ID: 71887
Provider Gender: Male
NPI: 1265432710
Provider English Spoken: Y
Provider Language(s)
D2. 主治医生名录

**Spoken: Spanish**
**Cultural Competency: N**
**Hospital Affiliation: Rady Children's Hospital San Diego**

Board Certified Specialty: No

**PHYSICIANS ASSISTANT**

**AGUEY, OMAR**

Provider ID: 519918
Provider Gender: Male
License Number: PA18708
NPI: 1851479372

Provider English Spoken: Yes
Provider Language(s): Spanish

Cultural Competency: N

Board Certified Specialty: No

**PHYSICIANS ASSISTANT**

**AGUEY, OMAR**

Provider ID: 519918
Provider Gender: Male
License Number: PA18708
NPI: 1851479372

Provider English Spoken: Y
Provider Language(s): Spanish

Cultural Competency: N

Board Certified Specialty: No

**PHYSICIANS ASSISTANT**

**AGUEY, OMAR**

Provider ID: 519918
Provider Gender: Male
License Number: PA18708
NPI: 1851479372

Provider English Spoken: Y
Provider Language(s): Spanish

Cultural Competency: N

Board Certified Specialty: No

**CULTIVATED NURSE PRACTITIONER**

**HALGDAHL, YI**

Provider ID: 400339
Provider Gender: Female
License Number: NP95006826
NPI: 1619246907

Provider English Spoken: Y
Provider Language(s): Mandarin

Cultural Competency: N

Board Certified Specialty: No

**CULTIVATED NURSE PRACTITIONER**

**HALGDAHL, YI**

Provider ID: 400339
Provider Gender: Female
License Number: NP95006826
NPI: 1619246907

Provider English Spoken: Y
Provider Language(s): Mandarin

Cultural Competency: N

Board Certified Specialty: No
D2. 主治医生名录

Min/Max Age: 0\999
American Sign Language (ASL): N
📮 Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM
 TU 10:30AM-7:30PM
 W-F 8:00AM-5:00PM

CERTIFIED NURSE
PRACTITIONER
SCHAEPE, RHODORA
Provider ID: 400339
Provider Gender: Female
License Number: RN410247
NPI: 1700974789
 qed Provider English Spoken: Y
 qed Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
134 GRAPEVINE RD
VISTA, CA 92083
☎ Phone: (760) 631-5000
☎ After Hours Phone: (760) 631-5000
 qed Website: www.vistacommunityclinic.org
Email: credentialing@vcc.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 qed Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM
 TU 10:30AM-7:30PM
 W-F 8:00AM-5:00PM

CERTIFIED NURSE
PRACTITIONER
SCHAEPE, RHODORA
Provider ID: 400339
Provider Gender: Female
License Number: NP7791
NPI: 1700974789
 qed Provider English Spoken: Y
 qed Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
134 GRAPEVINE RD
VISTA, CA 92083
☎ Phone: (760) 631-5000
☎ After Hours Phone: (760) 631-5000
 qed Website: www.vistacommunityclinic.org
Email: credentialing@vcc.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 qed Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM
 TU 10:30AM-7:30PM
 W-F 8:00AM-5:00PM

CERTIFIED NURSE
PRACTITIONER
SCHAEPE, RHODORA
Provider ID: 400339
Provider Gender: Female
License Number: RN410247
NPI: 1700974789
 qed Provider English Spoken: Y
 qed Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
134 GRAPEVINE RD
VISTA, CA 92083
☎ Phone: (760) 631-5000
☎ After Hours Phone: (760) 631-5000
 qed Website: www.vistacommunityclinic.org
Email: credentialing@vcc.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 qed Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM
 TU 10:30AM-7:30PM
 W-F 8:00AM-5:00PM
D2. 主治医生名录

PROVIDER
Hours: M 8:00AM-5:00PM
TU 10:30AM-7:30PM
W-F 8:00AM-5:00PM

CERTIFIED NURSE PRACTITIONER
WILLIAMS, JINA
Provider ID: 400339
Provider Gender: Female
License Number: NP95020624
NPI: 1225500259
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 134 GRAPEVINE RD
- VISTA, CA 92083
- Phone: (760) 631-5000
- After Hours Phone: (760) 631-5000
- Website: www.vistacommunityclinic.org
- Email: credentialing@vcc.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CHIROPRACTOR
JU, NATHANIEL
Provider ID: 400339
Provider Gender: Male
License Number: DC32054
NPI: 1972883882
- Provider English Spoken: Y
- Provider Language(s) Spoken: Chinese
- Cultural Competency: N
- Board Certified Specialty: No
- 134 GRAPEVINE RD
- VISTA, CA 92083
- Phone: (760) 631-5000
- After Hours Phone: (760) 631-5000
- Website: www.vistacommunityclinic.org
- Email: credentialing@vcc.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
WILLIAMS, JINA
Provider ID: 400339
Provider Gender: Female
License Number: NP95020624
NPI: 1225500259
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 134 GRAPEVINE RD
- VISTA, CA 92083
- Phone: (760) 631-5000
- After Hours Phone: (760) 631-5000
- Website: www.vistacommunityclinic.org
- Email: credentialing@vcc.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CHIROPRACTOR
JU, NATHANIEL
Provider ID: 400339
Provider Gender: Male
License Number: DC32054
NPI: 1972883882
- Provider English Spoken: Y
- Provider Language(s) Spoken: Chinese
- Cultural Competency: N
- Board Certified Specialty: No
- 134 GRAPEVINE RD
- VISTA, CA 92083
- Phone: (760) 631-5000
- After Hours Phone: (760) 631-5000
- Website: www.vistacommunityclinic.org
- Email: credentialing@vcc.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
NGUYEN, DANIELA
Provider ID: 664798
Provider Gender: Female
NPI: 1891069662
- Provider English Spoken: Y
- Cultural Competency: N
- Board Certified Specialty: No
- 1000 VALE TERRACE DR
- VISTA, CA 92084
- Phone: (760) 631-5000
- Fax: (760) 414-3892
- After Hours Phone: (760) 631-5000
- Website: N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 12\999
- American Sign Language (ASL):
D2. 主治医生名录

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM

FQHC
VCC DURIAN,
Provider ID: 411518
NPI: 1851300123
 Provider English Spoken: Y
 Cultural Competency: N
 105 DURIAN ST STE A
 VISTA, CA 92083
 Phone: (844) 308-5003
 Fax: (760) 414-3892
 After Hours Phone: (844) 308-5003
 Website: www.vistacommunityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:00PM

FQHC
VISTA COMMUNITY CLINIC
GRAPEVINE,
Provider ID: 400339
NPI: 1851300123
 Provider English Spoken: Y
 Cultural Competency: N
 134 GRAPEVINE RD
 VISTA, CA 92083
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Website: www.vistacommunityclinic.org
 Email: credentialing@vcc.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M 8:00AM-5:00PM
 TU 10:30AM-7:30PM
 W-F 8:00AM-5:00PM

GENERAL PRACTICE
RONAN, KEVIN
Provider ID: 400339
Provider Gender: Male
License Number: G77176
NPI: 1225017353
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
 Board Certified Specialty: No
 134 GRAPEVINE RD
 VISTA, CA 92083
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Website: www.vistacommunityclinic.org
 Email: credentialing@vcc.org
 Medi-Cal Open Panel: Yes
D2. 主治医生名录

**GENERAL PRACTICE**

**RONAN, KEVIN**
Provider ID: 400339  
Provider Gender: Male  
License Number: G77176  
NPI: 1225017353
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish, Tagalog
- Cultural Competency: N
- Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
- Board Certified Specialty: No
- Min/Max Age: 0\1999
- Medi-Cal Open Panel: Yes
- Provider English Spoken: Y
- Provider Language(s) Spoken: Farsi, Persian, Spanish
- Cultural Competency: N
- Hospital Affiliation: TRI CITY MEMORIAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO
- Board Certified Specialty: No
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**AMANI, RAMIN**
Provider ID: 79901  
Provider Gender: Male  
NPI: 1659366292
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: TRI CITY MEDICAL CTR
- Board Certified Specialty: No
- Min/Max Age: 0\19
- Medi-Cal Open Panel: Yes
- Provider English Spoken: Y
- Provider Language(s) Spoken: Farsi, Persian, Spanish
- Cultural Competency: N
- Hospital Affiliation: TRI CITY MEDICAL CTR
- Board Certified Specialty: No
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**AMBO, STANLEY**
Provider ID: 52269  
Provider Gender: Male  
NPI: 1891735676
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: TRI CITY MEDICAL CTR
- Board Certified Specialty: No
- Min/Max Age: 0\1999
- Medi-Cal Open Panel: Yes
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: TRI CITY MEDICAL CTR
- Board Certified Specialty: No
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**ASSELIN, LYNETTE**
Provider ID: 65507  
Provider Gender: Female  
NPI: 1053484568
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: TRI CITY MEDICAL CTR
- Board Certified Specialty: No
- Min/Max Age: 0\19
- Medi-Cal Open Panel: Yes
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: TRI CITY MEDICAL CTR
- Board Certified Specialty: No
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**1598**

**Your PCP's physician group may have mental health providers in its network. Please refer to the list below.**
**You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.**
**To access a listing of mental health providers online, visit blueshieldca.com/fad.**
D2. 主治医生名录

BEDROSIAN, DIANE
Provider ID: 80272
Provider Gender: Female
NPI: 1447323951
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Board Certified Specialty: No
Medical Office Address: 2067 W VISTA WAY STE 280
VISTA, CA 92083
Phone: (760) 941-3630
Fax: (760) 941-1214
After Hours Phone: (760) 941-3630
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS
HARTFORD, NICOLE
Provider ID: 411518
Provider Gender: Female
License Number: 20A14390
NPI: 1346530466
- Provider English Spoken: Y
- Cultural Competency: N
Board Certified Specialty: No
Medical Office Address: 105 DURIAN ST STE A
VISTA, CA 92083
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
KARP, MICHAEL
Provider ID: 95672
Provider Gender: Male
NPI: 1295808632
- Provider English Spoken: Y
- Cultural Competency: N
Board Certified Specialty: No
Medical Office Address: 2067 W VISTA WAY STE 280
VISTA, CA 92083
Phone: (760) 941-3630
Fax: (760) 941-1214
After Hours Phone: (760) 941-3630
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
CASTRO, JORGE
Provider ID: 100779
Provider Gender: Male
NPI: 1326082868
- Provider English Spoken: Y
- Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
Medical Office Address: 2067 W VISTA WAY STE 180
VISTA, CA 92083
Phone: (760) 941-3434
Fax: (760) 945-3434
After Hours Phone: (760) 945-3434
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
HARTFORD, NICOLE
Provider ID: 411518
Provider Gender: Female
License Number: 20A14390
NPI: 1346530466
- Provider English Spoken: Y
- Cultural Competency: N
Board Certified Specialty: No
Medical Office Address: 105 DURIAN ST STE A
VISTA, CA 92083
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
KARP, MICHAEL
Provider ID: 95672
Provider Gender: Male
NPI: 1295808632
- Provider English Spoken: Y
- Cultural Competency: N
Board Certified Specialty: No
Medical Office Address: 2067 W VISTA WAY STE 280
VISTA, CA 92083
Phone: (760) 941-3630
Fax: (760) 941-1214
After Hours Phone: (760) 941-3630
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
CASTRO, JORGE
Provider ID: 100779
Provider Gender: Male
NPI: 1326082868
- Provider English Spoken: Y
- Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
Medical Office Address: 2067 W VISTA WAY STE 180
VISTA, CA 92083
Phone: (760) 941-3434
Fax: (760) 945-3434
After Hours Phone: (760) 945-3434
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
HARTFORD, NICOLE
Provider ID: 411518
Provider Gender: Female
License Number: 20A14390
NPI: 1346530466
- Provider English Spoken: Y
- Cultural Competency: N
Board Certified Specialty: No
Medical Office Address: 105 DURIAN ST STE A
VISTA, CA 92083
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
KARP, MICHAEL
Provider ID: 95672
Provider Gender: Male
NPI: 1295808632
- Provider English Spoken: Y
- Cultural Competency: N
Board Certified Specialty: No
Medical Office Address: 2067 W VISTA WAY STE 280
VISTA, CA 92083
Phone: (760) 941-3630
Fax: (760) 941-1214
After Hours Phone: (760) 941-3630
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
CASTRO, JORGE
Provider ID: 100779
Provider Gender: Male
NPI: 1326082868
- Provider English Spoken: Y
- Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
Medical Office Address: 2067 W VISTA WAY STE 180
VISTA, CA 92083
Phone: (760) 941-3434
Fax: (760) 945-3434
After Hours Phone: (760) 945-3434
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
HARTFORD, NICOLE
Provider ID: 411518
Provider Gender: Female
License Number: 20A14390
NPI: 1346530466
- Provider English Spoken: Y
- Cultural Competency: N
Board Certified Specialty: No
Medical Office Address: 105 DURIAN ST STE A
VISTA, CA 92083
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
KARP, MICHAEL
Provider ID: 95672
Provider Gender: Male
NPI: 1295808632
- Provider English Spoken: Y
- Cultural Competency: N
Board Certified Specialty: No
Medical Office Address: 2067 W VISTA WAY STE 280
VISTA, CA 92083
Phone: (760) 941-3630
Fax: (760) 941-1214
After Hours Phone: (760) 941-3630
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PEDIATRICS
CASTRO, JORGE
Provider ID: 100779
Provider Gender: Male
NPI: 1326082868
- Provider English Spoken: Y
- Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
Medical Office Address: 2067 W VISTA WAY STE 180
VISTA, CA 92083
Phone: (760) 941-3434
Fax: (760) 945-3434
After Hours Phone: (760) 945-3434
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
### PEDIATRICS

#### KRAK, MICHAEL

- **Provider ID:** 23455
- **Provider Gender:** Male
- **NPI:** 1003989419
- **Provider English Spoken:** Y
- **Provider Language(s):** Spanish
- **Cultural Competency:** N
- **Hospital Affiliation:** SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR
- **Board Certified Specialty:** Yes
- **Address:** 134 GRAPEVINE RD VISTA, CA 92083
- **Phone:** (760) 631-5000
- **After Hours Phone:** (760) 631-5000
- **Website:** www.vistacommunityclinic.org

#### LUSCHWITZ, BRIAN

- **Provider ID:** 400339
- **Provider Gender:** Male
- **License Number:** A60517
- **NPI:** 1205868510
- **Provider English Spoken:** Y
- **Provider Language(s):** Spanish
- **Cultural Competency:** N
- **Hospital Affiliation:** TRI CITY MEDICAL CTR
- **Board Certified Specialty:** No
- **Address:** 134 GRAPEVINE RD VISTA, CA 92083
- **Phone:** (760) 631-5000
- **After Hours Phone:** (760) 631-5000
- **Website:** www.vistacommunityclinic.org

#### NAUDIN, VERONICA

- **Provider ID:** 84118
- **Provider Gender:** Female
- **License Number:** A60517
- **NPI:** 1093755878
- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **Hospital Affiliation:** TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO
- **Board Certified Specialty:** No
- **Address:** 2067 W VISTA WAY STE 180 VISTA, CA 92083
- **Phone:** (760) 945-3434
- **Fax:** (760) 945-6761
- **After Hours Phone:** (760) 945-3434

### Contact Information

**Email:** credentialing@vcc.org

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\999

**American Sign Language (ASL):** N

**Accessibility:** CONTACT PROVIDER

**Hours:** M 8:00AM-5:00PM
TU 10:30AM-7:30PM
W-F 8:00AM-5:00PM

---

1600
D2. 主治医生名录

**PERTL, URSULA**
Provider ID: 593894
Provider Gender: Female
NPI: 1609947464
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RACY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES
- Board Certified Specialty: No
- 134 GRAPEVINE RD
  VISTA, CA 92083
- Phone: (760) 631-5000
- After Hours Phone: (760) 631-5000
- Website: www.vistacommunityclinic.org
- Email: credentialing@vcc.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-TH 9:00AM-2:00PM
  F 8:00AM-5:00PM
  SA 8:00AM-4:00PM

**WEAVER, APRIL**
Provider ID: 400339
Provider Gender: Female
License Number: PA20775
NPI: 1063552800
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- 134 GRAPEVINE RD
  VISTA, CA 92083
- Phone: (760) 631-5000
- After Hours Phone: (760) 631-5000
- Website: www.vistacommunityclinic.org
- Email: credentialing@vcc.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\1999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-TH 9:00AM-2:00PM
  F 8:00AM-5:00PM
  SA 8:00AM-4:00PM

**WEAVER, APRIL**
Provider ID: 400339
Provider Gender: Female
License Number: PA20775
NPI: 1063552800
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- 134 GRAPEVINE RD
  VISTA, CA 92083
- Phone: (760) 631-5000
- After Hours Phone: (760) 631-5000
- Website: www.vistacommunityclinic.org
- Email: credentialing@vcc.org
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\1999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
  Hours: M-TH 9:00AM-2:00PM
  F 8:00AM-5:00PM
  SA 8:00AM-4:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
ALPINE

OPTOMETRIST
AOTO, KIM
Provider ID: 268720
Board Certified Specialty: No
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
Phone: (800) 898-2020
Fax: (844) 897-3788
After Hours Phone: (800) 898-2020
Provider Gender: Female
NPI: 1780935650
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CARLSBAD

CERTIFIED NURSE PRACTITIONER
RICE, ELIZABETH
Provider ID: 304664
Board Certified Specialty: No
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011
Phone: (760) 631-3000
Fax: (760) 631-3016
After Hours Phone: (760) 631-3000
Provider Gender: Female
NPI: 1902470537
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:30AM-5:00PM
Website: N/A

HEARING AID DEALER / SUPPLIER
DAVIS, KELLE
Provider ID: 268654
Board Certified Specialty: No
1820 MARRON RD STE 102
CARLSBAD, CA 92008
Phone: (760) 434-0125
Fax: (760) 434-4531
After Hours Phone: (760) 434-0125
Provider Gender: Female
NPI: 1902853344
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:30AM-5:00PM
Website: N/A

NEUROLOGY
YOSHII-CONTRERAS, JUNE
Provider ID: 296589
Board Certified Specialty: No
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011
Phone: (760) 631-3000
Fax: (760) 631-3016
After Hours Phone: (760) 631-3000
Provider Gender: Female
NPI: 1437441763
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS
D3. 专科提供者名录

MEMORIAL HOSPITAL, PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N

OTOLARYNGOLOGY

DONALDSON, CHADWICK

Provider ID: 268146
Board Certified Specialty: No
2390 FARADAY AVE CARLSBAD, CA 92008
Phone: (858) 909-0770
Fax: (858) 909-0880
After Hours Phone: (858) 909-0770
Provider Gender: Male
NPI: 1891743910
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
TEMECULA VALLEY HOSPITAL INC, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

PHYSICIANS ASSISTANT

HERMANSON, KATHLEEN

Provider ID: 269004
Board Certified Specialty: No
6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011
Phone: (760) 631-3000
Fax: (760) 631-3016
After Hours Phone: (760) 631-3000
Provider Gender: Female
NPI: 1598160343
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

PHYSICIANS ASSISTANT

INOCELDA, ANDREW

Provider ID: 269089
Board Certified Specialty: No
2390 FARADAY AVE CARLSBAD, CA 92008
Phone: (858) 909-0770
Fax: (858) 909-0880
After Hours Phone: (858) 909-0770
Provider Gender: Female
NPI: 1972107811
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: KECK HOSPITAL OF USC, USC KENNETH NORRIS JR CANCER HOSPITAL, USC VERDUGO HILLS HOSPITAL

PHYSICIANS ASSISTANT

SHIMIZU, KELSIE MIDORI

Provider ID: 296819
Board Certified Specialty: No
6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011
Phone: (760) 631-3000
Fax: (760) 631-3016
After Hours Phone: (760) 631-3000
Provider Gender: Female
NPI: 1497950208
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

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

Website: N/A

PHYSICIANS ASSISTANT

WILAND, WINONA
Provider ID: 296809
Board Certified Specialty: No
2390 FARADAY AVE
CARLSBAD, CA 92008
Phone: (858) 909-0770
Fax: (858) 909-0880
After Hours Phone: (858) 909-0770
Provider Gender: Female
NPI: 1043967383
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

REGISTRATION PHYSICAL THERAPIST

AMBROSE, CHRISTOPHER
Provider ID: 248010
Board Certified Specialty: No
3070 MADISON ST
CARLSBAD, CA 92008
Phone: (760) 434-6100
Fax: (760) 471-5139
After Hours Phone: (760) 434-6100
Provider Gender: Male
NPI: 1063461101
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

REGISTRATION PHYSICAL THERAPIST

BOUTELE, DAVID
Provider ID: 248307
Board Certified Specialty: No
3070 MADISON ST
CARLSBAD, CA 92008
Phone: (760) 434-6100
Fax: (760) 471-5139
After Hours Phone: (760) 434-6100
Provider Gender: Male
NPI: 1063461101
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

REGISTRATION PHYSICAL THERAPIST

MCGEE, JACQUELINE
Provider ID: 252472
Board Certified Specialty: No
3070 MADISON ST
CARLSBAD, CA 92008
Phone: (760) 434-6100
Fax: (760) 434-4583
After Hours Phone: (760) 434-6100
Provider Gender: Female
NPI: 1194217133
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 8\999
American Sign Language (ASL): N

SURGERY NEUROLOGICAL

BEN-HAIM, SHARONA
Provider ID: 244069
Board Certified Specialty: No
6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1942469663
Provider English Spoken: Y
D3. 专科提供者名录

Provider Language(s)
- Spoken: Hebrew, Spanish
- Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

SURGERY NEUROLOGICAL
MURTHY, NIKHIL

Provider ID: 299996
Board Certified Specialty: No

Provider Address: 6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011

Phone: (800) 926-8273
Fax: (888) 539-8781

Accessibility: CONTACT PROVIDER

Website: N/A

SURGERY NEUROLOGICAL
BLASKIEWICZ, DONALD

Provider ID: 270283
Board Certified Specialty: No

Provider Address: 6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1215176839

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

SURGERY NEUROLOGICAL
PHAM, MARTIN

Provider ID: 203510
Board Certified Specialty: No

Provider Address: 6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011

Phone: (619) 543-5540
After Hours Phone: (619) 543-5540

Provider Gender: Male
NPI: 1609130921

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

CHULA VISTA

ANESTHESIOLOGY PAIN MANAGEMENT
DAIRO, BRANDON

Provider ID: 300088
Board Certified Specialty: No

Provider Address: 340 4TH AVE STE 19 CHULA VISTA, CA 91910

Phone: (619) 761-5308
Fax: (619) 591-1910

After Hours Phone: (619) 761-5308

Provider Gender: Male
NPI: 1689092470

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
D3. 专科提供者名录

PROVIDER

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON
Provider ID: 299879
Board Certified Specialty: No
340 4TH AVE STE 19
CHULA VISTA, CA 91910
Phone: (619) 761-5308
Fax: (619) 591-1910
After Hours Phone: (619) 761-5308
Provider Gender: Male
NPI: 1962899823
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\100
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED ACUPUNCTURIST

WILCOX, WENONAH
Provider ID: 290591
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-1184
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1598037178
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED ACUPUNCTURIST

LAM, KHANH
Provider ID: 295381
Board Certified Specialty: No
340 4TH AVE STE 19
CHULA VISTA, CA 91910
Phone: (619) 761-5308
Fax: (619) 591-1910
After Hours Phone: (619) 761-5308
Provider Gender: Male
NPI: 1649594979
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, French, Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER

BRAYTENBAH, MELANIE
Provider ID: 295830
Board Certified Specialty: No
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911
Phone: (619) 421-3361
Fax: (619) 869-4378
After Hours Phone: (619)

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>262342</td>
<td>No</td>
<td>Female</td>
<td>1508370875</td>
<td>Y</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
<td>(619) 421-3361</td>
<td>(619) 869-4378</td>
<td>(619) 421-3361</td>
</tr>
</tbody>
</table>

**CERTIFIED NURSE PRACTITIONER**

**BRAYTENBAH, MELANIE**

Provider ID: 268746
Board Certified Specialty: No
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911
Phone: (619) 421-3361
Fax: (619) 869-4378
After Hours Phone: (619) 421-3361
Provider Gender: Female
NPI: 1508370875
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**CARAPIA, FABIOLA**

Provider ID: 295918
Board Certified Specialty: No
340 4TH AVE STE 4
CHULA VISTA, CA 91910
Phone: (619) 427-1144
Fax: (619) 427-1185
After Hours Phone: (619) 427-1144
Provider Gender: Female
NPI: 1184905994
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**CARRION GELABERT, ANA**

Provider ID: 302402
Board Certified Specialty: No
450 FOURTH AVE STE 215
CHULA VISTA, CA 91910
Phone: (619) 425-3840
Fax: (619) 425-3842

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

**CERTIFIED NURSE PRACTITIONER**

**LANE, KIMBERLY**  
Provider ID: 301598  
Board Certified Specialty: No  
Address: 752 MEDICAL CENTER CT STE 101  
CHULA VISTA, CA 91911  
Phone: (619) 397-4500  
Fax: (858) 429-7931  
After Hours Phone: (619) 397-4500  
Provider Gender: Female  
NPI: 1457670119  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: BEVERLY HOSPITAL, TRI CITY MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM  
Website: N/A

**EMERGENCY MEDICINE**

**FRENCH, TONIANNE**  
Provider ID: 290538  
Board Certified Specialty: No  
Address: 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
Fax: (619) 205-6305  
After Hours Phone: (619) 662-4100  
Provider Gender: Female  
NPI: 1770578411  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: BEVERLY HOSPITAL, TRI CITY MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**EMERGENCY MEDICINE**

**EINSTEIN, ERIC**  
Provider ID: 290482  
Board Certified Specialty: No  
Address: 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
Fax: (619) 205-6305  
After Hours Phone: (619) 662-4100  
Provider Gender: Male  
NPI: 1154683787  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: CONCORD REGIONAL MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**EMERGENCY MEDICINE**

**GALASSO, MADISON**  
Provider ID: 290477  
Board Certified Specialty: No  
Address: 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
Fax: (619) 205-6305  
After Hours Phone: (619) 662-4100  
Provider Gender: Female  
NPI: 1053766766

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID: 295890</th>
<th>Provider English Spoken: Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 290537</td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider ID: 304935</td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider ID: 290637</td>
<td>Provider English Spoken: Y</td>
</tr>
</tbody>
</table>

**EMERGENCY MEDICINE**

**GRIESSINGER, MICHAEL**

Provider ID: 290537  
Board Certified Specialty: No  
Provider ID: 304935  
Board Certified Specialty: No  
Provider ID: 290637  
Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>333 H ST STE 2080, CHULA VISTA, CA 91910</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Male</td>
<td>1336556604</td>
</tr>
<tr>
<td>386 E H ST STE 202, CHULA VISTA, CA 91910</td>
<td>(858) 966-1720</td>
<td>(858) 966-1725</td>
<td>(858) 966-1720</td>
<td>Female</td>
<td>1811423072</td>
</tr>
<tr>
<td>333 H ST STE 2080, CHULA VISTA, CA 91910</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Female</td>
<td>1295112670</td>
</tr>
</tbody>
</table>

**EMERGENCY MEDICINE**

**QUENZER, FAITH**

Provider ID: 290637  
Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>333 H ST STE 2080, CHULA VISTA, CA 91910</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Female</td>
<td>1295112670</td>
</tr>
</tbody>
</table>

**EMERGENCY MEDICINE**

**REARDON, JACQUELINE**

Provider ID: 304935  
Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>386 E H ST STE 202, CHULA VISTA, CA 91910</td>
<td>(858) 966-1720</td>
<td>(858) 966-1725</td>
<td>(858) 966-1720</td>
<td>Female</td>
<td>1811423072</td>
</tr>
</tbody>
</table>

**EMERGENCY MEDICINE**

**HARRELL-BURDER, BEVERLY**

Provider ID: 290537  
Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>333 H ST STE 2080, CHULA VISTA, CA 91910</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Female</td>
<td>1295112670</td>
</tr>
</tbody>
</table>

**EMERGENCY MEDICINE**

**PHAM, LILY**

Provider ID: 304935  
Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>333 H ST STE 2080, CHULA VISTA, CA 91910</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Female</td>
<td>1295112670</td>
</tr>
</tbody>
</table>

**EMERGENCY MEDICINE**

**REARDON, JACQUELINE**

Provider ID: 304935  
Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>333 H ST STE 2080, CHULA VISTA, CA 91910</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Female</td>
<td>1295112670</td>
</tr>
</tbody>
</table>

**EMERGENCY MEDICINE**

**HARRELL-BURDER, BEVERLY**

Provider ID: 290537  
Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>333 H ST STE 2080, CHULA VISTA, CA 91910</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Female</td>
<td>1295112670</td>
</tr>
</tbody>
</table>

**EMERGENCY MEDICINE**

**QUENZER, FAITH**

Provider ID: 290637  
Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>333 H ST STE 2080, CHULA VISTA, CA 91910</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Female</td>
<td>1295112670</td>
</tr>
</tbody>
</table>

**EMERGENCY MEDICINE**

**REARDON, JACQUELINE**

Provider ID: 304935  
Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>333 H ST STE 2080, CHULA VISTA, CA 91910</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Female</td>
<td>1295112670</td>
</tr>
</tbody>
</table>

**EMERGENCY MEDICINE**

**HARRELL-BURDER, BEVERLY**

Provider ID: 290537  
Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>333 H ST STE 2080, CHULA VISTA, CA 91910</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Female</td>
<td>1295112670</td>
</tr>
</tbody>
</table>

**EMERGENCY MEDICINE**

**REARDON, JACQUELINE**

Provider ID: 304935  
Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>333 H ST STE 2080, CHULA VISTA, CA 91910</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Female</td>
<td>1295112670</td>
</tr>
</tbody>
</table>

**EMERGENCY MEDICINE**

**HARRELL-BURDER, BEVERLY**

Provider ID: 290537  
Board Certified Specialty: No

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>333 H ST STE 2080, CHULA VISTA, CA 91910</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Female</td>
<td>1295112670</td>
</tr>
<tr>
<td>Provider ID: 290673</td>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>333 H ST STE 2080</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
<td>Fax: (619) 205-6305</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (619) 662-4100</td>
<td>Provider Gender: Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1417928557</td>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:30AM-5:30PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SA 8:00AM-2:30PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENDOCRINOLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>METABOLISM DIABETES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARRILLO, MARITZA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider ID: 290970</td>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>678 3RD AVE</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
<td>Fax: (619) 425-1184</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (619) 662-4100</td>
<td>Provider Gender: Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1649628587</td>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-8:00PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SA 8:00AM-4:00PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAMILY PRACTICE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROXAS, ROGER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider ID: 290600</td>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>333 H ST STE 2080</td>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
<td>Fax: (619) 205-6305</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (619) 662-4100</td>
<td>Provider Gender: Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1578910840</td>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAMILY PRACTICE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEIS, CRISTINA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider ID: 302757</td>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1637 THIRD AVE STE H</td>
<td>CHULA VISTA, CA 91911</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
<td>Fax: (619) 662-4100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (619) 662-4100</td>
<td>Provider Gender: Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1639478811</td>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Language(s) Spoken: Spanish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:30AM-5:30PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SA 8:00AM-2:30PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

**Min/Max Age: 0\999**

**American Sign Language (ASL): N**

- **Accessibility: CONTACT PROVIDER**
- **Hours: M-F 8:30AM-5:30PM**
- **SA 8:00AM-2:30PM**
- **Website: N/A**

**FAMILY PRACTICE**

**LOZANO, JUAN**

Provider ID: 303517

- Board Certified Specialty: No
- 1637 THIRD AVE STE B-F-H-I
- CHULA VISTA, CA 91911
- Phone: (619) 662-4100
- Fax: (619) 205-1376
- After Hours Phone: (619) 662-4100
- Provider Gender: Male
- NPI: 1396373619
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Provider Gender: Male
- NPI: 1396373619
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999

**LOZANO, JUAN**

Provider ID: 305471

- 1637 THIRD AVE B-F-H-I
- CHULA VISTA, CA 91911
- Phone: (619) 662-4100
- Fax: (619) 205-1376
- After Hours Phone: (619) 662-4100
- Provider Gender: Male
- NPI: 1396373619
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999

**VELASQUEZ, SHARON**

Provider ID: 299164

- 678 3RD AVE
- CHULA VISTA, CA 91910
- Phone: (619) 662-4100
- Fax: (619) 425-1184
- After Hours Phone: (619) 662-4100
- Provider Gender: Female
- NPI: 1972732584
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
- Medi-Cal Open Panel: Yes
- Min/Max Age: 18\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**NOVO, MEGAN**

Provider ID: 296068

- 296 H ST STE 301
- CHULA VISTA, CA 91910
- Phone: (619) 266-3332
- Fax: (619) 266-6000
- After Hours Phone: (619) 266-3332
- Provider Gender: Female
- NPI: 1770961971
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: PARADISE VALLEY HOSPITAL, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MERCY HOSPITAL CHULA VISTA, UNIVERSITY OF CALIFORNIA IRVINE MED CTR, UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL
- Medi-Cal Open Panel: Yes
- Min/Max Age: 18\999

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

GASTROENTEROLOGY

SHAFFER, KATHERINE
Provider ID: 305510
Board Certified Specialty: No
296 H ST STE 301
CHULA VISTA, CA 91910
Phone: (619) 266-3332
After Hours Phone: (619) 266-3332
Provider Gender: Female
NPI: 1336405695
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

HEARING AID DEALER / SUPPLIER

ANDERSON, ELAINE
Provider ID: 268688
Board Certified Specialty: No
310 3RD AVE STE C11
CHULA VISTA, CA 91910
Phone: (619) 426-0841
Fax: (619) 426-9197
After Hours Phone: (619) 426-0841
Provider Gender: Female
NPI: 1063558856
Provider Language(s) Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

HEARING AID DEALER / SUPPLIER

DAVIS, KELLE
Provider ID: 268651
Board Certified Specialty: No
310 3RD AVE STE C11
CHULA VISTA, CA 91910
Phone: (619) 426-0841
Fax: (619) 426-9197
After Hours Phone: (619) 426-0841
Provider Gender: Female
NPI: 1063558856
Provider Language(s) Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

426-0841
Provider Gender: Female
NPI: 1902853344
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
  8:30AM-5:00PM
 Website: N/A

HEMATOLOGY / ONCOLOGY
ITURBE-ALESSIO, IGNACIO
Provider ID: 295662
Board Certified Specialty: No
855 3RD AVE STE 3330
CHULA VISTA, CA 91911
Phone: (619) 745-1031
Fax: (619) 745-1032
After Hours Phone: (619) 745-1031
Provider Gender: Male
NPI: 1972513695
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
  9:00AM-5:00PM
 Website: N/A

HEMATOLOGY / ONCOLOGY
MOOLANI, RAMESH
Provider ID: 297928
Board Certified Specialty: No
855 3RD AVE STE 3330
CHULA VISTA, CA 91911
Phone: (619) 745-1031
Fax: (619) 745-1032
After Hours Phone: (619) 745-1031
Provider Gender: Male
NPI: 1437272010
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
  8:00AM-5:00PM
 Website: N/A

HEMATOLOGY / ONCOLOGY
JOHNSON, KENNETH
Provider ID: 262288
Board Certified Specialty: No
769 MEDICAL CENTER CT
STE 202
CHULA VISTA, CA 91911
Phone: (619) 482-8430
Fax: (619) 482-8005
After Hours Phone: (619) 482-8430
Provider Gender: Male
NPI: 1063527711
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SHARP MEMORIAL HOSPITAL,
PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

| VISTA, LOMA LINDA UNIVERSITY MED CTR |
| MURRIETA, SHARP CHULA VISTA MED CTR |
| Medi-Cal Open Panel: Yes |
| Min/Max Age: 0\999 |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |
| Hours: M-F 8:00AM-5:00PM |
| Website: N/A |

**INTERNAL MEDICINE**

| NAIJDZIONAK, ULADZISLAU |
| Provider ID: 290568 |
| Board Certified Specialty: No |
| 750 MEDICAL CENTER CT STE 9 CHULA VISTA, CA 91911 |
| Phone: (619) 421-6922 |
| Fax: (619) 421-5569 |
| After Hours Phone: (619) 421-6922 |
| Provider Gender: Male |
| NPI: 1023246212 |
| Provider English Spoken: Y |
| Provider Language(s) Spoken: Russian |
| Cultural Competency: N |
| Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL |
| Medi-Cal Open Panel: Yes |
| Min/Max Age: 18\999 |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |
| Hours: M-F 9:00AM-5:00PM |
| Website: N/A |

**HEMATOLOGY / ONCOLOGY**

| MOOLANI, RAMESH |
| Provider ID: 295976 |
| Board Certified Specialty: No |
| 855 3RD AVE STE 3330 CHULA VISTA, CA 91911 |
| Phone: (619) 745-1031 |
| Fax: (619) 745-1032 |
| After Hours Phone: (619) 745-1031 |
| Provider Gender: Male |
| NPI: 1437272010 |
| Provider English Spoken: Y |
| Provider Language(s) Spoken: Russian |
| Cultural Competency: N |
| Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, LOMA LINDA UNIVERSITY MED CTR |
| Medi-Cal Open Panel: Yes |
| Min/Max Age: 0\999 |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |

**INTERVENTIONAL CARDIOLOGY**

| MOHAMEDALI, BURHAN |
| Provider ID: 245576 |
| Board Certified Specialty: No |
| 765 MEDICAL CENTER CT STE 211 CHULA VISTA, CA 91911 |
| Phone: (619) 616-2100 |
| Fax: (619) 616-2104 |
| After Hours Phone: (619) 616-2100 |
| Provider Gender: Male |
| NPI: 1831393289 |
| Provider English Spoken: Y |
| Provider Language(s) Spoken: Spanish, Swahili |
| Cultural Competency: N |
| Hospital Affiliation: SHARP CHULA VISTA MED CTR, Adventist Health and Rideout Medi-Cal Open Panel: Yes |
| Min/Max Age: 0\999 |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |
| Hours: M-F 9:00AM-5:00PM |
| Website: N/A |

**INTERVENTIONAL CARDIOLOGY**

| NAGHI, JESSE |
| Provider ID: 247625 |
| Board Certified Specialty: No |
| 752 MEDICAL CENTER CT STE 207 CHULA VISTA, CA 91911 |
| Phone: (619) 867-0557 |
| Fax: (619) 867-0558 |
| After Hours Phone: (619) 867-0557 |
| Provider Gender: Male |
| NPI: 1386896736 |

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

- Provider English Spoken: Y
- Provider Language(s) Spoken: Arabic, Bulgarian, Russian, Spanish, Tagalog
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

**INTERVENTIONAL CARDIOLOGY**

**ROUGH, STEVEN**

Provider ID: 302985
Board Certified Specialty: No
754 MEDICAL CENTER CT STE 101
CHULA VISTA, CA 91911
Phone: (619) 434-4288
Fax: (619) 434-4315
After Hours Phone: (619) 434-4288
Provider Gender: Male
NPI: 1386821460
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP MEMORIAL HOSPITAL, ALVARADO HOSP MED CTR
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N

**SHEREV, DIMITRI**

Provider ID: 268950
Board Certified Specialty: No
754 MEDICAL CENTER CT STE 207
CHULA VISTA, CA 91911
Phone: (619) 867-0557
Fax: (619) 867-0558
After Hours Phone: (619) 867-0557
Provider Gender: Male
NPI: 1154323996
- Provider English Spoken: Y
- Provider Language(s) Spoken: Bulgarian, Russian, Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, ALVARADO COMMUNITY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, Sharp Grossmont Hospital
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
D3. 专科提供者名录

American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: M-F
  8:30AM-5:00PM
Website: N/A

INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI
Provider ID: 295846
Board Certified Specialty: No
765 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911
Phone: (619) 616-2100
Fax: (619) 616-2104
After Hours Phone: (619) 616-2100
Provider Gender: Female
NPI: 1811307051
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital, SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
  8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

MCCULLOUGH, DEIRDRE
Provider ID: 277263
Board Certified Specialty: No
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1124413026
Provider English Spoken: Y
Provider Language(s)
  Spoken: Hungarian, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

MELBER, DORA
Provider ID: 296993
Board Certified Specialty: No
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1124413026
Provider English Spoken: Y
Provider Language(s)
  Spoken: Hungarian, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Hours: M-F</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MATERNAL AND FETAL MEDICINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REIMERS, REBECCA</strong></td>
<td>8:00AM-5:00PM</td>
<td></td>
</tr>
<tr>
<td>Provider ID: 294653</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>386 E H ST STE 202</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHULA VISTA, CA 91910</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (858) 966-6710</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax: (858) 966-6711</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>/provider_gender/rebecca@radychildrenscare.com</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1801207634</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Affiliation: Rady Childrens Hospital San Diego</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours: M-F</td>
<td>8:00AM-5:00PM</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **MATERNAL AND FETAL MEDICINE**              |                          |              |
| **RICHARDSON, ALVIE**                       |                          |              |
| Provider ID: 264687                          |                          |              |
| Board Certified Specialty: No                |                          |              |
| 386 E H ST STE 202                           |                          |              |
| CHULA VISTA, CA 91910                        |                          |              |
| Phone: (858) 966-6710                        |                          |              |
| Fax: (858) 966-6711                          |                          |              |
| Provider Gender: Male                        |                          |              |
| Provider English Spoken: Y                  |                          |              |
| Hospital Affiliation: Sharp Memorial Hospital |                    |              |
| Medi-Cal Open Panel: Yes                     |                          |              |
| Min/Max Age: 0\19                            |                          |              |
| American Sign Language (ASL): N              |                          |              |
| Accessibility: CONTACT PROVIDER              |                          |              |
| Hours: M-F                                  | 8:00AM-5:00PM            |              |
| Website: N/A                                 |                          |              |

| **NEONATAL / PERINATAL MEDICINE**            |                          |              |
| **FLEMING, SARAH**                           |                          |              |
| Provider ID: 205646                          |                          |              |
| Board Certified Specialty: No                |                          |              |
| 435 H ST                                     |                          |              |
| CHULA VISTA, CA 91910                        |                          |              |
| Phone: (619) 691-7000                        |                          |              |
| Fax: (619) 966-6710                          |                          |              |
| Provider Gender: Female                      |                          |              |
| Provider English Spoken: Y                  |                          |              |
| Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista |              |              |
| Medi-Cal Open Panel: Yes                     |                          |              |
| Min/Max Age: 0\19                            |                          |              |
| American Sign Language (ASL): N              |                          |              |
| Accessibility: CONTACT PROVIDER              |                          |              |
| Hours: M-F                                  | 8:00AM-5:00PM            |              |
| Website: N/A                                 |                          |              |
D3. 专科提供者名录

NEONATAL / PERINATAL MEDICINE
MATOBA, NANA
Provider ID: 297976
Board Certified Specialty: No
435 H ST
CHULA VISTA, CA 91910
Phone: (619) 691-7000
Fax: (619) 260-7055
After Hours Phone: (619) 691-7000
Provider Gender: Female
NPI: 1801952197
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Hospital Affiliation: Rady
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE
NYMAN, KATHERINE
Provider ID: 301823
Board Certified Specialty: No
435 H ST
CHULA VISTA, CA 91910
Phone: (619) 691-7000
Fax: (619) 260-7055
After Hours Phone: (619) 691-7000
Provider Gender: Female
NPI: 1003260951
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Scripps
CHILDREN'S HOSPITAL SAN DIEGO,
SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL,
SCRIPPS MERCY HOSPITAL, UCSD MEDICAL CTR,
UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE
SPEZIALE, MARK
Provider ID: 304829
Board Certified Specialty: No
435 H ST
CHULA VISTA, CA 91910
Phone: (619) 691-7000
Fax: (619) 260-7055
After Hours Phone: (619) 691-7000
Provider Gender: Male
NPI: 1801978143
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Scripps
CHILDREN'S HOSPITAL SAN DIEGO,
SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL,
SCRIPPS MERCY HOSPITAL, UCSD MEDICAL CTR,
UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

 PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

 NEPHROLOGY
 HOREISH, ADAM
 Provider ID: 290100
 Board Certified Specialty: No
 340 4TH AVE STE 4
 CHULA VISTA, CA 91910
 Phone: (619) 427-1144
 Fax: (619) 427-1185
 After Hours Phone: (619) 427-1144
 Provider Gender: Male
 NPI: 1760461206
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Arabic, Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CHULA VISTA MED CTR,
 SCRIPPS MERCY HOSPITAL,
 PARADISE VALLEY HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 9:00AM-5:00PM
 Website: N/A

 PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

 NEPHROLOGY
 HOREISH, ADAM
 Provider ID: 99947
 Board Certified Specialty: No
 340 4TH AVE STE 4
 CHULA VISTA, CA 91910
 Phone: (619) 427-1144
 Fax: (619) 427-1185
 After Hours Phone: (619) 427-1144
 Provider Gender: Male
 NPI: 1760461206
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Arabic, Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CHULA VISTA MED CTR,
 SCRIPPS MERCY HOSPITAL,
 PARADISE VALLEY HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\150
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 9:00AM-5:00PM
 Website: N/A

 NEPHROLOGY
 MOOLANI, UJJALA
 Provider ID: 295915
 Board Certified Specialty: No
 752 MEDICAL CENTER CT STE 302
 CHULA VISTA, CA 91911
 Phone: (619) 421-3361
 Fax: (619) 869-4378
 After Hours Phone: (619) 421-3361
 Provider Gender: Female
 NPI: 1528221421
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Hindi, Sindhi, Spanish, Urdu
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CHULA VISTA MED CTR,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 9:00AM-5:00PM
 Website: N/A
D3. 专科提供者名录

NEPHROLOGY
MOOLANI, UJJALA
Provider ID: 296069
Board Certified Specialty: No
Phone: (619) 421-3361
Fax: (619) 869-4378
After Hours Phone: (619) 421-3361
Provider Gender: Female
NPI: 1528221421
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Sindhi, Spanish, Urdu
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM
Website: N/A

NEPHROLOGY
PATEL, AMAR
Provider ID: 245639
Board Certified Specialty: No
Phone: (619) 427-1144
Fax: (619) 427-1185
After Hours Phone: (619) 427-1144
Provider Gender: Male
NPI: 1821359605
Provider English Spoken: N
Provider Language(s) Spoken: Gujarati, Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM
Website: N/A

NEPHROLOGY
PHAM, JENNIFER
Provider ID: 302863
Board Certified Specialty: No
Phone: (619) 427-1144
Fax: (619) 427-1185
After Hours Phone: (619) 427-1144
Provider Gender: Female
NPI: 1235629932
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM
Website: N/A

NEPHROLOGY
VIDEEN, JOHN
Provider ID: 262286
Board Certified Specialty: No
Phone: (619) 421-3361
Fax: (619) 869-4378
After Hours Phone: (619) 421-3361
Provider Gender: Male
NPI: 1043318199
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR,
SHARP CORONADO HOSP AND HEALTHCARE CTR,
PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM
Website: N/A
Provider ID: 65646
Board Certified Specialty: No
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911
Phone: (619) 421-3361
Fax: (619) 869-4378
After Hours Phone: (619) 421-3361
Provider Gender: Male
NPI: 1043318199
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR,
SHARP CORONADO HOSP AND HEALTHCARE CTR,
PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A

NEPHROLOGY
VIDEEN, JOHN
Provider ID: 290110
Board Certified Specialty: No
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911
Phone: (619) 421-3361
Fax: (619) 869-4378
After Hours Phone: (619) 421-3361
Provider Gender: Male
NPI: 1043318199
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR,
SHARP CORONADO HOSP AND HEALTHCARE CTR,
PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A

NEPHROLOGY
YUAN, HENRY
Provider ID: 268551
Board Certified Specialty: No
340 4TH AVE STE 4
CHULA VISTA, CA 91910
Phone: (619) 427-1144
Fax: (619) 427-1185
After Hours Phone: (619) 427-1144
Provider Gender: Male
NPI: 1043442379
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Mandarin
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL, Providence St Joseph Hospital, Providence St Jude Medical Center, SOUTH COAST GLOBAL MEDICAL CENTER INC, ENCOMPASS HEALTH REHABILITATION HOSPITAL OF TUSTIN, Foothill Regional Medical Center, Foothill Regional Medical Center, KINDRED HOSPITAL BRE, KINDRED HOSPITAL LA MIRADA, KINDRED HOSPITAL SANTA ANA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A

NEUROLOGY
HOSSEIN ZADEH MALEKI, ANA
Provider ID: 304999
Board Certified Specialty: No
450 FOURTH AVE STE 215
CHULA VISTA, CA 91910
Phone: (619) 425-3840
Fax: (619) 485-5440
After Hours Phone: (619) 425-3840
Provider Gender: Female
NPI: 1316471485
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Persian
Cultural Competency: N
Hospital Affiliation: TEMECULA VALLEY HOSPITAL INC
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL):
D3. 专科提供者名录

NEUROLOGY
SORIA LOPEZ, JOSE
Provider ID: 295744
Board Certified Specialty: No
Address: 450 4TH AVE STE 215
CHULA VISTA, CA 91910
Phone: (619) 425-3840
Fax: (619) 485-5440
After Hours Phone: (619) 425-3840
Provider Gender: Male
NPI: 1225474034
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, TEMECULA
VALLEY HOSPITAL INC
Medi-Cal Open Panel: Yes
Min/Max Age: 16-999
American Sign Language (ASL): N

NEUROLOGY
SORIA LOPEZ, JOSE
Provider ID: 295744
Board Certified Specialty: No
Address: 450 4TH AVE STE 215
CHULA VISTA, CA 91910
Phone: (619) 425-3840
Fax: (619) 485-5440
After Hours Phone: (619) 425-3840
Provider Gender: Male
NPI: 1225474034
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, TEMECULA
VALLEY HOSPITAL INC
Medi-Cal Open Panel: Yes
Min/Max Age: 16-999
American Sign Language (ASL): N

OBSTETRICS / GYNECOLOGY
ATIGA, SCHUBERT
Provider ID: 290331
Board Certified Specialty: Yes
Address: 752 MEDICAL CENTER CT
STE 106
CHULA VISTA, CA 91911
Phone: (619) 482-8406
Fax: (619) 482-6656
After Hours Phone: (619) 482-8406
Provider Gender: Male
NPI: 1033138714
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N

OBSTETRICS / GYNECOLOGY
ATIGA, SCHUBERT
Provider ID: 268953
Board Certified Specialty: Yes
Address: 752 MEDICAL CENTER CT
STE 106
CHULA VISTA, CA 91911
Phone: (619) 482-8406
Fax: (619) 482-6656
After Hours Phone: (619) 482-8406
Provider Gender: Male
NPI: 1033138714
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
D3. 专科提供者名录

Min/Max Age: 13\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8:00AM-5:00PM F 8:00AM-0:00PM
 Website: N/A

OCCUPATIONAL THERAPIST
MORRIS, SHEILA
Provider ID: 268926
Board Certified Specialty: No
1020 TIERRA DEL REY STE A-1
CHULA VISTA, CA 91910
Phone: (619) 585-7104 Fax: (619) 585-7106
After Hours Phone: (619) 585-7104
Provider Gender: Female
NPI: 1689039877
Provider English Spoken: Y Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 13\130
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM TU 7:00AM-5:00PM W 8:00AM-5:00PM TH-F 7:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
BRYANT, DUANE
Provider ID: 297630
Board Certified Specialty: No
342 F ST
CHULA VISTA, CA 91910
Phone: (619) 422-1471 Fax: (619) 422-0450
After Hours Phone: (619) 422-0450
Provider Gender: Male
NPI: 1023117124
Provider English Spoken: Y Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM TU 7:00AM-5:00PM W 8:00AM-5:00PM TH-F 7:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
HO, AMIEE
Provider ID: 297633
Board Certified Specialty: No
342 F ST
CHULA VISTA, CA 91910
Phone: (619) 422-1471 Fax: (619) 422-0450
After Hours Phone: (619) 422-0450
Provider Gender: Female
NPI: 1396009478
Provider English Spoken: Y Provider Language(s) Spoken: Chinese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
D3. 专科提供者名录

OPTOMETRIST
CHAIN, PEI CHI
Provider ID: 297621
Board Certified Specialty: No
342 F ST
CHULA VISTA, CA 91910
Phone: (619) 422-1471
Fax: (619) 422-2025
After Hours Phone: (619) 422-1471
Provider Gender: Female
NPI: 1730676727
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPTOMETRIST
KOO, ANITA
Provider ID: 304537
Board Certified Specialty: No
835 THIRD AVESTE A
CHULA VISTA, CA 91911
Phone: (619) 425-7755
Fax: (619) 425-2138
After Hours Phone: (619) 425-7755
Provider Gender: Female
NPI: 1669825667
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

OPTOMETRIST
MASCARENO, EFRAIN
Provider ID: 262228
Board Certified Specialty: No
2260 OTAY LAKES RD STE 111
CHULA VISTA, CA 91915
Phone: (619) 421-5550
Fax: (866) 254-5707
After Hours Phone: (619) 421-5550
Provider Gender: Male
NPI: 1457507279
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-6:00PM
Website: N/A
D3. 专科提供者名录

**OPTOMETRIST**

**MASCARENO, EFRAIN**

Provider ID: 268680

Board Certified Specialty: No

Address: 440 4TH AVE STE 9
CHULA VISTA, CA 91910

Phone: (619) 427-2020
Fax: (866) 254-5707

After Hours Phone: (619) 427-2020

Provider Gender: Male

NPI: 1457507279

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F

9:00AM-6:00PM

Website: N/A

**OPTOMETRIST**

**NGUYEN, THU**

Provider ID: 265518

Board Certified Specialty: No

Address: 342 F ST
CHULA VISTA, CA 91910

Phone: (619) 422-1471
Fax: (619) 422-0450

After Hours Phone: (619) 422-1471

Provider Gender: Female

NPI: 1326323627

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog, Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**OPTOMETRIST**

**NGUYEN, THU**

Provider ID: 298022

Board Certified Specialty: No

Address: 342 F ST
CHULA VISTA, CA 91910

Phone: (619) 422-1471
Fax: (619) 422-0450

After Hours Phone: (619) 422-1471

Provider Gender: Female

NPI: 1326323627

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog, Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A
D3. 专科提供者名录

**OPTOMETRIST**

**RICHARDSON, JULIA**  
Provider ID: 297645  
Board Certified Specialty: No  
342 F ST  
CHULA VISTA, CA 91910  
Phone: (619) 422-1471  
Fax: (619) 422-2025  
After Hours Phone: (619) 422-1471  
Provider Gender: Female  
NPI: 1770154528  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**OPTOMETRIST**

**TRAN, JESSICA**  
Provider ID: 304888  
Board Certified Specialty: No  
340 FOURTH AVESTE 19  
CHULA VISTA, CA 91910  
Phone: (619) 761-5308  
Fax: (619) 591-1910  
After Hours Phone: (619) 761-5308  
Provider Gender: Female  
NPI: 1457922957  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**OPTOMETRIST**

**SCOVILL, ALEXANDRA**  
Provider ID: 297625  
Board Certified Specialty: No  
342 F ST  
CHULA VISTA, CA 91910  
Phone: (619) 422-1471  
Fax: (619) 422-0114  
After Hours Phone: (619) 422-1471  
Provider Gender: Female  
NPI: 1184146094  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**OTOLARYNGOLOGY**

**MCCALLION, PATRICK**  
Provider ID: 290541  
Board Certified Specialty: No  
765 MEDICAL CENTER CT STE 210  
CHULA VISTA, CA 91911  
Phone: (619) 482-0565  
Fax: (619) 482-2775  
After Hours Phone: (619) 482-0565  
Provider Gender: Male  
NPI: 1518456508  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F

Provider Language(s) Spoken: Arabic, Spanish  
Cultural Competency: N  
Hospital Affiliation: GROSSMONT HOSPITAL, ALVARADO HOSPITAL LLC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F
PEDIATRIC EMERGENCY MEDICINE
AGHILI, ROXANA
Provider ID: 303782
Board Certified Specialty: No
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-1720
Fax: (858) 966-1725
After Hours Phone: (858) 966-1720
Provider Gender: Female
NPI: 1285014498
Provider English Spoken: Yes
Cultural Competency: No
Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
BETTY, MARYANN
Provider ID: 245751
Board Certified Specialty: No
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-1720
Fax: (858) 966-1725
After Hours Phone: (858) 966-1720
Provider Gender: Female
NPI: 1366622078
Provider English Spoken: Yes
Cultural Competency: No
Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
DEVERA, GEMMIE
Provider ID: N/A
Board Certified Specialty: No
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-1720
Fax: (858) 966-1725
After Hours Phone: (858) 966-1720
Provider Gender: Female
NPI: 1316162324
Provider English Spoken: Yes
Cultural Competency: No
Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
GORHAM, LAURA
Provider ID: 275787
Board Certified Specialty: No
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-1720
Fax: (858) 966-1725
After Hours Phone: (858) 966-1720
Provider Gender: Female
NPI: 1316162324
Provider English Spoken: Yes
Cultural Competency: No
Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
GROSS, MATTHEW
Provider ID: 297176
Board Certified Specialty: No
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-1720
Fax: (858) 966-1725
After Hours Phone: (858) 966-1720
Provider Gender: Female
NPI: 1316162324
Provider English Spoken: Yes
Cultural Competency: No
Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-1720
Fax: (858) 966-1725
After Hours Phone: (858) 966-1720
Provider Gender: Male
NPI: 1942223664
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
 M-F 4:00PM-10:00PM
 SA 1:00PM-10:00PM
Website: N/A

PEDiATRIC EMERGENCY MEDiCINE
MENDES, CHANTAL
Provider ID: 295669
Board Certified Specialty: No
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-1720
Fax: (858) 966-1725
After Hours Phone: (858) 966-1720
Provider Gender: Female
NPI: 1134681265
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDiATRIC EMERGENCY MEDiCINE
OZAKI, YOSHIHIRO
Provider ID: 241923
Board Certified Specialty: No
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-1720
Fax: (858) 966-1725
After Hours Phone: (858) 966-1720
Provider Gender: Male
NPI: 1467898239
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDiATRIC EMERGENCY MEDiCINE
VAIDYA, KAMALA
Provider ID: 289411
Board Certified Specialty: No
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-1720
Fax: (858) 966-1725
After Hours Phone: (858) 966-1720  
Provider Gender: Female  
NPI: 1083840920  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Children's Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  

Accessibility: CONTACT PROVIDER  
Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
Website: N/A

PHYSICAL MEDICINE / REHABILITATION  
RICHARDSON, HENRY  
Provider ID: 295275  
Board Certified Specialty: No  
340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
☎ Phone: (760) 607-5350  
☎ Fax: (760) 607-5365  
☎ After Hours Phone: (760) 607-5350  
Provider Gender: Male  
NPI: 1407052459  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  

Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

PEDIATRICS  
ROWHANI, NAGHMEH  
Provider ID: 306065  
Board Certified Specialty: No  
280 E ST  
CHULA VISTA, CA 91910  
☎ Phone: (619) 662-4100  
☎ Fax: (619) 426-2170  
☎ After Hours Phone: (619) 662-4100  
Provider Gender: Female  
NPI: 1992876759  
Provider English Spoken: Y  
Cultural Competency: N  

Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

PHYSICIANS ASSISTANT  
DOUGHERTY, CLARA  
Provider ID: 301592  
Board Certified Specialty: No  
752 Medical Center CT STE 101  
CHULA VISTA, CA 91911  
☎ Phone: (619) 397-4500  
☎ Fax: (858) 429-7931  
☎ After Hours Phone: (619) 397-4500  
Provider Gender: Female  
NPI: 1609987619  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Provider Language(s)</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>302126</td>
<td>No</td>
<td>1023207404</td>
<td>Y</td>
<td>Chinese, French, Spanish</td>
<td>N</td>
<td>SCRIPPS MERCY HOSPITAL CHULA VISTA</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>299110</td>
<td>No</td>
<td>1992177182</td>
<td>Y</td>
<td>N/ARussian, Spanish</td>
<td>N</td>
<td>SCRIPPS MERCY HOSPITAL CHULA VISTA</td>
<td>Yes</td>
<td>21\999</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F 9:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>265072</td>
<td>No</td>
<td>1679008379</td>
<td>Y</td>
<td>Arabic, Russian, Spanish</td>
<td>N</td>
<td>SCRIPPS MERCY HOSPITAL CHULA VISTA</td>
<td>Yes</td>
<td>18\110</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>295828</td>
<td>No</td>
<td>1922505775</td>
<td>Y</td>
<td>N/ARussian, Spanish</td>
<td>N</td>
<td>SCRIPPS MERCY HOSPITAL CHULA VISTA</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F 9:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>268744</td>
<td>No</td>
<td>1922505775</td>
<td>Y</td>
<td>N/ARussian, Spanish</td>
<td>N</td>
<td>SCRIPPS MERCY HOSPITAL CHULA VISTA</td>
<td>Yes</td>
<td>18\110</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Fax: (619) 655-4700
After Hours Phone: (619) 600-5309
Provider Gender: Male
NPI: 1922505775
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
WRIGHT, DEREK
Provider ID: 302389
Board Certified Specialty: No
Provider Gender: Male
NPI: 1629674858
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-4:30PM
Website: N/A

PODIATRIST
READ, TRENTON
Provider ID: 296655
Board Certified Specialty: No
Provider Gender: Male
NPI: 1952963431
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT
PSYCHOLOGIST

BAYLON, ALDO
Provider ID: 290243
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-6941
After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1649429150
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-8:00PM
SA 8:00AM-4:00PM
Website: N/A

PSYCHOLOGIST

GALLO, LINDA
Provider ID: 296782
Board Certified Specialty: No
780 BAY BLVD STE 200
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 240-7852
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1427773621
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 10:00AM-4:00PM
M-F 8:30AM-5:30PM
SA 8:00AM-2:30PM
Website: N/A

PSYCHOLOGIST

CELAYA, PATRICIA
Provider ID: 294875
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-1184
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1952656902

PSYCHOLOGIST

GOULD, HILARY
Provider ID: 290467
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 271-0260
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1104297696
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PSYCHOLOGIST

WIJAYARATNE, IMANIE
Provider ID: 290092
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 271-0260
After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1932358355
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

RADIATION ONCOLOGY
CARMONA, RUBEN
Provider ID: 303101
Board Certified Specialty: No
769 MEDICAL CENTER CT
CHULA VISTA, CA 91911
Phone: (858) 939-5010
Fax: (619) 740-8499
After Hours Phone: (858) 939-5010
Provider Gender: Male
NPI: 1275929242
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR,
SHARP MEMORIAL HOSPITAL,
GROSSMONT HOSPITAL,
PALOMAR MEDICAL CENTER,
Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

RADIATION ONCOLOGY
COLEMAN, LORI
Provider ID: 206393
Board Certified Specialty: No
769 MEDICAL CENTER CT
CHULA VISTA, CA 91911
Phone: (619) 502-5851
Fax: (619) 502-5865
After Hours Phone: (619) 502-5851
Provider Gender: Male
NPI: 1225186232
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 19\100
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

RADIATION ONCOLOGY
VOLPP, PAUL
Provider ID: 221102
Board Certified Specialty: No
769 MEDICAL CENTER CT
CHULA VISTA, CA 91911
Phone: (619) 502-5851
Fax: (619) 502-5865
After Hours Phone: (619) 502-5851
Provider Gender: Male
NPI: 1841233947
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 19\100
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
REGISTERED PHYSICAL THERAPIST

CHENG, BRANDON
Provider ID: 304529
Board Certified Specialty: No
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Male
NPI: 1336894724
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST

DAGOSTINO, JACQUELINE
Provider ID: 301377
Board Certified Specialty: No
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Female
NPI: 1710457379
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST

DORSEY, KYLE
Provider ID: 286987
Board Certified Specialty: No
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Male
NPI: 1790334316
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST

DORSEY, KYLE
Provider ID: 301422
Board Certified Specialty: No
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Male
NPI: 1790334316
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

REGISTERED PHYSICAL THERAPIST
HERMAN, RACHEL
Provider ID: 286656
Board Certified Specialty: No
Provider Gender: Female
NPI: 1477121762
Provider English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000

REGISTERED PHYSICAL THERAPIST
HERMAN, RACHEL
Provider ID: 301376
Board Certified Specialty: No
Provider Gender: Female
NPI: 1477121762
Provider English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000

REGISTERED PHYSICAL THERAPIST
JAIN, ALEXANDRA
Provider ID: 305150
Board Certified Specialty: No
Provider Gender: Female
NPI: 1063170603
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

880 THIRD AVE STE A
CHULA VISTA, CA 91911
Phone: (619) 205-4585
Fax: (619) 271-3183
After Hours Phone: (619) 205-4585

REGISTERED PHYSICAL THERAPIST
KARANDE, PRACHI
Provider ID: 287100
Board Certified Specialty: No
Provider Gender: Female
NPI: 1699357525
Provider English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

THERAPIST
JIMENEZ, ANDREA
Provider ID: 299889
Board Certified Specialty: No
Provider Gender: Female
NPI: 1407440670
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-7:00PM
Website: N/A

1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000

KARANDE, PRACHI
Provider ID: 287100
Board Certified Specialty: No
Provider Gender: Female
NPI: 1699357525
Provider English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
JIMENEZ, ANDREA
Provider ID: 299889
Board Certified Specialty: No
Provider Gender: Female
NPI: 1407440670
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-7:00PM
Website: N/A

1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000

KARANDE, PRACHI
Provider ID: 287100
Board Certified Specialty: No
Provider Gender: Female
NPI: 1699357525
Provider English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

1636
D3. 专科提供者名录

Medi-Cal Open Panel: Yes
Min/Max Age: 16-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Provider ID: 301380
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Female
NPI: 1699357525
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
Karanande, Prachi
Provider ID: 301380
Board Certified Specialty: No
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Female
NPI: 1699357525
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
Nguyen, Tia
Provider ID: 305014
Board Certified Specialty: No
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Female
NPI: 1457136269
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M-TH 7:00AM-7:00PM
F 7:00AM-4:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
Novencido, Andrew
Provider ID: 301994
Board Certified Specialty: No
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Male
NPI: 1447723937
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
Novencido, Andrew
Provider ID: 286782
Board Certified Specialty: No
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

- After Hours Phone: (619) 482-3000
  Provider Gender: Male
  NPI: 1447723937
  Provider English Spoken: Y
  Cultural Competency: N
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\999
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-5:00PM
  Website: N/A

REGISTERED PHYSICAL THERAPIST
SPARKS, TODD
Provider ID: 301108
Board Certified Specialty: No
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Male
NPI: 1265481139
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 7:00AM-7:00PM
TU 7:00AM-0:00PM
W-TH 7:00AM-7:00PM
F 7:00AM-0:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
STAHL, KEVIN
Provider ID: 301418
Board Certified Specialty: No
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Male
NPI: 1760194302
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

**REGISTERED PHYSICAL THERAPIST**

**VILLANUEVA, GIOVANNI**  
Provider ID: 301532  
Board Certified Specialty: No  
1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913  
Phone: (619) 482-3000  
Fax: (619) 482-3001  
After Hours Phone: (619) 482-3000  
Provider Gender: Male  
NPI: 1063046878  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-4:30PM  
Website: N/A

**RHEUMATOLOGY**

**CHITKARA, PUJA**  
Provider ID: 268780  
Board Certified Specialty: No  
765 MEDICAL CENTER CT STE 216  
CHULA VISTA, CA 91911  
Phone: (619) 623-3000  
Fax: (619) 623-3001  
After Hours Phone: (619) 623-3000  
Provider Gender: Female  
NPI: 1285989236  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SHARP CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**SPEECH PATHOLOGIST**

**AROCHO-SALGADO, MIRELIS**  
Provider ID: 296928  
Board Certified Specialty: No  
333 H ST STE 5000  
CHULA VISTA, CA 91910  
Phone: (877) 757-8353  
Fax: (818) 357-2505  
After Hours Phone: (877) 757-8353  
Provider Gender: Female  
NPI: 1063660165  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
American Sign Language (ASL): N  
Website: N/A

**RHEUMATOLOGY**

**CHWA, JEFFREY**  
Provider ID: 268780  
Board Certified Specialty: No  
765 MEDICAL CENTER CT STE 216  
CHULA VISTA, CA 91911  
Phone: (619) 623-3000  
Fax: (619) 623-3001  
After Hours Phone: (619) 623-3000  
Provider Gender: Male  
NPI: 1285989236  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SHARP CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**SPEECH PATHOLOGIST**

**CALDERON MORALES, ASTRID**  
Provider ID: 305582  
Board Certified Specialty: No  
333 H ST STE 5000  
CHULA VISTA, CA 91910  
Phone: (877) 757-8353  
Fax: (818) 357-2505  
After Hours Phone: (877) 757-8353  
Provider Gender: Female  
NPI: 1619501186  
Provider English Spoken: Y
<table>
<thead>
<tr>
<th>Provider Language(s)</th>
<th>Board Certified Specialty: No</th>
<th>American Sign Language (ASL):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spoken: Armenian, Spanish</td>
<td>333 H ST STE 5000</td>
<td>N</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td>CHULA VISTA, CA 91910</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Phone: (877) 757-8353</td>
<td>Hours: M-F 7:00AM-7:00PM</td>
</tr>
<tr>
<td>Min/Max Age: 18\999</td>
<td>Fax: (818) 357-2505</td>
<td>Website: N/A</td>
</tr>
<tr>
<td>After Hours Phone: (877)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>757-8353</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td>Provider ID: 296923</td>
<td></td>
</tr>
<tr>
<td>NPI: 1760546428</td>
<td>Provider English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider Language(s):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spoken: Arabic, Armenian, Farsi, Spanish</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 18\999</td>
<td>American Sign Language (ASL):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours: SU 7:00AM-7:00PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M-F 7:00AM-7:00PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SPEECH PATHOLOGIST**

**CLARK, MELISSA**

Provider ID: 296923

Board Certified Specialty: No

333 H ST STE 5000

CHULA VISTA, CA 91910

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877) 757-8353

Provider Gender: Female

NPI: 1760546428

Provider English Spoken: Y

Provider Language(s):

Spoken: Arabic, Armenian, Farsi, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 7:00AM-7:00PM

Website: N/A

**SURGERY GENERAL**

**CASILLAS BERUMEN, SERGIO**

Provider ID: 304607

Board Certified Specialty: No

1111 BROADWAY STE 305

CHULA VISTA, CA 91911

Phone: (619) 576-7007

Fax: (619) 567-7775

After Hours Phone: (619) 576-7007

Provider Gender: Male

NPI: 1437470762

Provider English Spoken: Y

Provider Language(s):

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

Website: N/A

**SURGERY GENERAL**

**MORA, JOHN**

Provider ID: 297841
D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty: No</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken: Y</th>
<th>Provider Language(s): Spoken: Spanish, Tagalog</th>
<th>Cultural Competency: N</th>
<th>Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA</th>
<th>Medi-Cal Open Panel: Yes</th>
<th>Min/Max Age: 0\999</th>
<th>American Sign Language (ASL): N</th>
<th>Accessibility: CONTACT PROVIDER</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURGERY GENERAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SURGERY ORTHOPEDIC KUSNEZOV, NICHOLAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MORAL, JOHN</td>
<td>299238</td>
<td></td>
<td>480 4TH AVE STE 404</td>
<td>CHULA VISTA, CA 91910</td>
<td>(619) 425-7470</td>
<td>(619) 425-7472</td>
<td></td>
<td>Male</td>
<td>1720426190</td>
<td></td>
<td></td>
<td>Provider ID: 302084</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>750 MEDICAL CENTER CT STE 14</td>
<td>(858) 824-1703</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phone: (858) 824-1703</td>
<td>(858) 455-6473</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fax: (858) 455-6473</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>After Hours Phone: (858) 824-1703</td>
<td>(858) 824-1703</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider Gender: Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NPI: 1679726103</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider ID: 303195</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>750 MEDICAL CENTER CT STE 14</td>
<td>(858) 824-1703</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phone: (858) 824-1703</td>
<td>(858) 455-6473</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fax: (858) 455-6473</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>After Hours Phone: (858) 824-1703</td>
<td>(858) 824-1703</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider Gender: Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NPI: 1396185161</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider ID: 303195</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>750 MEDICAL CENTER CT STE 14</td>
<td>(858) 824-1703</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phone: (858) 824-1703</td>
<td>(858) 455-6473</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fax: (858) 455-6473</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>After Hours Phone: (858) 824-1703</td>
<td>(858) 824-1703</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|                    |             |                             |                      |                        |                        |                  |                |           |                                |                              |                        | Provider Gender: Male                                                                                                           |                  |                  |                                |                              | ME
D3. 专科提供者名录

Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

UROLOGY
SALMASI, AMIRALI
Provider ID: 302913
Board Certified Specialty: No
752 MEDICAL CENTER CT STE 101
CHULA VISTA, CA 91911
Phone: (619) 397-4500
After Hours Phone: (619) 397-4500
Provider Gender: Male
NPI: 1609187962
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON, GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CORONADO
CERTIFIED NURSE PRACTITIONER
LANE, KIMBERLY
Provider ID: 301599
Board Certified Specialty: No
230 PROSPECT PL STE 210
CORONADO, CA 92118
Phone: (619) 299-0670
Fax: (858) 429-7929
After Hours Phone: (619) 299-0670
Provider Gender: Female
NPI: 1457670119
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

HEARING AID DEALER / SUPPLIER
DAVIS, KELLE
Provider ID: 268655
Board Certified Specialty: No
801 ORANGE AVE
CORONADO, CA 92118
Phone: (619) 437-8154
Fax: (310) 989-3092
After Hours Phone: (619) 437-8154
D3. 专科提供者名录

Provider Gender: Female
NPI: 1902853344

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:00PM
Website: N/A

SURGERY ORTHOPEDIC
ANDRY, JAMES
Provider ID: 302087
Board Certified Specialty: No
230 PROSPECT PL STE 230
CORONADO, CA 92118
Phone: (619) 435-7282
Fax: (619) 435-3723
After Hours Phone: (619) 435-7282
Provider Gender: Male
NPI: 1679726103
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
DOUGHERTY, CLARA
Provider ID: 301587
Board Certified Specialty: No
230 PROSPECT PL STE 210
CORONADO, CA 92118
Phone: (619) 299-0670
Fax: (858) 429-7929
After Hours Phone: (619) 299-0670
Provider Gender: Female
NPI: 1609987619
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

SURGERY ORTHOPEDIC
PALLIA, CHRISTOPHER
Provider ID: 302102
Board Certified Specialty: No
230 PROSPECT PL STE 230
CORONADO, CA 92118
Phone: (619) 435-7282
Fax: (619) 435-3723
After Hours Phone: (619) 435-7282
Provider Gender: Male
NPI: 1497751457
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
Email: INFO@PALLIAMD.COM

UROLOGY
SALMASI, AMIRALI
Provider ID: 302911
Board Certified Specialty: No
230 PROSPECT PL STE 210
CORONADO, CA 92118
Phone: (619) 299-0670
After Hours Phone: (619) 299-0670
Provider Gender: Male
NPI: 1609187962

Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

- **Provider English Spoken**: Y
- **Provider Language(s)**: Farsi
- **Cultural Competency**: N
- **Hospital Affiliation**: UCSD MEDICAL CTR, UCSD LA JOLLA
- **JOHN SALLY THORNTON, GROSSMONT HOSPITAL**
  - **Medi-Cal Open Panel**: Yes
  - **Min/Max Age**: 0\999
  - **American Sign Language (ASL)**: N
  - **Accessibility**: CONTACT PROVIDER
  - **Website**: N/A

### EL CAJON

#### CARDIOVASCULAR DISEASE

**LEARNER, JONATHAN**

- **Provider ID**: 303446
- **Board Certified Specialty**: No
- **1625 E MAIN ST STE 201 EL CAJON, CA 92021**
- **Phone**: (619) 486-6512
- **Fax**: (619) 616-2104
- **After Hours Phone**: (619) 486-6512
- **Provider Gender**: Male
- **NPI**: 1962899823

- **Provider English Spoken**: Y
- **Provider Language(s)**: Spanish
- **Cultural Competency**: N
- **Min/Max Age**: 0\999
- **American Sign Language (ASL)**: N
- **Accessibility**: CONTACT PROVIDER
- **Website**: N/A

#### CERTIFIED ACUPUNCTURIST

**CRAFT, KEVIN**

- **Provider ID**: 290945
- **Board Certified Specialty**: No
- **855 E MADISON AVE EL CAJON, CA 92020**
- **Phone**: (619) 440-2751
- **Fax**: (360) 462-2746
- **After Hours Phone**: (619) 440-2751
- **Provider Gender**: Male
- **NPI**: 1659745610

- **Provider English Spoken**: Y
- **Provider Language(s)**: Spanish
- **Cultural Competency**: N
- **Min/Max Age**: 0\999
- **American Sign Language (ASL)**: N
- **Accessibility**: CONTACT PROVIDER
- **Hours**: M-F 8:00AM-5:00PM
- **Website**: N/A

#### CERTIFIED NURSE PRACTITIONER

**BRANNEN, MANDY**

- **Provider ID**: 241600
- **Board Certified Specialty**: No
- **215 W MADISON AVE EL CAJON, CA 92020**
- **Phone**: (619) 667-6125
- **Fax**: (619) 590-9036
- **After Hours Phone**: (619) 667-6125
- **Provider Gender**: Female
- **NPI**: 1891205159

- **Provider English Spoken**: Y
- **Provider Language(s)**: Spanish
- **Cultural Competency**: N
- **Min/Max Age**: 0\999
- **American Sign Language (ASL)**: N
- **Accessibility**: CONTACT PROVIDER
- **Hours**: M 4:00PM-7:00PM  W 4:00PM-7:00PM  F 4:00PM-7:00PM
- **Website**: N/A

#### CERTIFIED NURSE PRACTITIONER

**CHUDACEK, JANET**

- **Provider ID**: 241626

- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Min/Max Age**: 0\999
- **American Sign Language (ASL)**: N
- **Accessibility**: CONTACT PROVIDER
- **Hours**: M-F 8:00AM-5:00PM
- **Website**: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Board Certified Specialty: No
215 W MADISON AVE
EL CAJON, CA 92020
Phone: (760) 737-6960
Fax: (760) 741-2782
After Hours Phone: (760) 737-6960
Provider Gender: Female
NPI: 1932606118
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
PIRTLE, KEYSHONE
Provider ID: 284244
Board Certified Specialty: No
5442 SYCUAN RD
EL CAJON, CA 92019
Phone: (619) 445-0707
Fax: (619) 445-9764
After Hours Phone: (619) 445-0707
Provider Gender: Male
NPI: 1417567827
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CHIROPRACTOR
FULKS, ZACKARY
Provider ID: 301146
Board Certified Specialty: No
855 E MADISON AVE
EL CAJON, CA 92020
Phone: (619) 270-3600
Fax: (360) 462-2746
After Hours Phone: (619) 270-3600
Provider Gender: Male
NPI: 1407562531
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

FULKS, ZACKARY
Provider ID: 303814
Board Certified Specialty: No
855 E MADISON AVE
EL CAJON, CA 92020
☎ Phone: (619) 270-3600
Fax: (360) 462-2746
❖ After Hours Phone: (619) 270-3600
Provider Gender: Male
NPI: 1407562531
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
❖ Accessibility: CONTACT PROVIDER
❖ Hours: M-F
8:00AM-5:00PM
❖ Website: N/A

CHIROPRACTOR
MCCOWN, BARRY
Provider ID: 303815
Board Certified Specialty: No
855 E MADISON AVE
EL CAJON, CA 92020
☎ Phone: (619) 440-2751
Fax: (360) 462-2746
❖ After Hours Phone: (619) 440-2751
Provider Gender: Male
NPI: 1487781035
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
❖ Accessibility: CONTACT PROVIDER
❖ Hours: M-F
8:00AM-5:00PM
❖ Website: N/A

CHIROPRACTOR
MCCOWN, BARRY
Provider ID: 303849
Board Certified Specialty: No
470 N MOLLISON AVE
EL CAJON, CA 92021
☎ Phone: (833) 867-4642
Fax: (360) 462-5840
❖ After Hours Phone: (833) 867-4642
Provider Gender: Male
NPI: 1487781035
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
❖ Accessibility: CONTACT PROVIDER
❖ Hours: SU 10:00AM-4:00PM
M-F 8:30AM-5:30PM
SA 8:00AM-2:30PM
❖ Website: N/A

FAMILY PRACTICE
ALGHAMDI, ASMA
Provider ID: 300231
Board Certified Specialty: No
875 EL CAJON BLVD
EL CAJON, CA 92020
☎ Phone: (619) 662-4100
Fax: (619) 205-6305
❖ After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1316310840
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
❖ Accessibility: CONTACT PROVIDER
❖ Hours: SU 10:00AM-4:00PM
M-F 8:30AM-5:30PM
SA 8:00AM-2:30PM
❖ Website: N/A

FAMILY PRACTICE
RONQUILLO, KAREN AN
Provider ID: 304781
Board Certified Specialty: No
855 E MADISON AVE
EL CAJON, CA 92020
D3. 专科提供者名录

Phone: (619) 440-2751
Fax: (858) 633-4692
After Hours Phone: (619) 440-2751
Provider Gender: Female
NPI: 1275160012
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

GASTROENTEROLOGY
NOVO, MEGAN
Provider ID: 296067
Board Certified Specialty: No
2732 NAVAJO RD STE 200
EL CAJON, CA 92020
Phone: (619) 266-3332
Fax: (619) 266-6000
After Hours Phone: (619) 266-3332
Provider Gender: Female
NPI: 1770961971
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MERCY HOSPITAL CHULA VISTA, UNIVERSITY OF CALIFORNIA IRVINE MED CTR,
UCSD MEDICAL CTR, UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

HEARING AID DEALER / SUPPLIER
ANDERSON, ELAINE
Provider ID: 268692
Board Certified Specialty: No
1767 E MAIN ST
EL CAJON, CA 92021
Phone: (619) 440-6516
Fax: (619) 440-6547
After Hours Phone: (619) 440-6516
Provider Gender: Female
NPI: 1063558856
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:30AM-5:00PM
Website: N/A

INTERNAL MEDICINE
AWDISHO, ALAN
Provider ID: 291282
Board Certified Specialty: No
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1164795498
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
### INTERNAL MEDICINE

**MANSOUR, DAVID**

Provider ID: 291543  
Board Certified Specialty: No  
Address: 855 E MADISON AVE  
EL CAJON, CA 92020  
Phone: (619) 440-2751  
Fax: (360) 462-2746  
E-Mail: N/A  
Provider Gender: Male  
NPI: 1689164949  
Provider English Spoken: Y  
Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 14-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**MAY, LOUIS**

Provider ID: 294916  
Board Certified Specialty: No  
Address: 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
Fax: (619) 205-6305  
E-Mail: N/A  
Provider Gender: Male  
NPI: 1467871673  
Provider English Spoken: Y  
Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**MICHAEL, RAMI**

Provider ID: 294908  
Board Certified Specialty: No  
Address: 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
Fax: (619) 785-3356  
E-Mail: N/A  
Provider Gender: Male  
NPI: 1467871673  
Provider English Spoken: Y  
Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

### INTERVENTIONAL CARDIOLOGY

**SHEREV, DIMITRI**

Provider ID: 302988  
Board Certified Specialty: No  
Address: 1380 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 867-0557  
E-Mail: N/A  
Provider Gender: Male  
NPI: 1154323996  
Provider English Spoken: Y  
Provider Language(s) Spoken: Bulgarian, Russian, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, ALVARADO COMMUNITY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER
INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI
Provider ID: 295843
Board Certified Specialty: No
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Phone: (619) 486-6512
Fax: (619) 616-2104
After Hours Phone: (619) 486-6512
Provider Gender: Female
NPI: 1811307051
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

OPTOMETRIST

AOTO, KIM
Provider ID: 268721
Board Certified Specialty: No
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020
Phone: (800) 898-2020
Fax: (844) 897-3788
After Hours Phone: (800) 898-2020
Provider Gender: Female
NPI: 1780935650
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Russian, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\110
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:00PM
Website: N/A

OBSTETRICS / GYNECOLOGY

SEAVEY, MICHELLE
Provider ID: 302873
Board Certified Specialty: No
855 E MADISON AVE
EL CAJON, CA 92020
Phone: (619) 440-2751
Fax: (360) 462-2746
After Hours Phone: (619) 440-2751
Provider Gender: Female
NPI: 1114081833
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT

INDA, PRISCILLA
Provider ID: 265073
Board Certified Specialty: No
328 HIGHLAND AVE STE 200
EL CAJON, CA 92020
Phone: (619) 930-9404
Fax: (619) 930-9426
After Hours Phone: (619) 930-9404
Provider Gender: Female
NPI: 1679008379
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\110
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT

LE, TAYLOR
Provider ID: 304574
Board Certified Specialty: No
855 E MADISON AVE
EL CAJON, CA 92020
Phone: (619) 440-2751
Fax: (360) 462-2746
After Hours Phone: (619) 440-2751
Provider Gender: Female
NPI: 1396478400

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID: 305449</th>
<th>Board Certified Specialty: No</th>
</tr>
</thead>
<tbody>
<tr>
<td>875 EL CAJON BLVD</td>
<td>EL CAJON, CA 92020</td>
</tr>
<tr>
<td>Phone: (619) 662-4100</td>
<td></td>
</tr>
<tr>
<td>Fax: (619) 785-3356</td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (619) 662-4100</td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
</tr>
<tr>
<td>NPI: 1114041621</td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
</tbody>
</table>

| ACCESSIBILITY: CONTACT PROVIDER |
| Website: N/A |

**PHYSICIANS ASSISTANT**

**RAMOS, JACQUELYN**

Provider ID: 301106
Board Certified Specialty: No
855 E MADISON AVE
EL CAJON, CA 92020
Phone: (619) 270-3600
Fax: (360) 462-2746
After Hours Phone: (619) 270-3600
Provider Gender: Female
NPI: 1003515131
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

| ACCESIBILITY: CONTACT PROVIDER |
| Website: N/A |

**PSYCHOLOGIST**

**ARAIZA, ERNESTINA**

Provider ID: 290286
Board Certified Specialty: No
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 785-3356
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1568608636
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

**GUARDADO-SOTO, RAQUEL**

Provider ID: 290342
Board Certified Specialty: No
855 E MADISON AVE
EL CAJON, CA 92020
Phone: (619) 440-2751
Fax: (858) 633-4692
After Hours Phone: (619) 440-2751
Provider Gender: Female
NPI: 1194999276
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

**CASEY, SHANNON**

Provider ID: 290309
Board Certified Specialty: No
215 W MADISON AVE
EL CAJON, CA 92020
Phone: (619) 667-6125
Fax: (619) 590-9036
After Hours Phone: (619) 667-6125
Provider Gender: Female
NPI: 1548873755
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

**GUARDADO-SOTO, RAQUEL**

Provider ID: 290342
Board Certified Specialty: No
855 E MADISON AVE
EL CAJON, CA 92020
Phone: (619) 440-2751
Fax: (858) 633-4692
After Hours Phone: (619) 440-2751
Provider Gender: Female
NPI: 1194999276
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

**PHYSICIANS ASSISTANT**

**ROSENBLATT, SHERI**

Provider ID: 301106
Board Certified Specialty: No
855 E MADISON AVE
EL CAJON, CA 92020
Phone: (619) 270-3600
Fax: (360) 462-2746
After Hours Phone: (619) 270-3600
Provider Gender: Female
NPI: 1003515131
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

| ACCESSIBILITY: CONTACT PROVIDER |
| Website: N/A |

**PSYCHOLOGIST**

**ARAIZA, ERNESTINA**

Provider ID: 290286
Board Certified Specialty: No
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 785-3356
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1568608636
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

**GUARDADO-SOTO, RAQUEL**

Provider ID: 290342
Board Certified Specialty: No
855 E MADISON AVE
EL CAJON, CA 92020
Phone: (619) 440-2751
Fax: (858) 633-4692
After Hours Phone: (619) 440-2751
Provider Gender: Female
NPI: 1194999276
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

**CASEY, SHANNON**

Provider ID: 290309
Board Certified Specialty: No
215 W MADISON AVE
EL CAJON, CA 92020
Phone: (619) 667-6125
Fax: (619) 590-9036
After Hours Phone: (619) 667-6125
Provider Gender: Female
NPI: 1548873755
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

| ACCESSIBILITY: CONTACT PROVIDER |
| Website: N/A |

**PSYCHOLOGIST**

**ARAIZA, ERNESTINA**

Provider ID: 290286
Board Certified Specialty: No
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 785-3356
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1568608636
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

| ACCESSIBILITY: CONTACT PROVIDER |
| Website: N/A |

**PSYCHOLOGIST**

**GUARDADO-SOTO, RAQUEL**

Provider ID: 290342
Board Certified Specialty: No
855 E MADISON AVE
EL CAJON, CA 92020
Phone: (619) 440-2751
Fax: (858) 633-4692
After Hours Phone: (619) 440-2751
Provider Gender: Female
NPI: 1194999276
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
D3. 专科提供者名录

American Sign Language (ASL): N

PSYCHOLOGIST
WHEELER, KIM
Provider ID: 302144
Board Certified Specialty: No
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 785-3356
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1700577434
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 11\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
MORRIS, CHAD
Provider ID: 302403
Board Certified Specialty: No
860 JAMACHA RD STE 203
EL CAJON, CA 92019
Phone: (619) 573-6373
Fax: (619) 378-6578
After Hours Phone: (619) 573-6373
Provider Gender: Male
NPI: 1841307063
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED ACUPUNCTURIST
ARELLANO, JACQUELINE
Provider ID: 304139
Board Certified Specialty: No
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1104129485
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED ACUPUNCTURIST
GONZALEZ, ANDRES
Provider ID: 298659
Board Certified Specialty: No
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Male
NPI: 1841857729
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N

ENCINITAS
### CERTIFIED ACUPUNCTURIST

**JULIAN, FIDES**

- **Provider ID:** 304133
- **Board Certified Specialty:** No
- **Medicare Provider Number:** 304133
- **Address:** 1200 GARDEN VIEW RD ENCINITAS, CA 92024
- **Phone:** (800) 926-8273
- **Fax:** (888) 539-8781
- **After Hours Phone:** (800) 926-8273
- **Provider Gender:** Female
- **NPI:** 1306978614
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Website:** N/A

### CERTIFIED NURSE PRACTITIONER

**CARDINELL, ANNA**

- **Provider ID:** 291412
- **Board Certified Specialty:** No
- **Medicare Provider Number:** 291412
- **Address:** 1200 GARDEN VIEW RD ENCINITAS, CA 92024
- **Phone:** (800) 926-8273
- **Fax:** (888) 539-8781
- **After Hours Phone:** (800) 926-8273
- **Provider Gender:** Female
- **NPI:** 1407401128
- **American Sign Language (ASL):** Tagalog
- **Accessibility:** CONTACT PROVIDER
- **Website:** N/A

### CERTIFIED NURSE PRACTITIONER

**CHAMBERS, KATRINA**

- **Provider ID:** 303521
- **Board Certified Specialty:** No
- **Medicare Provider Number:** 303521
- **Address:** 781 GARDEN VIEW CT STE 100 ENCINITAS, CA 92024
- **Phone:** (760) 183-0441
- **Fax:** (760) 635-5972
- **After Hours Phone:** (760) 183-0441
- **Provider Gender:** Female
- **NPI:** 1710695143
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Website:** N/A

### CERTIFIED NURSE PRACTITIONER

**HEAD, KRISTIN**

- **Provider ID:** 268657
- **Board Certified Specialty:** No
- **Medicare Provider Number:** 268657
- **Address:** 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024
- **Phone:** (760) 944-6545
- **Fax:** (760) 944-5927
- **After Hours Phone:** (760) 944-5545
- **Provider Gender:** Female
- **NPI:** 1699078923
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Website:** N/A

### CERTIFIED NURSE PRACTITIONER

**DWYER, ERIN**

- **Provider ID:** 301447
- **Board Certified Specialty:** No
- **Medicare Provider Number:** 301447
- **Address:** 320 SANTA FE DR STE 108 ENCINITAS, CA 92024
- **Phone:** (760) 436-4558
- **Fax:** (858) 429-7926
- **After Hours Phone:** (760) 436-4558
- **Provider Gender:** Female
- **NPI:** 1003260894
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Website:** N/A

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
CERTIFIED NURSE PRACTITIONER
HOOPER, BONNIE
Provider ID: 275253
Board Certified Specialty: No
477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024
Phone: (760) 436-2300
Fax: (760) 436-5482
After Hours Phone: (760) 436-2300
Provider Gender: Female
NPI: 1821062878
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
LANE, KIMBERLY
Provider ID: 301602
Board Certified Specialty: No
320 SANTA FE DR STE 108
ENCINITAS, CA 92024
Phone: (760) 436-4558
Fax: (858) 429-7926
After Hours Phone: (760) 436-4558
Provider Gender: Female
NPI: 1457670119
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
KORMANIK, PATRICIA
Provider ID: 282071
Board Certified Specialty: No
1200 GARDEN VIEW RD
STE 200
ENCINITAS, CA 92024
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1093895047
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
PAKENHAM, KATE
Provider ID: 296268
Board Certified Specialty: No
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1578299343
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
SRILASAK, MICHELE
Provider ID: 281856
Board Certified Specialty: No
1200 GARDEN VIEW RD
STE 200
ENCINITAS, CA 92024
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

---

**D3. 专科提供者名录**

- **GASTROENTEROLOGY**
  - **PATEL, JANKI**
    - Board Certified Specialty: No
    - 781 GARDEN VIEW CT STE 100
      - ENCINITAS, CA 92024
      - Phone: (760) 354-9697
      - Fax: (760) 635-5972
    - Provider Gender: Female
    - Provider ID: 305301
    - Provider Language(s): Hindi
    - Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - Accessibility: CONTACT PROVIDER
    - Hours: M-F 8:00AM-5:00PM
    - Website: N/A

- **CERTIFIED NURSE PRACTITIONER**
  - **YEO, ALEXANDRIA**
    - Provider ID: 299940
    - Board Certified Specialty: No
    - 1505 ENCINITAS BLVD
      - ENCINITAS, CA 92024
    - Phone: (800) 926-8273
    - Fax: (888) 539-8781
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Female
    - Provider ID: 299940
    - Provider Language(s): Hindi
    - Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Hours: M-F 8:00AM-5:00PM
    - Website: N/A

- **HOSPICE AND PALLIATIVE MEDICINE**
  - **RUBENZIK, TAMARA**
    - Provider ID: 282127
    - Board Certified Specialty: No
    - 1200 GARDEN VIEW RD
      - ENCINITAS, CA 92024
    - Phone: (800) 926-8273
    - Fax: (888) 539-8781
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Female
    - Provider ID: 282127
    - Provider Language(s): Hindi
    - Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - Accessibility: CONTACT PROVIDER
    - Hours: M-F 8:00AM-5:00PM
    - Website: N/A
D3. 专科提供者名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
d Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8:00AM-5:00PM
_website: N/A

MATERNAL AND FETAL MEDICINE
BALLAS, JERASIMOS
Provider ID: 209562
Board Certified Specialty: No
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024
Phone: (858) 657-7200
After Hours Phone: (858) 657-7200
Provider Gender: Male
NPI: 1871767384
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON, UCSD LA JOLLA JOHN
SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
d Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8:00AM-5:00PM
_website: N/A

MATERNAL AND FETAL MEDICINE
HULL, ANDREW
Provider ID: 209483
Board Certified Specialty: No
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024
Phone: (858) 657-7200
After Hours Phone: (858) 657-7200
Provider Gender: Female
NPI: 1770532707
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
d Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8:00AM-5:00PM
_website: N/A

MATERNAL AND FETAL MEDICINE
LAURENT, LOUISE
Provider ID: 208641
Board Certified Specialty: No
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024
Phone: (858) 657-7200
After Hours Phone: (858) 657-7200
Provider Gender: Male
NPI: 1184682379
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
d Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8:00AM-5:00PM
_website: N/A

MATERNAL AND FETAL MEDICINE
MOORE, THOMAS
Provider ID: 208645
Board Certified Specialty: No
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024
Phone: (858) 657-7200
After Hours Phone: (858) 657-7200
Provider Gender: Male
NPI: 1184682379
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MATERNAL AND FETAL
MEDICINE
RICHARDSON, ALVIE
Provider ID: 277315
Board Certified Specialty: No
477 N EL CAMINO REAL
BLDG D STE 302
ENCINITAS, CA 92024
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Male
NPI: 1154305977
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, Rady Children's Hospital San Diego, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL
MEDICINE
WOELKERS, DOUGLAS
Provider ID: 209384
Board Certified Specialty: No
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024
Phone: (858) 657-7200
After Hours Phone: (858) 657-7200
Provider Gender: Male
NPI: 1013965748
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS Mercy Hospital, SCRIPPS Mercy Hospital Chula Vista, SCRIPPS Memorial Hospital Encinitas, Palomar Medical Center, UCSD Medical Center, UCSD La Jolla John Sally Thornton, UCSD La Jolla John Sally Thornton
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL
MEDICINE
WOLF, RICHARD
Provider ID: 209254
Board Certified Specialty: No
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024
Phone: (858) 657-7200
After Hours Phone: (858) 657-7200
Provider Gender: Male
NPI: 1497713846
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS Mercy Hospital, SCRIPPS Mercy Hospital Chula Vista, SCRIPPS Memorial Hospital Encinitas, Palomar Medical Center, UCSD Medical Center, UCSD La Jolla John Sally Thornton, UCSD La Jolla John Sally Thornton
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL
MEDICINE
BAI-TONG, SHIYU
Provider ID: 283286
Board Certified Specialty: No
My PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

### NEONATAL / PERINATAL MEDICINE

- **Nyman, Katherine**
  - Provider ID: 301821
  - Board Certified Specialty: No
  - 354 SANTA FE DR ENCINITAS, CA 92024
  - Phone: (760) 633-6120
  - Fax: (760) 633-7385
  - After Hours Phone: (760) 633-6120
  - Provider Gender: Female
  - NPI: 1003260951
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: Rady Childrens Hospital San Diego
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\19
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

- **Sauer, Charles**
  - Provider ID: 303905
  - Board Certified Specialty: No
  - 354 SANTA FE DR ENCINITAS, CA 92024
  - Phone: (760) 633-6120
  - Fax: (760) 633-7385
  - After Hours Phone: (760) 633-6120
  - Provider Gender: Male
  - NPI: 1538388988
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Palomar Health, Scripps Memorial Hospital, Southwestern Healthcare Rancho Springs Hospital, Southwestern Healthcare Rancho Springs Hospital, Southwestern Healthcare Inland Valley Hospital
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\19
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

### NEUROLOGY

- **Bui, Jonathan**
  - Provider ID: 269966
  - Board Certified Specialty: No
  - 477 N EL CAMINO REAL STE 302 ENCINITAS, CA 92024
  - Phone: (760) 944-6377
  - Fax: (760) 944-3927
  - After Hours Phone: (760) 944-6377
  - Provider Gender: Male
  - NPI: 1730247974
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: Rady Childrens Hospital San Diego, UCSD Medical Ctr
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\19
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

- **Jindal, Anuja**
  - Provider ID: 206264
  - Board Certified Specialty: No
  - 477 N EL CAMINO REAL STE 302 ENCINITAS, CA 92024
  - Phone: (760) 944-6377
  - Fax: (760) 944-3927
  - After Hours Phone: (760) 944-6377
  - Provider Gender: Female
  - NPI: 1528454188
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: Rady Childrens Hospital San Diego
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\19
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A
D3. 专科提供者名录

Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760) 944-5545  
Provider Gender: Female  
NPI: 1194046581  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**NEUROLOGY CHILD**

**KIM MCMANUS, OLIVIA**  
Provider ID: 206258  
Board Certified Specialty: No  
477 N El Camino Real  
Bldg D Ste 302  
Encinitas, CA 92024  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760) 944-5545  
Provider Gender: Female  
NPI: 1174870067  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: University of California Irvine Med Ctr, Childrens Hosp Of Orange County, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**OBSTETRICS / GYNECOLOGY**

**BINDER, PRATIBHA**  
Provider ID: 282167  
Board Certified Specialty: No  
1200 Garden View Rd  
Ste 200  
Encinitas, CA 92024  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1174758031  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD Medical Ctr, UCSD La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A
D3. 专科提供者名录

- **Hours:** M-F
  - 8:00AM-5:00PM
- **Website:** N/A

**OBSTETRICS / GYNECOLOGY**

**DELCORE, LAURA**

- **Provider ID:** 291325
- **Board Certified Specialty:** No
- **Address:** 1200 GARDEN VIEW RD
  - ENCINITAS, CA 92024
- **Phone:** (800) 926-8273
- **Fax:** (888) 539-8781
- **After Hours Phone:** (800) 926-8273
- **Provider Gender:** Female
- **NPI:** 1790128759
- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **Hospital Affiliation:** SHARP MEMORIAL HOSPITAL
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 16\999
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Website:** N/A

**OBSTETRICS / GYNECOLOGY**

**DRIEBE, AMY**

- **Provider ID:** 293448
- **Board Certified Specialty:** No
- **Address:** 1505 ENCINITAS BLVD
  - ENCINITAS, CA 92024
- **Phone:** (800) 926-8372
- **Fax:** (888) 539-8781
- **After Hours Phone:** (800) 926-8372
- **Provider Gender:** Female
- **NPI:** 1730507567
- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **Hospital Affiliation:** SHARP MEMORIAL HOSPITAL
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 16\999
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Website:** N/A

**OBSTETRICS / GYNECOLOGY**

**DRIEBE, AMY**

- **Provider ID:** 293447
- **Board Certified Specialty:** No
- **Address:** 1200 GARDEN VIEW RD
  - ENCINITAS, CA 92024
- **Phone:** (800) 926-8273
- **Fax:** (888) 539-8781
- **After Hours Phone:** (800) 926-8273
- **Provider Gender:** Female
- **NPI:** 1730507567
- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **Hospital Affiliation:** SHARP MEMORIAL HOSPITAL
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 16\999
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Website:** N/A

**OBSTETRICS / GYNECOLOGY**

**LAMALE-SMITH, LEAH**

- **Provider ID:** 208682
- **Board Certified Specialty:** No
- **Address:** 781 GARDEN VIEW CT STE 200
  - ENCINITAS, CA 92024
- **Phone:** (858) 657-7200
- **Fax:** (888) 539-8781
- **After Hours Phone:** (858) 657-7200
- **Provider Gender:** Female
- **NPI:** 1396904876
- **Provider English Spoken:** Y
- **Provider Language(s):** Spanish
- **Cultural Competency:** N
- **Hospital Affiliation:** UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, EISENHOWER MEDICAL CTR
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 16\999
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Website:** N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL):</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBSTETRICS / GYNECOLOGY</td>
<td>MACKAY, GILLIAN</td>
<td>303061</td>
<td>No</td>
<td>1200 GARDEN VIEW RD ENCINITAS, CA 92024</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1558715268</td>
<td>Yes</td>
<td>UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, TEMECULA VALLEY HOSPITAL INC, LOMA LINDA UNIVERSITY MED CTR MURRIETA</td>
<td>N</td>
<td>M-F</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SHAH, NEMI</td>
<td>272578</td>
<td>No</td>
<td>1200 GARDEN VIEW RD STE 100 ENCINITAS, CA 92024</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1558715268</td>
<td>Yes</td>
<td>UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, TEMECULA VALLEY HOSPITAL INC, LOMA LINDA UNIVERSITY MED CTR MURRIETA</td>
<td>N</td>
<td>M-F</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPHTHALMOLOGY</td>
<td>BANSAL, PREETI</td>
<td>205617</td>
<td>No</td>
<td>477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024</td>
<td>(858) 309-7702</td>
<td>(619) 444-5545</td>
<td>(858) 309-7702</td>
<td>Female</td>
<td>1871664631</td>
<td>Yes</td>
<td>UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, Rady Childrens Hospital</td>
<td>N</td>
<td>M-F</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Provider</th>
<th>Specialty</th>
<th>Board Certified</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>HENNEIN, LAUREN</td>
<td>OPHTHALMOLOGY</td>
<td>No</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024</td>
<td>(760) 944-5545</td>
<td>(760) 944-3927</td>
<td>(760) 944-5545</td>
<td>Female</td>
<td>1699216010</td>
</tr>
<tr>
<td>MOVAGHAR, MANSOOR</td>
<td>OPHTHALMOLOGY</td>
<td>No</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL BLD D STE 302 ENCINITAS, CA 92024</td>
<td>(760) 944-5545</td>
<td>(760) 944-3927</td>
<td>(760) 944-5545</td>
<td>Male</td>
<td>1497792220</td>
</tr>
<tr>
<td>OHALLORAN, HENRY</td>
<td>OPHTHALMOLOGY</td>
<td>No</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
<td>477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024</td>
<td>(760) 944-5545</td>
<td>(760) 944-3927</td>
<td>(760) 944-5545</td>
<td>Male</td>
<td>1235287947</td>
</tr>
<tr>
<td>PROVIDER</td>
<td>Hours: M-F</td>
<td>Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------------------------</td>
<td>--------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPTOMETRIST</td>
<td>M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AOTO, KIM</td>
<td>Phone: (760) 943-7141</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax: (760) 943-0371</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>After Hours Phone: (760) 943-7141</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider Gender: Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NPI: 1780935650</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Affiliation: Rady</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHILDRENS HOSPITAL SAN DIEGO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Min/Max Age: 0\19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTOLARYNGOLOGY</th>
<th>Medi-Cal Open Panel: Yes</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEUIN, SHELBY</td>
<td>Min/Max Age: 0\19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
</tr>
<tr>
<td>BLISS, MORGAN</td>
<td>Phone: (760) 944-5545</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax: (760) 944-3927</td>
<td></td>
</tr>
<tr>
<td></td>
<td>After Hours Phone: (760) 944-5545</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider Gender: Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NPI: 1124230909</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Affiliation: Rady</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHILDREN'S HOSPITAL OAKLAND</td>
<td></td>
</tr>
<tr>
<td>PATEL, VIJAY</td>
<td>Min/Max Age: 0\19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Provider Gender: Male
NPI: 1508250747
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDiatric ALLERGY / IMMUNOLOGY
GREINER, ALEXANDER
Provider ID: 205696
Board Certified Specialty: No
477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024
Phone: (858) 966-4900 Fax: (760) 944-3927
After Hours Phone: (858) 966-4900
Provider Gender: Male
NPI: 1609801299
Provider English Spoken: Y
Provider Language(s) Spoken: French, German, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDiatric CARDIOLOGY
HALEY, JESSICA
Provider ID: 205688
Board Certified Specialty: No
477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024
Phone: (760) 944-5545 Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Female
NPI: 1023329885
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDiatric CARDIOLOGY
NARAYAN, HARI
Provider ID: 239115
Board Certified Specialty: No
477 N EL CAMINO REAL BLDG D STE 302 ENCINITAS, CA 92024
Phone: (760) 944-5545 Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Male
NPI: 1376705707
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDiatric CARDIOLOGY
SILVA SEPULVEDA, JOSE
Provider ID: 206299
Board Certified Specialty: No
477 N EL CAMINO REAL BLDG D STE 302 ENCINITAS, CA 92024
Phone: (760) 944-5545 Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Male
NPI: 1417222472
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
**Min/Max Age:** 0\19  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F  
8:00AM-5:00PM  
**Website:** N/A

### PEDIATRIC GASTROENTEROLOGY

**CHU, CHRISTOPHER**  
Provider ID: 301641  
Board Certified Specialty: No  
477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760) 944-5545  
Provider Gender: Male  
NPI: 1912369273

- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish, Yue Chinese  
- Cultural Competency: N  
- Hospital Affiliation: UC DAVIS MEDICAL CTR, RAY CHILDRENS HOSPITAL SAN DIEGO  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\19  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F  
8:00AM-5:00PM  
- Website: N/A

### GASTROENTEROLOGY

**YOUNG, JOCELYN**  
Provider ID: 294676  
Board Certified Specialty: No  
477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760) 944-5545  
Provider Gender: Female  
NPI: 1306227491

- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish, Yue Chinese  
- Cultural Competency: N  
- Hospital Affiliation: UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND, RAY CHILDRENS HOSPITAL SAN DIEGO  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\19  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F  
8:00AM-5:00PM  
- Website: N/A

### PEDIATRIC PULMONOLOGY

**YOUNG, JOCELYN**  
Provider ID: 294676  
Board Certified Specialty: No  
477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760) 944-5545  
Provider Gender: Female  
NPI: 1306227491

- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish, Yue Chinese  
- Cultural Competency: N  
- Hospital Affiliation: UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND, RAY CHILDRENS HOSPITAL SAN DIEGO  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\19  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F  
8:00AM-5:00PM  
- Website: N/A

### PEDIATRIC PULMONOLOGY

**LENHART-PENDERGRASS, PATRICIA**  
Provider ID: 294642  
Board Certified Specialty: No  
477 N EL CAMINO REAL STE 302 BLDG D ENCINITAS, CA 92024  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760) 944-5545  
Provider Gender: Female  
NPI: 1144615659

- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish, Yue Chinese  
- Cultural Competency: N  
- Hospital Affiliation: UC DAVIS MEDICAL CTR, RAY CHILDRENS HOSPITAL SAN DIEGO  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\19  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F  
8:00AM-5:00PM  
- Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

**PEDIATRIC RHEUMATOLOGY**

**CHANG, JOHANNA**
Provider ID: 246395
Board Certified Specialty: No
477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
Phone: (760) 944-5545
After Hours Phone: (760) 944-5545
Provider Gender: Female
NPI: 1821242199
Provider Language(s) Spoken: Korean
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
MEDICAL CENTER, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA**
Provider ID: 295926
Board Certified Specialty: No
320 SANTA FE DR STE 108
ENCINITAS, CA 92024
Phone: (760) 436-4558
Fax: (858) 429-7926
After Hours Phone: (760) 436-4558
Provider Gender: Female
NPI: 1609987619
Provider Language(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**PHYSICIANS ASSISTANT**

**HIGGINS, JOSHUA**
Provider ID: 287134
Board Certified Specialty: No
320 SANTA FE DR STE 108
ENCINITAS, CA 92024
Phone: (760) 436-4558
Fax: (858) 429-7926
After Hours Phone: (760) 436-4558
Provider Gender: Female
NPI: 1609987619
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA**
Provider ID: 269171
Board Certified Specialty: No
320 SANTA FE DR STE 108
ENCINITAS, CA 92024
Phone: (760) 436-4558
Fax: (858) 429-7926
After Hours Phone: (760) 436-4558
Provider Gender: Female
NPI: 1609987619
Provider Language(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**PHYSICIANS ASSISTANT**

**HIGGINS, JOSHUA**
Provider ID: 287134
Board Certified Specialty: No
1505 ENCINITAS BLVD
ENCINITAS, CA 92024
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1861624181
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
PELIO, DARREN
Provider ID: 293443
Board Certified Specialty: No
1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1386791028
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PHYSICIANS ASSISTANT
KIVIAT, ANNETTE
Provider ID: 302454
Board Certified Specialty: No
477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
Phone: (760) 944-5545
Fax: (760) 944-5545
After Hours Phone: (760) 944-5545
Provider Gender: Female
NPI: 1205381845
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL

HOSPITAL
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
VANETSKEY, GARY
Provider ID: 269152
Board Certified Specialty: No
477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024
Phone: (760) 436-2300
Fax: (760) 436-5482
After Hours Phone: (760) 436-2300
Provider Gender: Male
NPI: 1417034489
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

PODIATRIST
DUSTIN, ADAM
Provider ID: 275800
Board Certified Specialty: No
326 ENCINITAS BLVD STE 100
ENCINITAS, CA 92024
Phone: (760) 436-5533
Fax: (760) 436-0611
After Hours Phone: (760) 436-5533
Provider Gender: Male
NPI: 1043389026
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0/999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PODIATRIST
GOMEZ, JUANITA
Provider ID: 291423
Board Certified Specialty: No
1505 ENCINITAS BLVD
ENCINITAS, CA 92024
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1790915759
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0/999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PULMONARY DISEASES
BAUTISTA, JENNIFER
Provider ID: 297958
Board Certified Specialty: No
354 SANTA FE DR
ENCINITAS, CA 92024
Phone: (760) 943-8806
Fax: (760) 944-1309
After Hours Phone: (760) 943-8806
Provider Gender: Female
NPI: 1770727034
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA, NATIVIDAD MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 21/999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PULMONARY DISEASES
BAUTISTA, JENNIFER
Provider ID: 300863
Board Certified Specialty: No
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Phone: (760) 230-8994
Fax: (760) 944-1309
After Hours Phone: (760) 230-8994
Provider Gender: Female
NPI: 1770727034
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA, NATIVIDAD MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 21/999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PULMONARY DISEASES
BAUTISTA, JENNIFER
Provider ID: 297957
Board Certified Specialty: No
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Phone: (760) 230-8994

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

---

**Surgery General**

**PARRY, LISA**

Provider ID: 278552  
Board Certified Specialty: No  
1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1235369067  
Provider English Spoken: Y  
Provider Language(s): Tagalog  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**JACOBSEN, GARTh**

Provider ID: 201730  
Board Certified Specialty: No  
1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Phone: (858) 657-8860  
After Hours Phone: (858) 657-8860  
Provider Gender: Male  
NPI: 1265649966  
Provider English Spoken: Y  
Provider Language(s): English  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**ARMANI, AVA**

Provider ID: 282143  
Board Certified Specialty: No  
1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1861759383  
Provider English Spoken: Y  
Provider Language(s): English  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**RHOTEN, REX LLOYD**

Provider ID: 301724  
Board Certified Specialty: No  
477 N EL CAMINO REAL  
ENCINITAS, CA 92024  
Phone: (760) 230-2256  
Fax: (833) 986-0104  
After Hours Phone: (760) 230-2256  
Provider Gender: Male  
NPI: 1083792220  
Provider English Spoken: Y  
Provider Language(s): English  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A
D3. 专科提供者名录

- **Provider Language(s)**
  - Spoken: Spanish
  - Cultural Competency: N
- **Hospital Affiliation:**
  - CEDARS SINAI MEDICAL CENTER, ALVARADO COMMUNITY HOSPITAL
  - SINAI MEDICAL CENTER, ALVARADO COMMUNITY HOSPITAL
  - Hospital A affiliation: CEDARS
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0-999
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F 8:00AM-5:00PM
- **Website:** N/A

### SURGERY PEDIATRIC

#### FAIRBANKS, TIMOTHY

- Provider ID: 205497
- Board Certified Specialty: No
- 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024
- Phone: (760) 944-5545
- Fax: (760) 944-3927
- After Hours Phone: (760) 944-5545
- Provider Gender: Male
- NPI: 1407010556

- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **Hospital Affiliation:** RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, NATIONAL NAVAL MED CTR, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0-999
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F 8:00AM-5:00PM
- **Website:** N/A

### SURGERY PLASTIC

#### REID, CHRISTOPHER

- Provider ID: 238130
- Board Certified Specialty: No
- 1200 GARDEN VIEW RD ENCINITAS, CA 92024
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1982964276

- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **Hospital Affiliation:** UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0-999
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F 8:00AM-5:00PM
- **Website:** N/A

### ANESTHESIOLOGY PAIN MANAGEMENT

#### DAIRO, BRANDON

- Provider ID: 300090
- Board Certified Specialty: No
- 1955 CITRACADO PKWY STE 203 ENCINITAS, CA 92029
- Phone: (760) 738-5533
- Fax: (760) 738-3853
- After Hours Phone: (760) 738-5533
- Provider Gender: Male
- NPI: 1689092470
D3. 专科提供者名录

- **Provider English Spoken**: Y  
  **Cultural Competency**: N  
  **Hospital Affiliation**: TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
  **Medi-Cal Open Panel**: Yes  
  **Min/Max Age**: 18\999  
  **American Sign Language (ASL)**: N

  - **Accessibility**: CONTACT PROVIDER  
  - **Hours**: M-F 8:00AM-5:00PM  
  - **Website**: N/A

**ANESTHESIOLOGY PAIN MANAGEMENT**

**ROBINSON, COLE**  
Provider ID: 300171  
**Board Certified Specialty**: No  
**Provider English Spoken**: Y  
**Cultural Competency**: N  
**Medi-Cal Open Panel**: Yes  
**Min/Max Age**: 21\999  
**American Sign Language (ASL)**: N

- **Accessibility**: CONTACT PROVIDER  
- **Hours**: M-F 7:00AM-4:00PM  
- **Website**: N/A

**CARDOVASCULAR DISEASE**

**SERRY, ROD**  
Provider ID: 296811  
**Board Certified Specialty**: No  
**Provider English Spoken**: Y  
**Cultural Competency**: N  
**Medi-Cal Open Panel**: Yes  
**Min/Max Age**: 0\999  
**American Sign Language (ASL)**: N

- **Accessibility**: CONTACT PROVIDER  
- **Hours**: M-F 7:00AM-4:00PM  
- **Website**: N/A
D3. 专科提供者名录

Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
JANNESARI, ROYA
Provider ID: 302339
Board Certified Specialty: No
625 CITRACADO PKWY STE 108
ESCONDIDO, CA 92025
Phone: (760) 743-1431
Fax: (760) 743-6455
After Hours Phone: (760) 743-1431
Provider Gender: Male
NPI: 1063585099
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
KESHAVARZI, SARA
Provider ID: 305938
Board Certified Specialty: No
488 E VALLEY PKWY STE 108
ESCONDIDO, CA 92025
Phone: (760) 466-9800
Fax: (360) 462-2741
After Hours Phone: (760) 466-9800
Provider Gender: Female
NPI: 1457996126
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
MCCARTHY, KATHRYN
Provider ID: 298143
Board Certified Specialty: No
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025
Phone: (760) 466-9800
Fax: (360) 462-2741
After Hours Phone: (760) 466-9800
Provider Gender: Female
NPI: 1700850781
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, RADY CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED REGISTERED NURSE ANESTHETIST
SEILNACHT-BERNARD, KAREN
Provider ID: 269203
Board Certified Specialty: No
2185 CITRACADO PKWY
ESCONDIDO, CA 92029
Phone: (442) 281-3193
Fax: (442) 281-3197
After Hours Phone: (442) 281-3193
Provider Gender: Female
NPI: 1831627181
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, RADY CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Fax: (760) 735-6296
After Hours Phone: (877) 217-8505
Provider Gender: Female
NPI: 1861562498
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM
Website: N/A

ENDOCRINOLOGY
METABOLISM DIABETES
REDDY, NAVYA
Provider ID: 302350
Board Certified Specialty: No
625 CITRACADO PKWY STE 108
ESCONDIDO, CA 92025
Phone: (760) 743-1431
Fax: (760) 743-6455
After Hours Phone: (760) 743-1431
Provider Gender: Female
NPI: 1083069611
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

GASTROENTEROLOGY
GARA, NAVEEN
Provider ID: 305691
Board Certified Specialty: No
935 E PENNSYLVANIA AVE
ESCONDIDO, CA 92025
Phone: (760) 690-2800
Fax: (949) 404-6908
After Hours Phone: (760) 690-2800
Provider Gender: Male
NPI: 1942406533
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Telugu
Cultural Competency: N
Hospital Affiliation: UCSD LA Jolla John Sally Thornton, Palomar Medical Center, Palomar Health
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE
MATSHE, ZENZIWE
Provider ID: 306033
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
Fax: (760) 466-1373
After Hours Phone: (760) 520-8100
Provider Gender: Male
NPI: 1285256073
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

Website: N/A

GASTROENTEROLOGY
GARA, NAVEEN
Provider ID: 269145
Board Certified Specialty: No
661 E PENNSYLVANIA AVE
ESCONDIDO, CA 92025
Phone: (760) 690-2800
Fax: (760) 690-2801
After Hours Phone: (760) 690-2800
Provider Gender: Male
NPI: 1942406533
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Telugu
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, PALOMAR MEDICAL CENTER, PALOMAR HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
CHEN, ANDREW
Provider ID: 296830
Board Certified Specialty: No
2130 CITRACADO PKWYSTE 220
ESCONDIDO, CA 92029
Phone: (760) 743-4789
Fax: (760) 743-8005
After Hours Phone: (760) 743-4789
Provider Gender: Male
NPI: 1134357007
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, PALOMAR HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

HEARING AID DEALER / SUPPLIER
ANDERSON, ELAINE
Provider ID: 268690
Board Certified Specialty: No
330 W FELICITA AVE STE A4
ESCONDIDO, CA 92025
Phone: (760) 489-1323
Fax: (760) 489-0975
After Hours Phone: (760) 489-1323
Provider Gender: Female
NPI: 1063558856
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

INTERVENTIONAL CARDIOLOGY
BAYAT, HAMED
Provider ID: 296842
Board Certified Specialty: No
2130 CITRACADO PKWYSTE 220
ESCONDIDO, CA 92029
Phone: (760) 743-0546
Fax: (760) 317-9769
After Hours Phone: (760) 743-0546
Provider Gender: Male
NPI: 1467455212
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
743-0546
Provider Gender: Male
NPI: 1356344196
Provider English Spoken: Y
Provider Language(s)
  Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

INTERVENTIONAL CARDIOLOGY
GILBERT, CHRISTOPHER
Provider ID: 296839
Board Certified Specialty: No
2130 CITRACADO PKWYSTE 220
ESCONDIDO, CA 92029
Phone: (760) 430-0546
Fax: (760) 743-8837
After Hours Phone: (760) 430-0546
Provider Gender: Male
NPI: 1487657243
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, PALOMAR HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

INTERVENTIONAL CARDIOLOGY
SAWHNEY, NAVINDER
Provider ID: 304784
Board Certified Specialty: No
2130 CITRACADO PKWYSTE 220
ESCONDIDO, CA 92029
Phone: (760) 743-0546
Fax: (760) 317-9769
After Hours Phone: (760) 743-0546
Provider Gender: Male
NPI: 1912945130
Provider English Spoken: Y
Provider Language(s)
  Spoken: Farsi, Portuguese,
D3. 专科提供者名录

Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL,
PALOMAR HEALTH, PALOMAR
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

MATERNAL AND FETAL MEDICINE
MELBER, DORA
Provider ID: 296996
Board Certified Specialty: No
2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1124413026
Provider English Spoken: Y
Provider Language(s) Spoken: Hungarian, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERVENTIONAL CARDIOLOGY
SUDHAKAR, DEEPTHI
Provider ID: 295845
Board Certified Specialty: No
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Phone: (760) 294-0480
Fax: (619) 616-2104
After Hours Phone: (760) 294-0480
Provider Gender: Female
NPI: 1811307051
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital, SHARP
CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE
LE, CRYSTAL
Provider ID: 283707
Board Certified Specialty: No
2185 CITRACADO PKWY
ESCONDIDO, CA 92029
Phone: (442) 281-3193
Fax: (442) 281-3197
After Hours Phone: (442) 281-3193
Provider Gender: Female
NPI: 1003028416
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady
CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY
HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:00PM Website: N/A

NEONATAL / PERINATAL MEDICINE

SAUER, CHARLES Provider ID: 206163 Board Certified Specialty: No 2185 CITRACADO PKWY ESCONDIDO, CA 92029 Phone: (442) 281-2850 Fax: (442) 281-2999 After Hours Phone: (442) 281-2850 Provider Gender: Male NPI: 1538388988 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:00PM Website: N/A

SUTTNER, DENISE Provider ID: 206137 Board Certified Specialty: No 2185 CITRACADO PKWY ESCONDIDO, CA 92029 Phone: (442) 281-2850 Fax: (442) 281-2999 After Hours Phone: (442) 281-2850 Provider Gender: Female NPI: 1457433799 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F
8:00AM-5:00PM
Website: N/A

Nephrology

Al-Dahhan, Zaid
Provider ID: 297898
Board Certified Specialty: No
631 E Grand Ave
Escondido, CA 92025
Phone: (760) 294-1660
Fax: (760) 745-5016
After Hours Phone: (760) 294-1660
Provider Gender: Male
NPI: 1740716828
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: Palomar Medical Center, Palomar Health
Medi-Cal Open Panel: Yes
Min/Max Age: 18-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Neurology

Gold, Jeffrey
Provider ID: 277870
Board Certified Specialty: No
2125 Citracado Pkwy
Ste 100
Escondido, CA 92029
Phone: (760) 294-9260
Fax: (760) 294-9274
After Hours Phone: (760) 294-9260
Provider Gender: Female
NPI: 1194046581
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: University of California Irvine Med Ctr, Children's Hospital of Orange County, Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Neurology

Jindal, Anuja
Provider ID: 277838
Board Certified Specialty: No
2125 Citracado Pkwy
Ste 100
Escondido, CA 92029
Phone: (760) 294-9260
Fax: (760) 294-9274
After Hours Phone: (760) 294-9260
Provider Gender: Female
NPI: 1174870067
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: University of California Irvine Med Ctr, Children's Hospital of Orange County, Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Neurology

Zimbrick, Michael
Provider ID: 277891
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>D3. 专科提供者名录</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2125 CITRACADO PKWY STE 100</td>
<td>ESCONDIDO, CA 92029</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone: (760) 294-9260</td>
<td>Fax: (760) 294-9274</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>After Hours Phone: (760) 294-9260</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Gender: Male</td>
<td>NPI: 1487819546</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Language(s)</td>
<td>Spoken: French</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Affiliation: RADY</td>
<td>CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NEUROLOGY CHILD</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAHAGIAN, MICHELLE</td>
<td>206076</td>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>625 CITRACADO PKWY STE 100</td>
<td>ESCONDIDO, CA 92025</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone: (760) 294-9260</td>
<td>Fax: (760) 294-9274</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>After Hours Phone: (760) 294-9260</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Gender: Female</td>
<td>NPI: 1275604035</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Language(s)</td>
<td>Spoken: French</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBSTETRICS / GYNECOLOGY</td>
<td></td>
<td>☐ Hospital Affiliation: RADY</td>
<td>CHILDRENS HOSPITAL SAN DIEGO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HINSHAW, PAUL</td>
<td>277040</td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBSTETRICS / GYNECOLOGY</td>
<td></td>
<td>☐ Accessibility: CONTACT PROVIDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HINSHAW, PAUL</td>
<td>285628</td>
<td>☐ Hours: M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBSTETRICS / GYNECOLOGY</td>
<td></td>
<td>☐ Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HINSHAW, PAUL</td>
<td>1215170717</td>
<td>☐ Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBSTETRICS / GYNECOLOGY</td>
<td></td>
<td>☐ Provider Language(s)</td>
<td>Spoken: French</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HINSHAW, PAUL</td>
<td>285628</td>
<td>☐ Provider Language(s)</td>
<td>Spoken: French</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Provider Language(s)</td>
<td>Spoken: French</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBSTETRICS / GYNECOLOGY</td>
<td></td>
<td>☐ Provider Language(s)</td>
<td>Spoken: French</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HINSHAW, PAUL</td>
<td>1215170717</td>
<td>☐ Provider Language(s)</td>
<td>Spoken: French</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Obstetrics / Gynecology

**LAMALE-SMITH, LEAH**  
Provider ID: 285518  
Board Certified Specialty: No  
Provider Gender: Female  
NPI: 1871664631  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Children's Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hospital for Women and Newborns, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Tri City Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**GINHAW, PAUL**  
Provider ID: 285629  
Board Certified Specialty: No  
Provider Gender: Male  
NPI: 1215170717  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**BHATIA, SHAGUN**  
Provider ID: 277877  
Board Certified Specialty: No  
Provider Gender: Female  
NPI: 1104237353  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD La Jolla John Sally Thornton, UCSD Medical Ctr, Eisenhower Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

### Ophthalmology

**BANSAL, PREETI**  
Provider ID: 277883  
Board Certified Specialty: No  
Provider Gender: Female  
NPI: 1104237353  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD La Jolla John Sally Thornton, UCSD Medical Ctr, Eisenhower Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

THORNTON, UCSD MEDICAL CTR, RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

THORNTON, UCSD MEDICAL CTR, RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

THORNTON, UCSD MEDICAL CTR, RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

THORNTON, UCSD MEDICAL CTR, RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
HENNEIN, LAUREN
Provider ID: 297014
Board Certified Specialty: No
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Provider Gender: Female
NPI: 1699216010
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
HENNEIN, LAUREN
Provider ID: 297014
Board Certified Specialty: No
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Provider Gender: Female
NPI: 1699216010
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
HENNEIN, LAUREN
Provider ID: 297014
Board Certified Specialty: No
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Provider Gender: Female
NPI: 1699216010
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
MOLL, ANGELA
Provider ID: 205895
Board Certified Specialty: No
625 CITRACADO PKWY STE 206
ESCONDIDO, CA 92025
Phone: (760) 755-7600
After Hours Phone: (760) 755-7600
Provider Gender: Female
NPI: 1861648602
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
MOLL, ANGELA
Provider ID: 205895
Board Certified Specialty: No
625 CITRACADO PKWY STE 206
ESCONDIDO, CA 92025
Phone: (760) 755-7600
After Hours Phone: (760) 755-7600
Provider Gender: Female
NPI: 1861648602
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
MOLL, ANGELA
Provider ID: 205895
Board Certified Specialty: No
625 CITRACADO PKWY STE 206
ESCONDIDO, CA 92025
Phone: (760) 755-7600
After Hours Phone: (760) 755-7600
Provider Gender: Female
NPI: 1861648602
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
MOLL, ANGELA
Provider ID: 205895
Board Certified Specialty: No
625 CITRACADO PKWY STE 206
ESCONDIDO, CA 92025
Phone: (760) 755-7600
After Hours Phone: (760) 755-7600
Provider Gender: Female
NPI: 1861648602
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
MOVAGHAR, MANSOOR
Provider ID: 277833
Board Certified Specialty: No
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Provider Gender: Male
NPI: 1497792220
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
MOVAGHAR, MANSOOR
Provider ID: 277833
Board Certified Specialty: No
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Provider Gender: Male
NPI: 1497792220
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

OPHTHALMOLOGY
OHALLORAN, HENRY
Provider ID: 277869
Board Certified Specialty: No
2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
 Phone: (760) 755-7600
Fax: (760) 755-7699
 After Hours Phone: (760) 755-7600
Provider Gender: Male
NPI: 1235287947
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

OPHTHALMOLOGY
SHEILS, CATHERINE
Provider ID: 305307
Board Certified Specialty: No
700 W EL NORTE PKWY
ESCONDIDO, CA 92026
 Phone: (800) 765-2737
Fax: (619) 291-6577
 After Hours Phone: (800) 765-2737
Provider Gender: Female
NPI: 1932605649
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TU 8:30AM-4:00PM
 W-F 8:30AM-1:00PM
 Website: N/A

OPTOMETRIST
AOTO, KIM
Provider ID: 296796
Board Certified Specialty: No
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
 Phone: (760) 743-5872
Fax: (760) 743-5879
 After Hours Phone: (760) 743-5872
Provider Gender: Female
NPI: 1780935650
 Provider English Spoken: Y
Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

OPTOMETRIST
AOTO, KIM
Provider ID: 268719
Board Certified Specialty: No
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025
 Phone: (800) 898-2020
Fax: (844) 897-3788
 After Hours Phone: (800) 898-2020
Provider Gender: Female
NPI: 1780935650
 Provider English Spoken: Y
Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M 9:00AM-5:00PM
 TU 8:30AM-4:30PM
 W 7:30AM-4:30PM
 TH 9:30AM-5:00PM
 F 8:30AM-4:00PM
 Website: N/A
### D3. 专科提供者名录

**OTOLARYNGOLOGY**  
**BLISS, MORGAN**  
Provider ID: 277537  
Board Certified Specialty: No  
2125 CITRACADO PKWY STE 200  
ESCONDIDO, CA 92029  
Phone: (760) 755-7600  
Fax: (760) 755-7699  
After Hours Phone: (760) 755-7600  
Provider Gender: Female  
NPI: 1760707657  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**OTOLARYNGOLOGY**  
**Jiang, Wen**  
Provider ID: 277860  
Board Certified Specialty: No  
2125 CITRACADO PKWY STE 200  
ESCONDIDO, CA 92029  
Phone: (760) 755-7600  
Fax: (760) 755-7699  
After Hours Phone: (760) 755-7600  
Provider Gender: Female  
NPI: 1659305753  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**OTOLARYNGOLOGY**  
**Friesen, Tzynnong**  
Provider ID: 277853  
Board Certified Specialty: No  
2125 CITRACADO PKWY STE 200  
ESCONDIDO, CA 92029  
Phone: (760) 755-7600  
Fax: (760) 755-7699  
After Hours Phone: (760) 755-7600  
Provider Gender: Female  
NPI: 1952740177  
Provider English Spoken: Y

**OTOLARYNGOLOGY**  
**PATEL, VIJAY**  
Provider ID: 297038  
Board Certified Specialty: No  
2125 CITRACADO PKWY STE 200  
ESCONDIDO, CA 92029  
Phone: (760) 755-7600  
Fax: (760) 755-7699  
After Hours Phone: (760) 755-7600  
Provider Gender: Male  
NPI: 1508250747

---

*Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.*
D3. 专科提供者名录

- Provider English Spoken: Y  
  Cultural Competency: N  
  Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\19  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Hours: M-F  
  8:00AM-5:00PM  
  Website: N/A

**PEDIATRIC CARDIOLOGY**  
**DAVIS, CHRISTOPHER**  
Provider ID: 277811  
Board Certified Specialty: No  
- 2125 CITRACADO PKWY STE 100  
  ESCONDIDO, CA 92029  
  Phone: (760) 294-9260  
  Fax: (760) 294-9274  
  After Hours Phone: (760) 294-9260  
  Provider Gender: Male  
  NPI: 1760691950  
- Provider English Spoken: Y  
  Cultural Competency: N  
  Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\19  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Hours: M-F  
  8:00AM-5:00PM  
  Website: N/A

**PEDIATRIC CARDIOLOGY**  
**HALEY, JESSICA**  
Provider ID: 277867  
Board Certified Specialty: No  
- 2125 CITRACADO PKWY STE 100  
  ESCONDIDO, CA 92029  
  Phone: (760) 294-9260  
  Fax: (760) 294-9274  
  After Hours Phone: (760) 294-9260  
  Provider Gender: Female  
  NPI: 1023329885  
- Provider English Spoken: Y  
  Cultural Competency: N  
  Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\19  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Hours: M-F  
  8:00AM-5:00PM  
  Website: N/A

**PEDIATRIC CARDIOLOGY**  
**NARAYAN, HARI**  
Provider ID: 277846  
Board Certified Specialty: No  
- 2125 CITRACADO PKWY STE 100  
  ESCONDIDO, CA 92029  
  Phone: (760) 294-9260  
  Fax: (760) 294-9274  
  After Hours Phone: (760) 294-9260  
  Provider Gender: Male  
  NPI: 1376705707  
- Provider English Spoken: Y  
  Cultural Competency: N  
  Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\19  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Hours: M-F  
  8:00AM-5:00PM  
  Website: N/A
D3. 专科提供者名录

N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC CARDIOLOGY
SAH, SERENA
Provider ID: 301737
Board Certified Specialty: No
2125 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025
Phone: (760) 294-9260
Fax: (760) 294-9274
After Hours Phone: (760) 294-9260
Provider Gender: Female
NPI: 1295042653
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Mandarin
Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

AGHILI, ROXANA
Provider ID: 303783
Board Certified Specialty: No
2125 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543
Provider Gender: Female
NPI: 1851927883
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Hospital Affiliation: Kaiser Foundation Hospital San Diego, Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

PEDIATRIC DERMATOLOGY
BOIKO, SUSAN
Provider ID: 277158
Board Certified Specialty: No
2125 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Provider Gender: Female
NPI: 1053488981
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Hospital Affiliation: Kaiser Foundation Hospital San Diego, Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

1684
D3. 专科提供者名录

PEDIATRIC EMERGENCY MEDICINE
BELLOMO, THOMAS
Provider ID: 277865
Board Certified Specialty: No
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543
Provider Gender: Male
NPI: 1700926698
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
GROSS, MATTHEW
Provider ID: 297178
Board Certified Specialty: No
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543
Provider Gender: Male
NPI: 1942223664
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
GORHAM, LAURA
Provider ID: 277851
Board Certified Specialty: No
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543
Provider Gender: Female
NPI: 1316162324
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
BETTY, MARYANN
Provider ID: 277914
Board Certified Specialty: No
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543
Provider Gender: Female
NPI: 1285014498
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
1685
D3. 专科提供者名录

JOHJI, WEENA
Provider ID: 277907
Board Certified Specialty: No
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543
Provider Gender: Female
NPI: 1376862177
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady
Children's Hospital San Diego, Palomar Health
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
MENDES, CHANTAL
Provider ID: 295670
Board Certified Specialty: No
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543
Provider Gender: Female
NPI: 1134681265
Provider English Spoken: N
Cultural Competency: N
Hospital Affiliation: Rady
Children's Hospital San Diego, Scripps Mercy Hospital Chula Vista
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
MINKA, GENEVIEVE
Provider ID: 277859
Board Certified Specialty: No
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543
Provider Gender: Female
NPI: 1689646689
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Hospital Affiliation: Rady
Children's Hospital San Diego, Children's Hospital of Orange County
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
OZAKI, YOSHIHIRO

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Provider ID: 277902
Board Certified Specialty: No

2125 CITRACADO PKWY STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543

Provider Gender: Male
NPI: 1467898239
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, RADIY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

Provider ID: 277872
Board Certified Specialty: No

2125 CITRACADO PKWY STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274

Provider Gender: Female
NPI: 1477626513
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GLENDALE ADVENTIST MED CTR,
GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY MEDICAL CTR, RADIY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

Provider ID: 277810
Board Certified Specialty: No

2125 CITRACADO PKWY STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274

Provider Gender: Female
NPI: 1124360565
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RONALD REAGAN UCLA MED CTR,
SANTA MONICA UCLA MED CTR, RADIY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
QUINONES-PEREZ, BIANCA
Provider ID: 277810
Board Certified Specialty: No

2125 CITRACADO PKWY STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543

Provider Gender: Female
NPI: 1407299787
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RONALD REAGAN UCLA MED CTR,
SANTA MONICA UCLA MED CTR, RADIY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
专科提供者名录

**PEDIATRIC EMERGENCY MEDICINE**

**VAIDYA, KAMALA**
Provider ID: 205812
Board Certified Specialty: No
625 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543
Provider Gender: Female
NPI: 1083840920
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**WANG, EMILY**
Provider ID: 277868
Board Certified Specialty: No
2125 CITRACADO PKWY STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543
Provider Gender: Female
NPI: 1912369273
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
D3. 专科提供者名录

- **PEDIATRIC GASTROENTEROLOGY**
  - **PATHAK, SAGAR**
    - Provider ID: 301826
    - Board Certified Specialty: No
    - Address: 2125 CITRACADO PKWY STE 100
      - ESCONDIDO, CA 92029
    - Phone: (760) 294-9260
    - Fax: (760) 294-9274
    - After Hours Phone: (760) 294-9260
    - Provider Gender: Male
    - NPI: 1700318292
    - Provider English Spoken: Yes
    - Cultural Competency: No
    - Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0-19
    - American Sign Language (ASL): No
    - Website: N/A

- **PHYSICAL MEDICINE / REHABILITATION**
  - **RYAN, KYLE**
    - Provider ID: 275660
    - Board Certified Specialty: No
    - Address: 625 CITRACADO PKWY
      - ESCONDIDO, CA 92029
    - Phone: (760) 294-9260
    - Fax: (760) 294-9274
    - After Hours Phone: (760) 294-9260
    - Provider Gender: Male
    - NPI: 1447645742
    - Provider English Spoken: Yes
    - Cultural Competency: No
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0-19
    - American Sign Language (ASL): No
    - Website: N/A

- **PHYSICIANS ASSISTANT**
  - **BEITTER, KEERSTIN**
    - Provider ID: 300094
    - Board Certified Specialty: No
    - Address: 1689 1955 CITRACADO PKWY
      - ESCONDIDO, CA 92029
    - Phone: (760) 738-5533
    - Fax: (909) 204-7863
    - After Hours Phone: (760) 738-5533
    - Provider Gender: Male
    - NPI: 1407052459
    - Provider English Spoken: Yes
    - Cultural Competency: No
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0-19
    - American Sign Language (ASL): No
    - Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

1955 CITRACADO PKWY
STE 203
ESCONDIDO, CA 92029
Phone: (760) 738-5533
Fax: (760) 738-3835
After Hours Phone: (760) 738-5533
Provider Gender: Female
NPI: 1477129302
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
CORVINI, NICOLAS
Provider ID: 296999
Board Certified Specialty: No
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8300
Fax: (858) 633-4698
After Hours Phone: (760) 520-8300
Provider Gender: Male
NPI: 1194242461
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
CHATFIELD, ALEXANDRA
Provider ID: 276716
Board Certified Specialty: No
1955 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
Phone: (760) 743-4789
Fax: (858) 673-5187
After Hours Phone: (760) 743-4789
Provider Gender: Female
NPI: 1215584628
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
CUTCHON, SYDNEY
Provider ID: 302306
Board Certified Specialty: No
625 CITRACADO PKWY STE 108
ESCONDIDO, CA 92025
Phone: (760) 743-1431
Fax: (760) 743-6455
After Hours Phone: (760) 743-1431
Provider Gender: Female
NPI: 1659914240
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
FUNARI, CHRISTOPHER
Provider ID: 301993
Board Certified Specialty: No
625 CITRACADO PKWY STE 108
ESCONDIDO, CA 92025
Phone: (760) 743-1431
Fax: (760) 743-6455
After Hours Phone: (760) 743-1431
Provider Gender: Male
NPI: 1982365490
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

您的家庭医生的医疗小组可能有心理健康提供者在其网络内。请参阅下方的列表。
您可以直接联系这些提供者。请注意，某些服务可能需要心理健康提供者从Blue Shield获得前期授权，以便服务能够覆盖。

要在线访问心理健康提供者的列表，请访问blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

PROVIDER

Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT

WALSH, JOHN
Provider ID: 301971
Board Certified Specialty: No
625 CITRACADO PKWY STE 108
ESCONDIDO, CA 92025
Phone: (760) 743-1431
Fax: (760) 743-6455
After Hours Phone: (760) 743-1431
Provider Gender: Male
NPI: 1386893089
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT

WRIGHT, DEREK
Provider ID: 302390
Board Certified Specialty: No
1955 CITRACADO PKWY
ESCONDIDO, CA 92029
Phone: (760) 738-5533
Fax: (760) 738-3835
After Hours Phone: (760) 738-5533
Provider Gender: Male
NPI: 1629674858
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PODIATRIST

ALGHURAIBI, OHOUD
Provider ID: 295998
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
Fax: (760) 466-1373
After Hours Phone: (760) 520-8100
Provider Gender: Female
NPI: 1174194641
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PODIATRIST

LARKINS, PHILIP
Provider ID: 297044
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
Fax: (760) 462-2745
After Hours Phone: (760) 520-8100
Provider Gender: Male
NPI: 1659375103
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: CLOVIS COMMUNITY HOSPITAL, ST AGNES MEDICAL CENTER, MADERA COMMUNITY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
D3. 专科提供者名录

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 SA 8:00AM-0:00PM
 Website: N/A

PODIATRIST
READ, TRENTON
Provider ID: 300882
Board Certified Specialty: No
215 S HICKORY ST STE 118
ESCONDIDO, CA 92025
 Phone: (760) 480-1189
 Fax: (858) 485-1515
 After Hours Phone: (760) 480-1189
 Provider Gender: Male
 NPI: 1952963431
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

PSYCHOLOGIST
ESTRADA PATINO, ANGELA
Provider ID: 296605
Board Certified Specialty: No
460 N ELM ST
ESCONDIDO, CA 92025
 Phone: (760) 520-8100
 Fax: (760) 466-1373
 After Hours Phone: (760) 520-8100
 Provider Gender: Female
 NPI: 1629339015
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 14\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

PODIATRIST
READ, TRENTON
Provider ID: 296654
Board Certified Specialty: No
215 S HICKORY ST STE 118
ESCONDIDO, CA 92025
 Phone: (760) 480-1189
 Fax: (858) 485-1515

PSYCHOLOGIST
SUOZZO, JOSEPH
Provider ID: 290758
Board Certified Specialty: No
425 N DATE ST
ESCONDIDO, CA 92025
 Phone: (760) 520-8340
 Fax: (858) 633-4698
 After Hours Phone: (760) 520-8340
 Provider Gender: Male
 NPI: 1821013228
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PSYCHOLOGIST
TEETER-WITT, ALYSSA
Provider ID: 290779
Board Certified Specialty: No
426 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 690-5900
Fax: (858) 633-4693
After Hours Phone: (760) 690-5900
Provider Gender: Female
NPI: 1932308442
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PSYCHOLOGIST
VALLEZ-BARLAM, ANDREA
Provider ID: 290630
Board Certified Specialty: No
426 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 690-5900
Fax: (858) 633-4693
After Hours Phone: (760) 690-5900
Provider Gender: Female
NPI: 1710902143
Provider English Spoken: Y
Provider Language(s): German, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PSYCHOLOGIST
VAQUERO, JUANA
Provider ID: 290762
Board Certified Specialty: No
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8300
Fax: (858) 633-4698
After Hours Phone: (760) 520-8300
Provider Gender: Female
NPI: 1023459708
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

PSYCHOLOGIST
WOODWORTH, JENNIFER
Provider ID: 290634
Board Certified Specialty: No
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
Fax: (858) 633-4698
After Hours Phone: (760) 520-8340
Provider Gender: Female
Provider English Spoken: Y
Cultural Competency: N
Provider Language(s) Spoken: English
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PULMONARY DISEASES
QUAN, MICHELE
Provider ID: 287097
Board Certified Specialty: No
2125 CITRACADO PKWY STE 230
ESCONDIDO, CA 92029
Phone: (760) 489-1458
Fax: (760) 489-1246
After Hours Phone: (760) 489-1458
Provider Gender: Female
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 19\100
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIATION ONCOLOGY
COLEMAN, LORI
Provider ID: 221090
Board Certified Specialty: No
2125 CITRACADO PKWY STE 110
ESCONDIDO, CA 92029
Phone: (760) 739-3371
Fax: (760) 739-3779
After Hours Phone: (760) 739-3371
Provider Gender: Female
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, GROSSMONT HOSPITAL, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIATION ONCOLOGY
VOLPP, PAUL
Provider ID: 221103
Board Certified Specialty: No
2125 CITRACADO PKWY STE 110
ESCONDIDO, CA 92029
Phone: (760) 739-3371
Fax: (760) 759-3779
After Hours Phone: (760) 739-3371
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: English
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, GROSSMONT HOSPITAL, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 19\100
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIATION ONCOLOGY
WEINSTEIN, GEOFFREY
Provider ID: 220041
Board Certified Specialty: No
2125 CITRACADO PKWY STE 110
ESCONDIDO, CA 92029
Phone: (760) 739-3371
Fax: (760) 759-3779
After Hours Phone: (760) 739-3371
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: English
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, GROSSMONT HOSPITAL, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Provider Gender: Male
NPI: 1841233947
☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 19\100
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
MCGEE, JACQUELINE
Provider ID: 252473
Board Certified Specialty: No
1815 E VALLEY PKWY STE 5
ESCONDIDO, CA 92027
Phone: (760) 233-9655
Fax: (760) 233-9648
After Hours Phone: (760) 233-9655
Provider Gender: Female
NPI: 1194217133
☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 8\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC
VAKILIAN, SIAVOSH
Provider ID: 283206
Board Certified Specialty: No
701 E GRAND AVE STE 200
ESCONDIDO, CA 92025
Phone: (760) 839-7370
Fax: (858) 429-7938
After Hours Phone: (760) 839-7370
Provider Gender: Male
NPI: 1427456151
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-6:00PM
Website: N/A

SPEECH PATHOLOGIST
AROCHO-SALGADO, MIRELIS
Provider ID: 296931
Board Certified Specialty: No
500 LA TERRAZA BLVD STE 150
ESCONDIDO, CA 92025
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1063660165
☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-7:00PM
Website: N/A

SPEECH PATHOLOGIST
CALDERON MORALES, ASTRID
Provider ID: 305583
Board Certified Specialty: No
500 LA TERRAZA BLVD STE 150
ESCONDIDO, CA 92025
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1619501186
☑ Provider English Spoken: Y
Provider Language(s) Spoken: Armenian, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-7:00PM
Website: N/A

SPEECH PATHOLOGIST
CLARK, MELISSA
Provider ID: 296924
Board Certified Specialty: No
500 LA TERRAZA BLVD STE
D3. 专科提供者名录

150
ESCONDIDO, CA 92025
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1760546428
☐ Provider English Spoken: Y
☐ Provider Language(s)
   Spoken: Arabic, Armenian, Farsi, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
☐ Accessibility: CONTACT PROVIDER
☐ Hours: M-F 7:00AM-7:00PM
☐ Website: N/A

SURGERY GENERAL
CASILLAS BERUMEN, SERGIO
Provider ID: 304606
Board Certified Specialty: No
1045 E PENNSYLVANIA AVE
ESCONDIDO, CA 92025
Phone: (760) 884-4500
Fax: (619) 483-3997
After Hours Phone: (760) 884-4500
Provider Gender: Male
NPI: 1437470762
☐ Provider English Spoken: Y
☐ Provider Language(s)
   Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
☐ Accessibility: CONTACT PROVIDER
☐ Hours: M-F 9:00AM-5:00PM
☐ Website: N/A

SPEECH PATHOLOGIST
MADERA RIVERA, PAULA
Provider ID: 296577
Board Certified Specialty: No
500 LA TERRAZA BLVD STE 150
ESCONDIDO, CA 92025
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1205443769
☐ Provider English Spoken: Y
☐ Provider Language(s)
   Spoken: Arabic, Armenian, Farsi, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
☐ Accessibility: CONTACT PROVIDER
☐ Hours: M-F 8:00AM-5:00PM
☐ Website: N/A

SURGERY GENERAL
GROVE, JAY
Provider ID: 245226
Board Certified Specialty: No
2185 CITRACADO PKWY
ESCONDIDO, CA 92029
Phone: (760) 300-3647
Fax: (760) 482-1316
After Hours Phone: (760) 300-3647
Provider Gender: Male
NPI: 1912971334
☐ Provider English Spoken: Y
☐ Provider Language(s)
   Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
☐ Accessibility: CONTACT PROVIDER
☐ Hours: M-F 9:00AM-5:00PM
☐ Website: N/A

SURGERY ORTHOPEDIC
EDMONDS, ERIC
Provider ID: 277831
Board Certified Specialty: No
2125 CITRACADO PKWY STE 100
ESCONDIDO, CA 92029
Phone: (760) 480-8770
Fax: (760) 480-8811
After Hours Phone: (760)
D3. 专科提供者名录

Provider ID: 296808
Board Certified Specialty: No
Provider ID: 304761
Board Certified Specialty: No
Provider ID: 206130
Board Certified Specialty: No

SURGERY ORTHOPEDIC
SHARP, LORRA
Provider ID: 296808
Board Certified Specialty: No
2130 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029
Phone: (760) 743-4789
Fax: (858) 385-1690
After Hours Phone: (760) 743-4789
Provider Gender: Female
NPI: 1689689176
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: POMONA VALLEY HOSP MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

SURGERY ORTHOPEDIC
KNUTSON, THOMAS
Provider ID: 296851
Board Certified Specialty: No
2130 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029
Phone: (760) 743-4789
Fax: (760) 743-4779
After Hours Phone: (760) 743-4789
Provider Gender: Male
NPI: 1962409938
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

SURGERY PEDIATRIC
KLING, KAREN
Provider ID: 206130
Board Certified Specialty: No
625 CITRACADO PKWY STE 206
ESCONDIDO, CA 92025
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Provider Gender: Female
NPI: 1982775144
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: POMONA VALLEY HOSP MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Provider ID: 304761
Board Certified Specialty: No
2130 CITRACADO PKWYSTE 220
ESCONDIDO, CA 92029
Phone: (760) 743-0546
Fax: (760) 317-9769
After Hours Phone: (760) 743-0546
Provider Gender: Female
NPI: 1689689176
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: POMONA VALLEY HOSP MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

American Sign Language (ASL):  
<table>
<thead>
<tr>
<th>Provider</th>
<th>FALLBROOK, CA 92028</th>
<th>Phone: (760) 451-4730</th>
<th>Fax: (760) 457-4700</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Website: N/A</td>
<td></td>
</tr>
</tbody>
</table>

CERTIFIED ACUPUNCTURIST  
CRAFT, KEVIN  
Provider ID: 290943  
Board Certified Specialty: No  
1309 S MISSION RD  
FALLBROOK, CA 92028  
Phone: (760) 690-5900  
Fax: (760) 731-1063  
After Hours Phone: (760) 690-5900  
Provider Gender: Male  
NPI: 1659745610  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

CERTIFIED NURSE PRACTITIONER  
KELLEHER, BRIDGET  
Provider ID: 299775  
Board Certified Specialty: No  
321 E ALVARADO ST  
FALLBROOK, CA 92028  
Phone: (760) 723-6200  
Fax: (760) 414-3892  
After Hours Phone: (760) 723-6200  
Provider Gender: Female  
NPI: 1245695006  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
Website: N/A

CERTIFIED NURSE PRACTITIONER  
HAMED, JACQUELYN  
Provider ID: 302366  
Board Certified Specialty: No  
1328 S MISSION RD  
Phone: (760) 451-4730  
Fax: (760) 457-4700  
After Hours Phone: (760) 451-4730  
Provider Gender: Female  
NPI: 1578260758  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

CERTIFIED NURSE PRACTITIONER  
STOJANOVSKA, JOVANA  
Provider ID: 298086  
Board Certified Specialty: No  
321 E ALVARADO ST  
FALLBROOK, CA 92028  
Phone: (760) 723-6200  
Fax: (760) 414-3892  
After Hours Phone: (760) 723-6200  
Provider Gender: Female  
NPI: 1245695006  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
Website: N/A
D3. 专科提供者名录

Provider ID: 301367  
Board Certified Specialty: No  
1328 S MISSION RD  
FALLBROOK, CA 92028  
Phone: (760) 451-4730  
Fax: (760) 451-4700  
After Hours Phone: (760) 451-4730  
Provider Gender: Female  
NPI: 1215638499  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TH  
8:00AM-4:00PM  
Website: N/A

CERTIFIED NURSE PRACTITIONER  
TAYLOR, CHRISTOPHER  
Provider ID: 302118  
Board Certified Specialty: No  
321 E ALVARADO ST  
FALLBROOK, CA 92028  
Phone: (760) 723-6200  
Fax: (760) 414-3892  
After Hours Phone: (760) 723-6200  
Provider Gender: Male  
NPI: 1851747166  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TH  
8:00AM-4:00PM  
Website: N/A

CERTIFIED NURSE MIDWIFE  
GUIDI, CASEY  
Provider ID: 296010  
Board Certified Specialty: No  
1328 S MISSION RD  
FALLBROOK, CA 92028  
Phone: (760) 451-4730  
Fax: (760) 457-4700  
After Hours Phone: (760) 451-4730  
Provider Gender: Female  
NPI: 1013349919  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

CHIROPRACTOR  
FARSHLER, ANTHONY  
Provider ID: 290306  
Board Certified Specialty: No  
1309 S MISSION RD  
FALLBROOK, CA 92028  
Phone: (760) 690-5900  
Fax: (760) 731-1063  
After Hours Phone: (760) 690-5900  
Provider Gender: Male  
NPI: 1841627759  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

CHIROPRACTOR  
HALVORSON, PAULA  
Provider ID: 298338  
Board Certified Specialty: No  
1309 S MISSION RD  
FALLBROOK, CA 92028  
Phone: (760) 690-5900  
Fax: (760) 731-1063

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

- **After Hours Phone:** (760) 690-5900
  - **Provider Gender:** Female
  - **NPI:** 1275542193
  - **Provider English Spoken:** Yes
  - **Cultural Competency:** N
  - **Medi-Cal Open Panel:** Yes
  - **Min/Max Age:** 0\999
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Hours:** TU 8:00AM-5:00PM
    - **TH-F 8:00AM-5:00PM**
  - **Website:** N/A

**FAMILY PRACTICE**

**CHRISTIE, PATRICIA**
- **Provider ID:** 299526
- **Board Certified Specialty:** No
- **1328 S MISSION RD
  FALLBROOK, CA 92028**
- **Phone:** (760) 451-4720
- **Fax:** (760) 457-4700
- **After Hours Phone:** (760) 451-4720
- **Provider Gender:** Female
- **NPI:** 1881625531
  - **Provider English Spoken:** Yes
    - **Cultural Competency:** N
    - **Min/Max Age:** 0\999
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Website:** N/A

**OPTOMETRIST**

**BULLUM, ANTHONY**
- **Provider ID:** 290329
- **Board Certified Specialty:** No
- **1328 S MISSION RD
  FALLBROOK, CA 92028**
- **Phone:** (760) 451-4730
- **Fax:** (760) 457-4700
- **After Hours Phone:** (760) 451-4730
- **Provider Gender:** Male
- **NPI:** 1992773956
  - **Provider English Spoken:** Yes
    - **Cultural Competency:** N
    - **Min/Max Age:** 0\999
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Website:** N/A

**HEMET**

**PHYSICIANS ASSISTANT**

**SMITH, KELLI**
- **Provider ID:** 272953
- **Board Certified Specialty:** No
- **3853 W STETSON AVE STE 200
  HEMET, CA 92545**
- **Phone:** (951) 225-6802
- **After Hours Phone:** (951) 225-6802
- **Provider Gender:** Female
- **NPI:** 1841771664
  - **Provider English Spoken:** Yes
    - **Cultural Competency:** N
    - **Min/Max Age:** 0\999
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Hours:** M-F
    - **8:00AM-5:00PM**
  - **Website:** N/A

**IMPERIAL BEACH**

**CERTIFIED NURSE PRACTITIONER**

**ALBARRAN-SLOVIN, MELODY**
- **Provider ID:** 299329
- **Board Certified Specialty:** No
- **949 PALM AVE
  IMPERIAL BEACH, CA 91932**
- **Phone:** (619) 429-3733
D3. 专科提供者名录

Fax: (619) 628-5550
oso: After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1740953249

- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE
PRACTITIONER
CUNNINGHAM, STEPHANIE
Provider ID: 301310
Board Certified Specialty: No
949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
Fax: (619) 628-5550
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1093280588
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\18
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE
PRACTITIONER
O’CONNELL, STEFANY
Provider ID: 296845
Board Certified Specialty: No
949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
Fax: (619) 628-5550
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1386378479
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

CERTIFIED NURSE
PRACTITIONER
POPE, KATILYNN
Provider ID: 305980
Board Certified Specialty: No
949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
Fax: (619) 628-5550
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1174232748
- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

1702
D3. 专科提供者名录

Provider ID: 297909
Board Certified Specialty: No
949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
Fax: (619) 628-5550
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1760107767
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

FAMILY PRACTICE
SUMMERS-DAY, COURTNEY
Provider ID: 290977
Board Certified Specialty: No
949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
Fax: (619) 628-5550
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1124288873
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

INTERNAL MEDICINE
RYAN, DANA
Provider ID: 298099
Board Certified Specialty: No
949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
Fax: (619) 628-5550
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1780609990
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
7:00AM-7:00PM
TU-W 8:30AM-5:00PM
TH 8:30AM-8:00PM
F 8:30AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
CHENG, BRANDON
Provider ID: 304530
Board Certified Specialty: No
600 PALM AVE STE 126
IMPERIAL BEACH, CA 91932
Phone: (619) 332-4200
Fax: (613) 332-4220
After Hours Phone: (619) 332-4200
Provider Gender: Male
NPI: 1336894724
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
REGISTERED PHYSICAL THERAPIST
JIMENEZ, ANDREA
Provider ID: 301973
Board Certified Specialty: No
600 PALM AVE STE 126
IMPERIAL BEACH, CA 91932
Phone: (619) 482-3000
Fax: (619) 332-4220
After Hours Phone: (619) 482-3000
Provider Gender: Female
NPI: 1407440670
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
KARANDE, PRACHI
Provider ID: 287101
Board Certified Specialty: No
600 PALM AVE STE 126
IMPERIAL BEACH, CA 91932
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Female
NPI: 1699357525
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH
7:00AM-7:00PM
F 7:00AM-4:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
NGUYEN, TIA
Provider ID: 305016
Board Certified Specialty: No
600 PALM AVE STE 126
IMPERIAL BEACH, CA 91932
Phone: (619) 482-3000
Fax: (619) 332-4220
After Hours Phone: (619) 482-3000
Provider Gender: Female
NPI: 1457136269
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
7:00AM-6:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
NGUYEN, TIA
Provider ID: 305015
Board Certified Specialty: No
600 PALM AVE STE 126
IMPERIAL BEACH, CA 91932
Phone: (619) 482-3000
Fax: (619) 332-4220
After Hours Phone: (619) 482-3000
Provider Gender: Female
NPI: 1457136269
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
7:00AM-6:00PM
Website: N/A
D3. 专科提供者名录

**PROVIDER**

- **Hours:** M-TH 7:00AM-7:00PM
  F 7:00AM-4:00PM
- **Website:** N/A

**REGISTERED PHYSICAL THERAPIST**

**NOVENCIDO, ANDREW**

- Provider ID: 301995
- Board Certified Specialty: No
- 600 PALM AVE STE 126
  IMPERIAL BEACH, CA 91932
- Phone: (619) 482-3000
  Fax: (619) 332-4220
- After Hours Phone: (619) 482-3000
- Provider Gender: Male
- NPI: 1447723937

**SUGGS, SARAH**

- Provider ID: 301429
- Board Certified Specialty: No
- 600 PALM AVE STE 126
  IMPERIAL BEACH, CA 91932
- Phone: (619) 482-3000
  Fax: (619) 332-4220
- After Hours Phone: (619) 482-3000
- Provider Gender: Female
- NPI: 1083353650

**SPARKS, TODD**

- Provider ID: 301109
- Board Certified Specialty: No
- 600 PALM AVE STE 126
  IMPERIAL BEACH, CA 91932
- Phone: (619) 482-3000
  Fax: (619) 332-4220
- After Hours Phone: (619) 482-3000
- Provider Gender: Male
- NPI: 1265481139

**REGULARIZED PHYSICAL THERAPIST**

**NOVENCIDO, ANDREW**

- Provider ID: 286783
- Board Certified Specialty: No
- 600 PALM AVE STE 126
  IMPERIAL BEACH, CA 91932
- Phone: (619) 482-3000
  Fax: (619) 332-4220
- After Hours Phone: (619) 482-3000
- Provider Gender: Male
- NPI: 1447723937

**SUGGS, SARAH**

- Provider ID: 298365
- Board Certified Specialty: No
- 600 PALM AVE STE 126
  IMPERIAL BEACH, CA 91932
- Phone: (619) 482-3000
  Fax: (619) 332-4220
- After Hours Phone: (619) 482-3000
- Provider Gender: Female
- NPI: 1083353650
ANESTHESIOLOGY
BRUNO, KELLY
Provider ID: 238904
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1891130993
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

ANESTHESIOLOGY
BECERRA SONGOLO, TOSHA
Provider ID: 300067
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1265938724
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

ANESTHESIOLOGY
CURRAN, BRIAN
Provider ID: 239003
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1710373642
Provider English Spoken: Y
Cultural Competency: N

LA JOLLA
ANESTHESIOLOGY
ALEXANDER, BRENTON
Provider ID: 242302
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1063046878
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
7:00AM-7:00PM
Website: N/A

ANESTHESIOLOGY
VILLANUEVA, GIOVANNI
Provider ID: 301531
Board Certified Specialty: No
600 PALM AVE STE 126
IMPERIAL BEACH, CA 91932
Phone: (619) 482-3000
Fax: (619) 332-4220
After Hours Phone: (619) 482-3000
Provider Gender: Male
NPI: 1063046878
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH
7:00AM-7:00PM
F 7:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A  

ANESTHESIOLOGY  
FEJLEH, ASHLEY  
Provider ID: 269503  
Board Certified Specialty: No  
 ☑️ 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 ☑️ Phone: (800) 926-8273  
 ☑️ Fax: (888) 539-8781  
 ☑️ After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1609353465  
 ☐️ Provider English Spoken: Y  
 ☐️ Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ☑️ Accessibility: CONTACT PROVIDER  
 ☑️ Hours: M-F  
 8:00AM-5:00PM  
 ☑️ Website: N/A  

ANESTHESIOLOGY  
HOSALKAR, HETAL  
Provider ID: 243370  
Board Certified Specialty: No  
 ☑️ 9415 CAMPUS POINT DR LA JOLLA, CA 92093  
 ☑️ Phone: (800) 926-8273  
 ☑️ Fax: (888) 539-8781  
 ☑️ After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1861556821  
 ☐️ Provider English Spoken: Y  
 ☐️ Provider Language(s) Spoken: Farsi, Gujarati, Hindi  
 ☐️ Accessibility: CONTACT PROVIDER  

ANESTHESIOLOGY  
FUNDINGSLAND, BRENT  
Provider ID: 280469  
Board Certified Specialty: No  
 ☑️ 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 ☑️ Phone: (800) 926-8273  
 ☑️ Fax: (888) 539-8781  
 ☑️ After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1831166560  
 ☐️ Provider English Spoken: Y  
 ☐️ Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ☑️ Accessibility: CONTACT PROVIDER  
 ☑️ Hours: M-F  
 8:00AM-5:00PM  
 ☑️ Website: N/A  

ANESTHESIOLOGY  
HYLTON, DIANA  
Provider ID: 241736  
Board Certified Specialty: No  
 ☑️ 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 ☑️ Phone: (800) 926-8273  
 ☑️ Fax: (888) 539-8781  
 ☑️ After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1932527751  
 ☐️ Provider English Spoken: Y  
 ☐️ Cultural Competency: N  
 MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ☑️ Accessibility: CONTACT PROVIDER  
 ☑️ Hours: M-F  
 8:00AM-5:00PM  
 ☑️ Website: N/A  

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Phone</th>
<th>Address</th>
<th>Hours</th>
<th>Website</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meyer, Megan</td>
<td>239608</td>
<td>(800) 926-8273</td>
<td>9300 Campus Point Dr, La Jolla, CA 92037</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
<td>CONTACT</td>
</tr>
<tr>
<td>Nguyen, Quoc Sy</td>
<td>242189</td>
<td>(800) 926-8273</td>
<td>9300 Campus Point Dr, La Jolla, CA 92037</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
<td>CONTACT</td>
</tr>
<tr>
<td>Okamoto, Vincent</td>
<td>245952</td>
<td>(800) 926-8273</td>
<td>9415 Campus Point Dr, La Jolla, CA 92093</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
<td>CONTACT</td>
</tr>
<tr>
<td>Shaw, Susanna</td>
<td>255317</td>
<td>(800) 926-8273</td>
<td>9300 Campus Point Dr, La Jolla, CA 92037</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
<td>CONTACT</td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

Provider Gender: Female
NPI: 1063685477
- Provider English Spoken: Y
- Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

ANESTHESIOLOGY
SUYDAM, STEVEN
Provider ID: 286570
Board Certified Specialty: No
- 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1386856821
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

ANESTHESIOLOGY
TRIVEDI, SURAJ
Provider ID: 246750
Board Certified Specialty: No
- 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1699057885
- Provider English Spoken: Y
- Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

ANESTHESIOLOGY
TSUDA, PAIGE
Provider ID: 271683
Board Certified Specialty: No
- 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
Provider Gender: Female
D3. 专科提供者名录

NPI: 1003261595
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
- 8:00AM-5:00PM
- Website: N/A

ANESTHESIOLOGY
TZENG, ERIC
Provider ID: 284578
- Board Certified Specialty: No
- 9300 CAMPUS POINT DR LA JOLLA, CA 92037
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1801258264

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
- 8:00AM-5:00PM
- Website: N/A

ANESTHESIOLOGY
WANG, MICHELLE
Provider ID: 286139
- Board Certified Specialty: No
- 9300 CAMPUS POINT DR LA JOLLA, CA 92037
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Provider Gender: Female

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
8:00AM-5:00PM
Website: N/A

ANESTHESIOLOGY
YOUNAN, LAWRENCE
Provider ID: 240871
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1922432475
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CARDIOVASCULAR DISEASE
KEEN, WILLIAM
Provider ID: 291303
Board Certified Specialty: No
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037
Phone: (800) 926-8372
Fax: (888) 539-8781
After Hours Phone: (800) 926-8372
Provider Gender: Male
NPI: 1962561571
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

ANESTHESIOLOGY PAIN MANAGEMENT
CASTELLANOS, JOEL
Provider ID: 243554
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1700296514
Provider English Spoken: Y

CARDIOVASCULAR DISEASE
MIZZELL, ANNA
Provider ID: 214021
Board Certified Specialty: No
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1851561021
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CARDIOVASCULAR DISEASE
PHREANER, NICHOLAS
Provider ID: 224864
Board Certified Specialty: No
9434 MEDICAL CENTER DR
FL 1
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1023373040
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CARDIOVASCULAR DISEASE

SHAPIRO, HILARY
Provider ID: 300000
Board Certified Specialty: No
Provider ID: 300000
Provider ID: 300000
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1811382815
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED ACUPUNCTURIST
ARELLANO, JACQUELINE
Provider ID: 304136
Board Certified Specialty: No
Provider ID: 304136
Provider ID: 304136
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1104129485
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED ACUPUNCTURIST
ARELLANO, JACQUELINE
Provider ID: 304135
Board Certified Specialty: No
Provider ID: 304135
Provider ID: 304135
9300 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1407401128
Provider English Spoken: Y
Provider Language(s)
Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED ACUPUNCTURIST
ARELLANO, JACQUELINE
Provider ID: 304134
Board Certified Specialty: No
Provider ID: 304134
Provider ID: 304134
1712
Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
**D3. 专科提供者名录**

**Board Certified Specialty: No**

- **JOHN SALLY THORNTON**
  - **Medi-Cal Open Panel: Yes**
  - **Min/Max Age: 0\1999**
  - **American Sign Language (ASL): N**
  - **Accessibility: CONTACT PROVIDER**
  - **Website: N/A**

- **AGYEMANG, ALBERTA**
  - **Provider ID: 265131**
  - **Board Certified Specialty: No**
  - **Phone: (858) 657-8000**
  - **Fax: (858) 657-8387**
  - **After Hours Phone: (858) 657-8000**
  - **Provider Gender: Female**
  - **NPI: 1023400082**
  - **American Sign Language (ASL): N**
  - **Accessibility: CONTACT PROVIDER**
  - **Website: N/A**

- **AGYEMANG, ALBERTA**
  - **Provider ID: 265130**
  - **Board Certified Specialty: No**
  - **Phone: (858) 657-8000**
  - **Fax: (858) 657-8387**
  - **After Hours Phone: (858) 657-8000**
  - **Provider Gender: Female**
  - **NPI: 1023400082**
  - **American Sign Language (ASL): N**
  - **Accessibility: CONTACT PROVIDER**
  - **Website: N/A**

**CERTIFIED NURSE PRACTITIONER**

- **JULIAN, FIDES**
  - **Provider ID: 304130**
  - **Board Certified Specialty: No**
  - **Phone: (800) 926-8273**
  - **Fax: (888) 539-8781**
  - **After Hours Phone: (800) 926-8273**
  - **Provider Gender: Female**
  - **NPI: 1407401128**
  - **Provider English Spoken: Y**
  - **Provider Language(s) Spoken: Tagalog**
  - **Cultural Competency: N**
  - **Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA**
  - **Medi-Cal Open Panel: Yes**
  - **Min/Max Age: 0\999**
  - **American Sign Language (ASL): N**
  - **Accessibility: CONTACT PROVIDER**
  - **Website: N/A**

- **AGYEMANG, ALBERTA**
  - **Provider ID: 243485**
  - **Board Certified Specialty: No**
  - **Phone: (800) 926-8273**
  - **Fax: (888) 539-8781**
  - **After Hours Phone: (800) 926-8273**
  - **Provider Gender: Female**
  - **NPI: 1609117704**
  - **Provider English Spoken: Y**
  - **Provider Language(s) Spoken: Tagalog**
  - **Cultural Competency: N**
  - **Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA**
  - **Medi-Cal Open Panel: Yes**
  - **Min/Max Age: 0\1999**
  - **American Sign Language (ASL): N**
  - **Accessibility: CONTACT PROVIDER**
  - **Website: N/A**

**CERTIFIED NURSE PRACTITIONER**

- **BOUETTE, AMY**
  - **Provider ID: 243485**
  - **Board Certified Specialty: No**
  - **Phone: (800) 926-8273**
  - **Fax: (888) 539-8781**
  - **After Hours Phone: (800) 926-8273**
  - **Provider Gender: Female**
  - **NPI: 1609117704**
  - **Provider English Spoken: Y**
  - **Provider Language(s) Spoken: Tagalog**
  - **Cultural Competency: N**
  - **Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA**
  - **Medi-Cal Open Panel: Yes**
  - **Min/Max Age: 0\1999**
  - **American Sign Language (ASL): N**
  - **Accessibility: CONTACT PROVIDER**
  - **Website: N/A**
### CERTIFIED NURSE PRACTITIONER

**BRADY, KATELYN**
Provider ID: 209017
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
Provider Gender: Female
Provider ID: 209017
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**BUENROSTRO, CHRISTINA**
Provider ID: 243717
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
Provider Gender: Female
Provider ID: 243717
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**CAPOZZI, JENNIFER**
Provider ID: 241030
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
Provider Gender: Female
Provider ID: 241030
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**CONNER, PAMELA**
Provider ID: 299932
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
Provider Gender: Female
Provider ID: 299932
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

---

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
926-8273  
Provider Gender: Female  
NPI: 1770558967  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  

CERTIFIED NURSE PRACTITIONER  
CONNOR, CAROLINE  
Provider ID: 279834  
Board Certified Specialty: No  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Provider Gender: Female  
NPI: 1831784842  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A  

CERTIFIED NURSE PRACTITIONER  
DAVIES, SUMMER  
Provider ID: 238922  
Board Certified Specialty: No  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Provider Gender: Female  
NPI: 1679850671  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A  

CERTIFIED NURSE PRACTITIONER  
DVPULL, MONICA  
Provider ID: 284662  
Board Certified Specialty: No  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Provider Gender: Female  
NPI: 1609081710  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A  

CERTIFIED NURSE PRACTITIONER  
DAVIES, SUMMER  
Provider ID: 253691  
Board Certified Specialty: No  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Provider Gender: Female  
NPI: 1679850671  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A  

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

**CERTIFIED NURSE PRACTITIONER**

**DE DIOS, SARAH**
Provider ID: 300052
Board Certified Specialty: No
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1528632742
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**DIMAIRA, FRANCESCA**
Provider ID: 245579
Board Certified Specialty: No
Phone: (800) 926-8273
Fax: (858) 228-1731
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1396085098
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**GARTH, MELISSA**
Provider ID: 268991
Board Certified Specialty: No
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1346670718
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
NPI: 1689232977

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE
PRACTITIONER
GIOVANNETTI, ERIN
Provider ID: 276002
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1013317767
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE
PRACTITIONER
GARAH, MELISSA
Provider ID: 268992
Board Certified Specialty: No
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1689232977
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE
PRACTITIONER
GOMEZ, LESLIE
Provider ID: 299469
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1528578713
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>CERTIFIED NURSE PRACTITIONER</th>
<th>Gomez, Leslie</th>
<th>Provider ID: 299465</th>
<th>Board Certified Specialty: No</th>
<th>9350 Campus Point Dr, La Jolla, CA 92037</th>
<th>Phone: (800) 926-8273</th>
<th>Fax: (888) 539-8781</th>
<th>After Hours Phone: (800) 926-8273</th>
<th>Provider Gender: Female</th>
<th>NPI: 1528578713</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
<td>Provider Language(s): Spanish</td>
<td>Cultural Competency: N</td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Website: N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CERTIFIED NURSE PRACTITIONER</th>
<th>Gomez, Leslie</th>
<th>Provider ID: 284967</th>
<th>Board Certified Specialty: No</th>
<th>9350 Campus Point Dr, La Jolla, CA 92037</th>
<th>Phone: (800) 926-8273</th>
<th>Fax: (888) 539-8781</th>
<th>After Hours Phone: (800) 926-8273</th>
<th>Provider Gender: Female</th>
<th>NPI: 1699257907</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
<td>Provider Language(s): Spanish</td>
<td>Cultural Competency: N</td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Website: N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CERTIFIED NURSE PRACTITIONER</th>
<th>Hanna, Lindsay</th>
<th>Provider ID: 208840</th>
<th>Board Certified Specialty: No</th>
<th>8910 Villa La Jolla Dr, Ste 2B, La Jolla, CA 92037</th>
<th>Phone: (800) 926-8273</th>
<th>Fax: (888) 539-8781</th>
<th>After Hours Phone: (800) 926-8273</th>
<th>Provider Gender: Female</th>
<th>NPI: 1871738864</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider English Spoken: Y</td>
<td>Provider Language(s): Tagalog</td>
<td>Cultural Competency: N</td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Website: N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

CENTRED NURSE PRACTITIONER
JONES, CHRISTA
Provider ID: 275564
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (800) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1093895047
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CENTRED NURSE PRACTITIONER
KORMANIK, PATRICIA
Provider ID: 282070
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1396371431
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CENTRED NURSE PRACTITIONER
LANE, KIMBERLY
Provider ID: 301604
Board Certified Specialty: No
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Phone: (858) 453-5944
Fax: (858) 429-7925
After Hours Phone: (858) 453-5944
Provider Gender: Female
NPI: 1457670119
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CENTRED NURSE PRACTITIONER
MATTHESS, JANETTE
Provider ID: 287645
Board Certified Specialty: No
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (858) 453-5944
Fax: (858) 429-7925
After Hours Phone: (858) 453-5944
Provider Gender: Female
NPI: 1491775527
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1457694549
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
MICK, SHARON
Provider ID: 299650
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1891061966
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
MICK, SHARON
Provider ID: 299651
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1891061966
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
MICK, SHARON
Provider ID: 299646
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1891061966
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
MICK, SHARON
Provider ID: 299645
Board Certified Specialty: No
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1952627176
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
MOHEBBI, ATHENA
Provider ID: 282231
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (858) 822-5210
Fax: (858) 822-5210
After Hours Phone: (858) 822-5210
Provider Gender: Female
NPI: 1194139634
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
NACOSTE, LAKEISHA
Provider ID: 272935
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (858) 822-5210
Fax: (858) 822-5210
After Hours Phone: (858) 822-5210
Provider Gender: Female
NPI: 1194139634
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
PAULSON, KERRY
Provider ID: 201269
Board Certified Specialty: No
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (619) 543-3000
Fax: (619) 543-3000
After Hours Phone: (619) 543-3000
Provider Gender: Female
NPI: 1518363407
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
ROCHE, CHELSEA
Provider ID: 270706
Board Certified Specialty: No
9300 CAMPUS POINT DR LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1689006876
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
SRILASAK, MICHELE
Provider ID: 291446
Board Certified Specialty: No
3855 HEALTH SCIENCES DR LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1265487326
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Phone Language</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevenson, Reheia</td>
<td>210795</td>
<td>No</td>
<td>9434 Medical Center Dr FL 1</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1346696044</td>
<td>Y</td>
<td>CONTACT</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>TOPPEN, LAURA</td>
<td>215476</td>
<td>No</td>
<td>3855 Health Sciences Dr</td>
<td>(800) 926-8273</td>
<td></td>
<td></td>
<td>Female</td>
<td>1326563495</td>
<td>Y</td>
<td>CONTACT</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>Yeo, Alexandria</td>
<td>299942</td>
<td>No</td>
<td>9350 Campus Point Dr STE 2B</td>
<td>(800) 926-8273</td>
<td></td>
<td></td>
<td>Female</td>
<td>1902368319</td>
<td>Y</td>
<td>CONTACT</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

#### CERTIFIED REGISTERED NURSE ANESTHETIST

##### ALFONSO, ALVIN
- Provider ID: 256375
- Board Certified Specialty: No
- 9300 CAMPUS POINT DR
- LA JOLLA, CA 92037
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1952653404
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA

##### JOHN SALLY THORNTON
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

#### CERTIFIED REGISTERED NURSE ANESTHETIST

##### APPLEGET, JOSEPH
- Provider ID: 239603
- Board Certified Specialty: No
- 9300 CAMPUS POINT DR
- LA JOLLA, CA 92037
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1568980472
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RIVERSIDE COMMUNITY HOSP

#### CERTIFIED REGISTERED NURSE ANESTHETIST

##### AMADOR, LINDSAY
- Provider ID: 291387
- Board Certified Specialty: No
- 9300 CAMPUS POINT DR
- LA JOLLA, CA 92037
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1003556184
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA

#### CERTIFIED REGISTERED NURSE ANESTHETIST

##### BAYLIS, CHRISTOPHER
- Provider ID: 240764
- Board Certified Specialty: No
- 9300 CAMPUS POINT DR
- LA JOLLA, CA 92037
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Provider Gender: Female
- NPI: 1003556184
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA

#### CERTIFIED REGISTERED NURSE ANESTHETIST

##### BURROWS, TERENCE
- Provider ID: 256695
- Board Certified Specialty: No
- 9300 CAMPUS POINT DR
- LA JOLLA, CA 92037
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1023194560
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RIVERSIDE COMMUNITY HOSP

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
**D3. 专科提供者名录**

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FERRITER, STACY</strong></td>
<td>265296</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>GONZALEZ, LISA</strong></td>
<td>299906</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>POLIKOWSKI, SAMANTHA</strong></td>
<td>291443</td>
<td>No</td>
<td>UNIVERSITY OF CALIFORNIA IRVINE MED CTR</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

CERTIFIED REGISTERED NURSE ANESTHETIST
SACKS, BRENT
Provider ID: 278004
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982133591
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED REGISTERED NURSE ANESTHETIST
RAMIREZ, NICOLE
Provider ID: 291403
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1487213500
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE
CHOI, NATHALIE
Provider ID: 301713
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1518274919
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
Website: N/A
D3. 专科提供者名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE
GREAR MANN, MELISSA
Provider ID: 210051
Board Certified Specialty: No
8910 VILLA LA JOLLA DR STE 200
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1255384475
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE
HIRSCH, JENNIFER
Provider ID: 210056
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 657-8745
After Hours Phone: (858) 657-8745
Provider Gender: Female
NPI: 1891752069
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:00AM-5:00PM
W 8:00AM-8:00PM
TH-F 8:00AM-5:00PM
Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE
HIRSCH, JENNIFER
Provider ID: 210057
Board Certified Specialty: No
8910 VILLA LA JOLLA DR STE 200
LA JOLLA, CA 92037
Phone: (858) 657-8745
After Hours Phone: (858) 657-8745
Provider Gender: Female
NPI: 1891752069
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:00AM-5:00PM
W 8:00AM-8:00PM
TH-F 8:00AM-5:00PM
Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE
NATHAN, CARLY
Provider ID: 301046
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
D3. 专科提供者名录

Provider Gender: Female  
NPI: 1235670977  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE  
PERDION, KAREN  
Provider ID: 210136  
Board Certified Specialty: No  
Address: 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1518916857  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

EMERGENCY MEDICINE  
AMANN, CHRISTOPHER  
Provider ID: 270914  
Board Certified Specialty: No  
Address: 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 657-7000  
Fax: (888) 539-8781  
After Hours Phone: (858) 657-7045  
Provider Gender: Male  
NPI: 1134326895  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, GROSSMONT HOSPITAL, Los Angeles General Medical Center, TEMECULA VALLEY HOSPITAL INC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

USC, USC VERDUGO HILLS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

EMERGENCY MEDICINE  
AUSTIN, ANDREA  
Provider ID: 269292  
Board Certified Specialty: No  
Address: 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1811289093  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, GROSSMONT HOSPITAL, Los Angeles General Medical Center, TEMECULA VALLEY HOSPITAL INC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A
D3. 专科提供者名录

Website: N/A

EMERGENCY MEDICINE

BAGBY, JESSICA
Provider ID: 271138
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1093161473
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

EMERGENCY MEDICINE

BELLINGHAUSEN, AMY
Provider ID: 270335
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1801206354
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SHARP MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

EMERGENCY MEDICINE

BLACK, NICHOLAS
Provider ID: 284415
Board Certified Specialty: No
8910 VILLA LA JOLLA DR STE 200
LA JOLLA, CA 92037
Phone: (858) 249-6800
Fax: (858) 404-9226
After Hours Phone: (858) 249-6800
Provider Gender: Female
NPI: 1093161473
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Website: N/A

EMERGENCY MEDICINE

BAGBY, JESSICA
Provider ID: 271138
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1093161473
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>287427</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
</tr>
<tr>
<td>287429</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
</tr>
<tr>
<td>300053</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
</tr>
</tbody>
</table>

### PHYSICIAN GROUP MENTAL HEALTH PROVIDERS

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

N

Accessibility: CONTACT PROVIDER

Website: N/A

EMERGENCY MEDICINE
GOODRICH, ANDREW
Provider ID: 271625
Board Certified Specialty: No
8910 VILLA LA JOLLA DR STE 100
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1245688415
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

EMERGENCY MEDICINE
HERNANDEZ, CRISTINA
Provider ID: 278988
Board Certified Specialty: No
8910 VILLA LA JOLLA DR STE 100
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1164765046
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

EMERGENCY MEDICINE
HERNANDEZ, CRISTINA
Provider ID: 242545
Board Certified Specialty: No
8910 VILLA LA JOLLA DR STE 100
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1164765046
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

EMERGENCY MEDICINE
GUITTARD, JESSE
Provider ID: 239880
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 657-6400
After Hours Phone: (858)
657-6400
Provider Gender: Male
NPI: 1770979890
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

EMERGENCY MEDICINE
HOGUE, BRENNNA
Provider ID: 301710
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1164765046
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

EMERGENCY MEDICINE
HORNBEAK, KIRSTEN
Provider ID: 240023
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1205214442
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

EMERGENCY MEDICINE
HOGUE, BRENNNA
Provider ID: 300006
Board Certified Specialty: No
8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1043705296
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

EMERGENCY MEDICINE
KRESHAK, ALLYSON
Provider ID: 257564
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1194758219
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL SAN DIEGO, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

EMERGENCY MEDICINE
KUTZ, CRAIG
Provider ID: 283844
Board Certified Specialty: No
8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1598295925
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D3. 专科提供者名录

EMERGENCY MEDICINE
KUTZ, CRAIG
Provider ID: 283846
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1598295925
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

EMERGENCY MEDICINE
LI, JINGHONG
Provider ID: 255937
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 657-7125
Fax: (858) 657-7107
After Hours Phone: (858) 657-7125
Provider Gender: Female
NPI: 1619014479
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

EMERGENCY MEDICINE
LIOTTA, BENJAMIN
Provider ID: 283150
Board Certified Specialty: No
8910 VILLA LA JOLLA DR
STE 100
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1396270278
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-8:00PM
Website: N/A

EMERGENCY MEDICINE
MCDANIEL, MICHELE
Provider ID: 246900
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
D3. 专科提供者名录

CENTRO REGIONAL MEDICAL CENTER
Provider ID: 280660
Board Certified Specialty: No
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, UCSD LA JOLLA
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

EMERGENCY MEDICINE
MUELLER, MATTHEW
Provider ID: 280658
Board Certified Specialty: No
Hospital Affiliation: UCSD LA JOLLA
MEDICAL CTR, UCSD LA JOLLA
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

EMERGENCY MEDICINE
PARK, JAY
Provider ID: 285609
Board Certified Specialty: No
Hospital Affiliation: UCSD LA JOLLA
MEDICAL CTR, UCSD LA JOLLA
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 8:00AM-8:00PM M-F 8:00AM-5:00PM SA 8:00AM-8:00PM
Website: N/A

EMERGENCY MEDICINE
NOSTE, ERIN
Provider ID: 239796
Board Certified Specialty: No
Hospital Affiliation: UCSD LA JOLLA
MEDICAL CTR, UCSD LA JOLLA
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0 \ 999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

NPI: 1366478372
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
- JOHN SALLY THORNTON
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

EMERGENCY MEDICINE

QUENZER, FAITH
Provider ID: 243284
- Board Certified Specialty: No
- 8910 VILLA LA JOLLA DR
  STE 100
  LA JOLLA, CA 92037
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Provider Gender: Female
- NPI: 1295112670
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, UNIVERSITY HSP OF SAN DIEGO CO
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

EMERGENCY MEDICINE

SABHA, MAHMOUD
Provider ID: 240450
- Board Certified Specialty: No
- 8910 VILLA LA JOLLA DR
  STE 100
  LA JOLLA, CA 92037
- Phone: (858) 249-6800
- After Hours Phone: (858) 249-6800
- Provider Gender: Male
- NPI: 1457747883
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
- JOHN SALLY THORNTON
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: SU 8:00AM-8:00PM
  M-F 8:00AM-5:00PM
  SA 8:00AM-8:00PM
- Website: N/A

EMERGENCY MEDICINE

RUDOLF, FRANCES
Provider ID: 240160
- Board Certified Specialty: No
- 9300 CAMPUS POINT DR
  LA JOLLA, CA 92037
- Phone: (858) 657-7000
- After Hours Phone: (858) 657-7000
- Provider Gender: Female
- NPI: 1821487430
- Provider English Spoken: Y
- Provider Language(s): Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
- JOHN SALLY THORNTON
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
  SA 8:00AM-8:00PM
- Website: N/A

EMERGENCY MEDICINE

Seltzer, Justin
D3. 专科提供者名录

Provider ID: 283135
Board Certified Specialty: No
8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
Provider ID: 283135
Provider English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

EMERGENCY MEDICINE
SUPAT, BENJAMIN
Provider ID: 299907
Board Certified Specialty: No
8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
Provider ID: 299907
Provider English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

EMERGENCY MEDICINE
SMITH, CASEY
Provider ID: 300008
Board Certified Specialty: No
8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
Provider ID: 300008
Provider English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

EMERGENCY MEDICINE
WINKLER, GARRET
Provider ID: 271416
Board Certified Specialty: No
8910 VILLA LA JOLLA DR
STE 100
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
Provider ID: 271416
Provider English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

- **EMERGENCY MEDICINE**
  - **YOU, ALAN**
    - Provider ID: 269937
    - Board Certified Specialty: No
    - 9300 CAMPUS POINT DR
      - LA JOLLA, CA 92037
    - Phone: (800) 926-8273
    - Fax: (888) 539-8781
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Male
    - NPI: 1225425697
    - Provider English Spoken: Y
    - Cultural Competency: N
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\1999
    - Provider English Spoken: Y
    - Cultural Competency: N
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\1999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Website: N/A

- **EMERGENCY MEDICINE**
  - **YU, ELAINE**
    - Provider ID: 299985
    - Board Certified Specialty: Yes
    - 8910 VILLA LA JOLLA DR
      - STE A
      - LA JOLLA, CA 92037
    - Phone: (800) 926-8273
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Female
    - NPI: 1528564150
    - Provider English Spoken: Y
    - Cultural Competency: N
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\1999
    - Provider English Spoken: Y
    - Cultural Competency: N
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\1999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Website: N/A

- **ENDOCRINOLOGY**
  - **GUERIN, CHRIS**
    - Provider ID: 284645
    - Board Certified Specialty: No
    - 9300 CAMPUS POINT DR
      - LA JOLLA, CA 92037
    - Phone: (800) 926-8273
    - Fax: (888) 539-8781
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Male
    - NPI: 1275648875
    - Provider English Spoken: Y
    - Cultural Competency: N
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\1999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Hours: M-F
      - 8:00AM-5:00PM
    - Website: N/A

- **ENDOCRINOLOGY**
  - **METABOLISM DIABETES**
    - **GUERIN, CHRIS**
      - Provider ID: 284645
      - Board Certified Specialty: No
      - 9300 CAMPUS POINT DR
        - LA JOLLA, CA 92037
      - Phone: (800) 926-8273
      - Fax: (888) 539-8781
      - After Hours Phone: (800) 926-8273
      - Provider Gender: Male
      - NPI: 1275648875
      - Provider English Spoken: Y
      - Cultural Competency: N
      - Medi-Cal Open Panel: Yes
      - Min/Max Age: 0\1999
      - American Sign Language (ASL): N
      - Accessibility: CONTACT PROVIDER
      - Website: N/A
D3. 专科提供者名录

SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A  

ENDOCRINOLOGY  
METABOLISM DIABETES  
KULASA, KRISTEN  
Provider ID: 255623  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 962-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 962-8273  
 Provider Gender: Female  
 NPI: 1932324175  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A  

ENDOCRINOLOGY  
METABOLISM DIABETES  
JUANG, PATRICIA  
Provider ID: 255606  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1265695795  
 Provider English Spoken: Y  
 Provider Language(s): Mandarin  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A  

ENDOCRINOLOGY  
METABOLISM DIABETES  
NAGELBERG, JODI  
Provider ID: 287778  
Board Certified Specialty: No  
 8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1720474141  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  

ENDOCRINOLOGY  
METABOLISM DIABETES  
SANTOS CAVAIOLA, TRICIA  
Provider ID: 256092  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1720474141  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A  

ENDOCRINOLOGY  
METABOLISM DIABETES  
PETTUS, JEREMY  
Provider ID: 303286  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1225234982  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  

ENDOCRINOLOGY  
METABOLISM DIABETES  
SANTOS CAVAIOLA, TRICIA  
Provider ID: 256092  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1720474141  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A
D3. 专科提供者名录

- **PhD: (800) 926-8273**
- **After Hours Phone: (800) 926-8273**
- **Provider Gender: Female**
- **NPI: 1518163799**
- **Provider English Spoken: Y**
- **Cultural Competency: N**
- **Hospital Affiliation: UCSD MEDICAL CTR**
- **Medi-Cal Open Panel: Yes**
- **Min/Max Age: 18\999**
- **American Sign Language (ASL): N**
- **Accessibility: CONTACT PROVIDER**
- **Hours: M-F 8:00AM-5:00PM**
- **Website: N/A**

**FAMILY PRACTICE**

**CHEN, ALICE**

- **Provider ID: 207165**
- **Board Certified Specialty: No**
- **9000 CAMPUS POINT DR LA JOLLA, CA 92093**
- **Phone: (800) 926-8273**
- **After Hours Phone: (800) 926-8273**
- **Provider Gender: Female**
- **NPI: 1265810337**
- **Provider English Spoken: Y**
- **Provider Language(s) Spoken: Chinese**
- **Cultural Competency: N**
- **Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA**
- **JOHN SALLY THORNTON**
- **Medi-Cal Open Panel: Yes**
- **Min/Max Age: 0\999**
- **American Sign Language (ASL): N**
- **Accessibility: CONTACT PROVIDER**
- **Hours: M-F 8:00AM-5:00PM**
- **Website: N/A**

**GASTROENTEROLOGY**

**ANAND, GOBIND**

- **Provider ID: 272836**
- **Board Certified Specialty: No**
- **9000 CAMPUS POINT DR LA JOLLA, CA 92037**
- **Phone: (619) 543-2347**
- **Fax: (858) 657-7259**
- **After Hours Phone: (619) 543-2347**
- **Provider Gender: Male**
- **NPI: 1861626814**
- **Provider English Spoken: Y**
- **Provider Language(s) Spoken: Chinese**
- **Cultural Competency: N**
- **Hospital Affiliation: UCSD MEDICAL CTR**
- **Medi-Cal Open Panel: Yes**
- **Min/Max Age: 0\999**
- **American Sign Language (ASL): N**
- **Accessibility: CONTACT PROVIDER**
- **Hours: M-F 8:00AM-5:00PM**
- **Website: N/A**

**GASTROENTEROLOGY**

**JOLICOEUR, MEGAN**

- **Provider ID: 300056**
- **Board Certified Specialty: Yes**
- **9300 CAMPUS POINT DR LA JOLLA, CA 92037**
- **Phone: (800) 926-8273**
- **After Hours Phone: (800) 926-8273**
- **Provider Gender: Female**
- **NPI: 1114366192**
- **Provider English Spoken: Y**
- **Cultural Competency: N**
- **Medi-Cal Open Panel: Yes**
- **Min/Max Age: 0\999**
- **American Sign Language (ASL): N**
- **Accessibility: CONTACT PROVIDER**
- **Website: N/A**
D3. 专科提供者名录

Provider ID: 270449
Board Certified Specialty: No
9300 CAMPUS POINT DR STE 2C
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1588081814
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

GASTROENTEROLOGY
FEJLEH, MOHAMMAD
Provider ID: 271043
Board Certified Specialty: No
9300 CAMPUS POINT DR STE 2C
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1205240959
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

GASTROENTEROLOGY
DAVE, SHRAVAN
Provider ID: 270448
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 925-8273
Fax: (888) 539-8781
After Hours Phone: (800) 925-8273
Provider Gender: Male
NPI: 1588081814
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

GASTROENTEROLOGY
FEJLEH, MOHAMMAD
Provider ID: 271042
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1780047597
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

GASTROENTEROLOGY
HASAN, AWS
Provider ID: 299952
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1780047597
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
HASAN, AWS  
Provider ID: 299953  
Board Certified Specialty: No  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1780047597  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

GASTROENTEROLOGY  
SHAH, SHAILJA  
Provider ID: 283898  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1073803243  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

GASTROENTEROLOGY  
HOLMER, ARIELA  
Provider ID: 273216  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1083032544  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

GASTROENTEROLOGY  
SHAH, SHAILJA  
Provider ID: 283897  
Board Certified Specialty: No  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1073803243  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A
Website: N/A

GASTROENTEROLOGY
TSAI, MATTHEW
Provider ID: 252368
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1285051177
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

GASTROENTEROLOGY
YOUSSEF, FADY
Provider ID: 300025
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1265887723
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

HEMATOLOGY / ONCOLOGY
CHEN, YU-WEI
Provider ID: 303057
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1245694801
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

HEMATOLOGY / ONCOLOGY
ASIMAKOPOULOS, FOTIOS
Provider ID: 246594
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (858) 822-6100
After Hours Phone: (858) 822-6100
Provider Gender: Male
NPI: 1265887723
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

HEMATOLOGY / ONCOLOGY
CHEN, YU-WEI
Provider ID: 303058
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1518134923
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

Board Certified Specialty: No

HEMATOLOGY / ONCOLOGY

HAMDAN, AYAD
Provider ID: 241429
Board Certified Specialty: No
3960 HEALTH SCIENCES DRIVE
LA JOLLA, CA 92093
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1245694801
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

HEMATOLOGY / ONCOLOGY

HEYMAN, BENJAMIN
Provider ID: 202662
Board Certified Specialty: No
3855 HEALTH SCIENCES DRIVE
LA JOLLA, CA 92093
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982995809
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

HEMATOLOGY / ONCOLOGY

HEYMAN, BENJAMIN
Provider ID: 202663
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982995809
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

HEMATOLOGY / ONCOLOGY

PARK, SOO
Provider ID: 257202
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1821351198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

HEMATOLOGY / ONCOLOGY

VU, PETER
Provider ID: 272717
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1861810830
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

HEMATOLOGY / ONCOLOGY

RICHARDSON, ANGELIQUE
Provider ID: 215010
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1700120102
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

HOSPICE AND PALLIATIVE MEDICINE

RUBENZIK, TAMARA
Provider ID: 245574
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
D3. 专科提供者名录

926-8273
Provider Gender: Female
NPI: 1811200652
_provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
_provider English Spoken: CONTACT PROVIDER
_website: N/A

**INFECTIONOUS DISEASE**

**KUPPALLI, KRUTIKA**
Provider ID: 301059
Board Certified Specialty: No
９350 CAMPUS POINT DR
LA JOLLA, CA 92037
_provider: (800) 926-8273
Fax: (888) 539-8781
_provider: (800) 926-8273
Provider Gender: Female
NPI: 1538346317
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, Stanford Health Care, STANFORD HEALTH CARE TRI-VALLEY
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
_provider English Spoken: CONTACT PROVIDER
_website: N/A

**INFECTIONOUS DISEASE**

**RAMIREZ SANCHEZ, CLAUDIA**
Provider ID: 299947
Board Certified Specialty: No
９300 CAMPUS POINT DR
LA JOLLA, CA 92037
_provider: (800) 926-8273
Fax: (888) 539-8781
_provider: (800) 926-8273
Provider Gender: Female
NPI: 1659720555
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Provider English Spoken: CONTACT PROVIDER
_website: N/A

**INFECTIONOUS DISEASE**

**TANG, MICHAEL**
Provider ID: 300063
Board Certified Specialty: No
９350 CAMPUS POINT DR
LA JOLLA, CA 92037
_provider: (800) 926-8273
Fax: (888) 539-8781
_provider: (800) 926-8273
Provider Gender: Male
NPI: 1982018545
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
_provider English Spoken: CONTACT PROVIDER
_website: N/A

**INTERNAL MEDICINE**

**BORDIN-WOSK, TALYA**
Provider ID: 273985

Board Certified Specialty: No
Φ 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1801184973
Provider English Spoken: Y
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
CHENG, GEORGE
Provider ID: 247640
Board Certified Specialty: No
Φ 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1316174568
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
BORDIN-WOSK, TALYA
Provider ID: 273984
Board Certified Specialty: No
Φ 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (760) 471-9186
Fax: (619) 543-8255
After Hours Phone: (760) 471-9186
Provider Gender: Female
NPI: 1801184973
Provider English Spoken: Y
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
GELBERG, ANNA
Provider ID: 285639
Board Certified Specialty: No
Φ 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1104004258
Provider English Spoken: Y
Provider Language(s) Spoken: Russian
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, HOAG MEMORIAL

D3. 专科提供者名录
HOSPITAL PRESBYTERIAN, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE

IVANOV, MARGARET
Provider ID: 272876
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1326427014
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE

KATZ, YISRAEL
Provider ID: 272937
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1730507872
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE

JABBOUR, MOUSSA
Provider ID: 256658
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1255741633
Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE

KVIAIJKOVSKY, MILLA
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Provider Language(s)</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Provider Language(s)</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>274004</td>
<td>No</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1366855355</td>
<td>Y</td>
<td>Finnish, French, Hebrew, Spanish</td>
<td>N</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>238624</td>
<td>No</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1558756270</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>274409</td>
<td>No</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1578974259</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>274002</td>
<td>No</td>
<td>(858) 657-7000</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1366855355</td>
<td>Y</td>
<td>Finnish, French, Hebrew, Spanish</td>
<td>N</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Provider Language(s)
- Spoken: Mandarin
- Cultural Competency: N

### Hospital Affiliation
- UCSD MEDICAL CTR

### Medi-Cal Open Panel
- Yes

### Min/Max Age
- 18\999

### American Sign Language (ASL)
- N

### Accessibility
- CONTACT PROVIDER

### Hours
- M-F
  - 8:00AM-5:00PM

### Website
- N/A

### INTERNAL MEDICINE

#### MAJITHIA, AMIT
- Provider ID: 255881
- 9350 CAMPUS POINT DR
- LA JOLLA, CA 92037
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1801091459
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR
- Medi-Cal Open Panel: Yes
- Min/Max Age: 18\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

#### MARTINEZ, ARMANDO
- Provider ID: 291422
- 9300 CAMPUS POINT DR
- LA JOLLA, CA 92037
- Phone: (800) 926-8372
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8372
- Provider Gender: Male
- NPI: 1598261091
- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 18\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

#### POTOK, OLIVIA
- Provider ID: 272707
- 9350 CAMPUS POINT DR
- LA JOLLA, CA 92037
- Phone: (800) 926-8273
- fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Provider Gender: Female
- NPI: 1073951323
- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 18\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

#### NOKES, BRANDON
- Provider ID: 287581
- 9300 CAMPUS POINT DR
- LA JOLLA, CA 92037
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1487040051
- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 18\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

#### SEBASKY, MEGHAN
- Provider ID: 273964
- 9350 CAMPUS POINT DR
- LA JOLLA, CA 92037
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Provider Gender: Female
- NPI: 1073951323
- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 18\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>273963</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT</td>
<td>(619) 471-9186</td>
<td>(619) 471-9186</td>
<td>Female</td>
<td>1538351408</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT</td>
<td>(619) 471-9186</td>
<td>(619) 471-9186</td>
<td>Female</td>
<td>1538351408</td>
<td>Y</td>
</tr>
<tr>
<td>239921</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1013264506</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1013264506</td>
<td>Y</td>
</tr>
<tr>
<td>274470</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1033572995</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1033572995</td>
<td>Y</td>
</tr>
<tr>
<td>259536</td>
<td>No</td>
<td>SCRIPPS GREEN HOSPITAL, SCRIPPS MEDICAL CTR</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1730133976</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1730133976</td>
<td>Y</td>
</tr>
</tbody>
</table>
D3. Specialist Provider Directory

INTERNAL MEDICINE
YADLAPATI, RENA
Provider ID: 238587
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1548597784
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
YANG, JENNY
Provider ID: 283025
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1346636453
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
ZHANG, SHERRY
Provider ID: 272658
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1588198147
Provider English Spoken: Y
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERVENTIONAL CARDIOLOGY
AL KHIAMI, BELAL
Provider ID: 275993
Board Certified Specialty: No
9434 MEDICAL CENTER DR
FL 1
LA JOLLA, CA 92037
Provider English Spoken: Y
Hospital Affiliation: UCSD LA JOLLA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Gender</th>
<th>NPI</th>
<th>Language(s)</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>ASL</th>
<th>Accessibility</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cruz Rodriguez, Jose</td>
<td>9434 Medical Center Dr</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1972997104</td>
<td>English, Spanish</td>
<td>N</td>
<td>Scripps Green Hospital, Scripps Memorial Hospital</td>
<td>Yes</td>
<td>0-999</td>
<td>N</td>
<td>Contact</td>
<td>N/A</td>
</tr>
<tr>
<td>Damani, Samir</td>
<td>9850 Genesee Ave Ste 650, La Jolla, CA 92037</td>
<td>(858) 800-2480</td>
<td>(858) 216-1908</td>
<td>(858) 800-2480</td>
<td>Male</td>
<td>1457397372</td>
<td>English, Spanish</td>
<td>N</td>
<td>Scripps Green Hospital, Scripps Memorial Hospital</td>
<td>Yes</td>
<td>0-999</td>
<td>N</td>
<td>Contact</td>
<td>N/A</td>
</tr>
<tr>
<td>Taub, Pam</td>
<td>9434 Medical Center Dr Fl 1, La Jolla, CA 92037</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>277682</td>
<td>English, Spanish</td>
<td>N</td>
<td>Scripps Green Hospital, Scripps Memorial Hospital</td>
<td>Yes</td>
<td>0-999</td>
<td>N</td>
<td>Contact</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1346355161
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERVENTIONAL CARDIOLOGY
WETTERSTEN, NICHOLAS
Provider ID: 210604
Board Certified Specialty: No

9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037
Phone: (858) 657-8530
Fax: (858) 657-8814
After Hours Phone: (858) 657-8530
Provider Gender: Male
NPI: 1063701068
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, EISENHOWER MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE
EMERUWA, UKACHI
Provider ID: 300009
Board Certified Specialty: No

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1245627421
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Gender</th>
<th>NPI</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hull, Andrew</td>
<td>209482</td>
<td>No</td>
<td>9350 Campus Point DR</td>
<td>(858) 657-8745</td>
<td>(858) 657-8745</td>
<td>Male</td>
<td>1902862121</td>
<td>UCSD Medical Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital</td>
</tr>
<tr>
<td>Laurent, Louise</td>
<td>208639</td>
<td>No</td>
<td>9350 Campus Point DR</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1770532707</td>
<td>Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital</td>
</tr>
<tr>
<td>Moore, Thomas</td>
<td>208642</td>
<td>No</td>
<td>9350 Campus Point DR</td>
<td>(858) 657-8745</td>
<td>(858) 657-8745</td>
<td>Male</td>
<td>1184682379</td>
<td>UCSD Medical Ctr, Scripps Memorial Hospital</td>
</tr>
</tbody>
</table>

MATERNAL AND FETAL MEDICINE

MOORE, THOMAS
Provider ID: 208642
Board Certified Specialty: No
9350 Campus Point Dr
LA Jolla, CA 92037
Phone: (858) 657-8745
After Hours Phone: (858) 657-8745
Provider Gender: Male
NPI: 1184682379
Provider English Spoken: Y
Provider Language(s): Spoken: Hungarian, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA Jolla John Sally Thornton, UCSD Medical Ctr, Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 16-999
American Sign Language (ASL): N

MATERNAL AND FETAL MEDICINE

MELBER, DORA
Provider ID: 240599
Board Certified Specialty: No
9300 Campus Point Dr
LA Jolla, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1124413026
Provider English Spoken: Y
Provider Language(s): Spoken: Hungarian, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA Jolla John Sally Thornton, UCSD Medical Ctr, Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 16-999
American Sign Language (ASL):
D3. 专科提供者名录

N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

MATERNAL AND FETAL MEDICINE

WOELKERS, DOUGLAS
Provider ID: 209383
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 657-7200
After Hours Phone: (858) 657-7200
Provider Gender: Male
NPI: 1013965748
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

MATERNAL AND FETAL MEDICINE

WOLF, RICHARD
Provider ID: 209252
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1497713846
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

BAI-TONG, SHIYU
Provider ID: 283287
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 249-5800
After Hours Phone: (858) 249-5800
Provider Gender: Female
NPI: 1528454188
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: Rady CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

MATERNAL AND FETAL MEDICINE

NEONATAL / PERINATAL MEDICINE

DEL ROSARIO, PAMELA
Provider ID: 295001
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 249-5800
Fax: (858) 249-5839
After Hours Phone: (858) 249-5800
Provider Gender: Female
NPI: 1952691941
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

NEONATAL / PERINATAL MEDICINE
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE
HIETALATI, SAMANTHA
Provider ID: 294252
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 249-5800
Fax: (858) 249-5839
After Hours Phone: (858) 249-5800
Provider Gender: Female
NPI: 1245617489
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

MEDICINE
MARC AURELE, KRISHELLE
Provider ID: 206207
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 249-5800
Fax: (858) 249-5839
After Hours Phone: (858) 249-5800
Provider Gender: Female
NPI: 1952503435
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

MATOBA, NANA
Provider ID: 297977
Board Certified Specialty: No
9888 GENESEE AVE
LA JOLLA, CA 92037
Phone: (858) 657-7000
Fax: (858) 657-7000
After Hours Phone: (858) 657-7000
Provider Gender: Female
NPI: 1801952197
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Hospital Affiliation: RADY

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Availability: CONTACT PROVIDER
 Website: N/A

NEONATAL / PERINATAL MEDICINE
MATOBA, NANA
Provider ID: 299893
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (858) 249-5800
Fax: (858) 249-5839
 After Hours Phone: (858) 249-5800
Provider Gender: Female
NPI: 1801952197
 Provider English Spoken: Y
 Provider Language(s) Spoken: Japanese
Cultural Competency: N
Hospital Affiliation: RADDY CHILDRENS HOSPITAL SAN DIEGO

NEONATAL / PERINATAL MEDICINE
MESTAN, KAREN
Provider ID: 285931
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (858) 249-5800
Fax: (858) 249-5839
 After Hours Phone: (858) 249-5800
Provider Gender: Female
NPI: 1942253356
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADDY CHILDRENS HOSPITAL SAN DIEGO

NEONATAL / PERINATAL MEDICINE
NYMAN, KATHERINE
Provider ID: 301824
Board Certified Specialty: No
9888 GENESEE AVE
LA JOLLA, CA 92037
 Phone: (858) 626-4123
Fax: (760) 633-7998
 After Hours Phone: (858) 626-4123
Provider Gender: Female
NPI: 1003260951
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, EL CENTRO REGIONAL MEDICAL CENTER, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, RADDY CHILDRENS HOSPITAL SAN DIEGO, UCSD LA JOLLA JOHN SALLY THORNTON

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

**NEONATAL / PERINATAL MEDICINE**

**SAJTI, ENIKO**

Provider ID: 206170  
Board Certified Specialty: No  
Address: 9300 CAMPUS POINT DR FL 8  
LA JOLLA, CA 92037  
Phone: (858) 249-5800  
Fax: (858) 249-5839  
After Hours Phone: (858) 249-5800  
Provider Gender: Female  
NPI: 1649433103  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND, RADY CHILDREN’S HOSPITAL SAN DIEGO

**SAUER, CHARLES**

Provider ID: 303907  
Board Certified Specialty: No  
Address: 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (858) 626-4123  
Fax: (760) 633-7998  
After Hours Phone: (858) 626-4123  
Provider Gender: Male  
NPI: 1538388988  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL

**NEUROLOGY**

**BEVINS, ELIZABETH**

Provider ID: 277726  
Board Certified Specialty: No  
Address: 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (858) 626-4123  
Fax: (760) 633-7998  
After Hours Phone: (858) 626-4123  
Provider Gender: Male  
NPI: 1538388988  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A
D3. 专科提供者名录

Phone: (800) 926-8273  
Fax: (888) 539-8781
❖  After Hours Phone: (800) 926-8273
Provider Gender: Female  
NPI: 1013395151
❖  Provider English Spoken: Y  
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999
American Sign Language (ASL): N
❖  Accessibility: CONTACT PROVIDER  
❖  Hours: M-F 8:00AM-5:00PM  
❖  Website: N/A

NEUROLOGY

IRAGUIMADOZ, VICENTE
Provider ID: 246701
Board Certified Specialty: No  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037
❖  Phone: (858) 657-8540  
❖  After Hours Phone: (858)  657-8540
Provider Gender: Male  
NPI: 1053326710
❖  Provider English Spoken: Y  
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999
American Sign Language (ASL): N
❖  Accessibility: CONTACT PROVIDER  
❖  Hours: M-F 8:00AM-5:00PM  
❖  Website: N/A

NEUROLOGY

COUGHLIN, DAVID
Provider ID: 240950
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037
❖  Phone: (800) 926-8273  
❖  After Hours Phone: (800)  926-8273
Provider Gender: Male  
NPI: 1740543784
❖  Provider English Spoken: Y  
Cultural Competency: N
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999
American Sign Language (ASL): N
❖  Accessibility: CONTACT PROVIDER  
❖  Hours: M-F 8:00AM-5:00PM  
❖  Website: N/A

NEUROLOGY

LEE, DAVID
Provider ID: 246264
Board Certified Specialty: No  
9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037
❖  Phone: (800) 926-8273  
❖  After Hours Phone: (800)  926-8273
Provider Gender: Male  
NPI: 1720367899
❖  Provider English Spoken: Y  
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999
American Sign Language (ASL): N
❖  Accessibility: CONTACT PROVIDER  
❖  Hours: M-F 8:00AM-5:00PM  
❖  Website: N/A

NEUROLOGY

LEGER, GABRIEL
Provider ID: 247609
Board Certified Specialty: No  
9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037
❖  Phone: (800) 926-8273  
❖  After Hours Phone: (800)  926-8273
Provider Gender: Male  
NPI: 1720367899
❖  Provider English Spoken: Y  
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999
American Sign Language (ASL): N
❖  Accessibility: CONTACT PROVIDER  
❖  Hours: M-F 8:00AM-5:00PM  
❖  Website: N/A

1759
D3. 专科提供者名录

QAYOUMI, WALI  
Provider ID: 284369  
Board Certified Specialty: No  
9500 GILMAN DR STE 2069  
LA JOLLA, CA 92039  
Phone: (858) 822-5881  
Fax: (888) 539-8781  
After Hours Phone: (858) 822-5881  
Provider Gender: Male  
NPI: 1093178220  
Provider English Spoken: Y  
Provider Language(s) Spoken: French  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

NEUROLOGY

QAYOUMI, WALI  
Provider ID: 284371  
Board Certified Specialty: No  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1174758031  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CENTER AT MOUNT ZION, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

OBSTETRICS / GYNECOLOGY

BINDER, PRATIBHA  
Provider ID: 273225  
Board Certified Specialty: No  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1467870576  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF MEDICAL CENTER AT MOUNT ZION, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

OBSTETRICS / GYNECOLOGY

BONDRE, IOANA  
Provider ID: 284311  
Board Certified Specialty: No  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

1760
D3. 专科提供者名录

<table>
<thead>
<tr>
<th>医师</th>
<th>专业</th>
<th>性别</th>
<th>执业编号</th>
<th>是否提供 Medi-Cal服务</th>
<th>咨询时间</th>
<th>网站</th>
</tr>
</thead>
<tbody>
<tr>
<td>约翰·莎莉·索顿</td>
<td>妇产科/妇科</td>
<td>女</td>
<td>1326579863</td>
<td>是</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>约翰·莎莉·索顿</td>
<td>妇产科/妇科</td>
<td>女</td>
<td>1326579863</td>
<td>是</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>艾丽卡·德科尔</td>
<td>妇产科/妇科</td>
<td>女</td>
<td>1790128759</td>
<td>是</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>艾丽卡·德科尔</td>
<td>妇产科/妇科</td>
<td>女</td>
<td>1790128759</td>
<td>是</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>萨尔维亚·德科尔</td>
<td>妇产科/妇科</td>
<td>女</td>
<td>1730507567</td>
<td>是</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>萨尔维亚·德科尔</td>
<td>妇产科/妇科</td>
<td>女</td>
<td>1730507567</td>
<td>是</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
</tbody>
</table>

您的家庭医生的医疗集团可能有心理健康提供者。请参考下列表。您可以直接联系这些提供者。请注意，某些服务可能需要心理健康提供者获得Blue Shield的预授权，以便服务被覆盖。

要访问心理健康提供者的在线列表，请访问blueshieldca.com/fad。
D3. 专科提供者名录

- **Gupta, Pratima**
  - Provider ID: 257546
  - Board Certified Specialty: No
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1891749842
  - Provider Language(s) Spoken: Hindi, Spanish
  - Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 16\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

- **Harvey, Scott**
  - Provider ID: 278916
  - Board Certified Specialty: No
  - Phone: (800) 923-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 923-8273
  - Provider Gender: Male
  - NPI: 1457662868
  - Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 16\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:00AM-5:00PM
  - Website: N/A

- **Hoang, Mai**
  - Provider ID: 208295
  - Board Certified Specialty: No
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1104143593
  - Provider Language(s) Spoken: Vietnamese
  - Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 16\999

**American Sign Language (ASL):**

- N

**Accessibility:** CONTACT PROVIDER

- Hours: M-F 8:00AM-5:00PM
- Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
American Sign Language (ASL):

HOM-TEDLA, MARIANNE
Provider ID: 242752
Board Certified Specialty: No
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1972047397
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL):

KLEIN, DAVID
Provider ID: 271559
Board Certified Specialty: No
8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1780073635
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL):

KLEIN, DAVID
Provider ID: 271558
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1780073635
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL):

LAMALE-SMITH, LEAH
Provider ID: 286230
Board Certified Specialty: No
8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1396904876
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON, UCSD MEDICAL CTR, EISENHOWER MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL):
D3. 专科提供者名录

**OBSTETRICS / GYNECOLOGY**

**MACKAY, GILLIAN**

Provider ID: 200964  
Board Certified Specialty: No  
8910 VILLA LA JOLLA DR STE 200  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1770702177  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**MEADOWS, AUDRA**

Provider ID: 285740  
Board Certified Specialty: No  
8910 VILLA LA JOLLA DR STE 200  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1467585521  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**MELENDEZ, ARIANA**

Provider ID: 299920  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1295232973  
Provider English Spoken: Y  
Cultural Competency: N

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OBSTETRICS / GYNECOLOGY
PICKETT, CHARLOTTE
Provider ID: 299976
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOYNA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1447530696
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PINSON, KELSEY
Provider ID: 284285
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOYNA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1841722485
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOYNA JOHN SALLY THORNTON, UNIVERSITY HOSPITAL OF SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

RIVAS, RENEE
Provider ID: 284295
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOYNA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1295263861
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOYNA JOHN SALLY

OBSTETRICS / GYNECOLOGY
PICKETT, CHARLOTTE
Provider ID: 299977
Board Certified Specialty: No
8910 VILLA LA JOYNA DR
LA JOYNA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1447530696
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OBSTETRICS / GYNECOLOGY
RIVAS, RENEE
Provider ID: 284297
Board Certified Specialty: No
9444 MEDICAL CENTER DR
LA JOYNA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1295263861
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOYNA JOHN SALLY

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
OBSTETRICS / GYNECOLOGY

THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SUYAMA, JULIE
Provider ID: 284289
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1306372800
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

RIVAS, RENEE
Provider ID: 284296
Board Certified Specialty: No
9333 GENEESEE AVESTE 340
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1295263861
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Cultural Competency: N
Hospital Affiliation: CEDARS SINAI MEDICAL CENTER,
UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

THOMSON, SAMANTHA
Provider ID: 285175
Board Certified Specialty: No
8910 VILLA LA JOLLA DR STE 200
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1689013468
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CEDARS SINAI MEDICAL CENTER,
UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OBSTETRICS / GYNECOLOGY

1766
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Hours: M-F</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMARAL, MARGARET</strong></td>
<td>8:00AM-5:00PM</td>
<td></td>
</tr>
<tr>
<td>Provider ID: 258303</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9350 CAMPUS POINT DR STE LLD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA JOLLA, CA 92037</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (858) 657-6879</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax: (858) 657-6873</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (858) 657-6879</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1184936718</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HARRIS, LISA</strong></td>
<td>8:00AM-5:00PM</td>
<td></td>
</tr>
<tr>
<td>Provider ID: 258362</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9350 CAMPUS POINT DR STE LLD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA JOLLA, CA 92037</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (858) 657-6879</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax: (858) 657-6873</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (858) 657-6879</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1689874521</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COLLINS, RESENI A</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider ID: 258356</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9350 CAMPUS POINT DR STE LLD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA JOLLA, CA 92037</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (858) 657-6879</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax: (858) 657-6873</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (858) 657-6879</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1336445063</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MUNCADA, CAESAR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider ID: 288724</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9350 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax: (888) 539-8781</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1790268100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SMITH, EMILY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider ID: 258537</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9350 CAMPUS POINT DR LA JOLLA, CA 92037</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (855) 543-0333</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax: (858) 657-6873</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (855) 543-0333</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1417337403</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**D3. 专科提供者名录**

**OPHTHALMOLOGY**

**BAXTER, SALLY**
Provider ID: 272787  
Board Certified Specialty: No  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Phone: (858) 534–6290  
Fax: (888) 539–8781  
After Hours Phone: (858) 534–6290  
Provider Gender: Female  
NPI: 1912325184  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Min/Max Age: 0–999  
Medi-Cal Open Panel: Yes  
American Sign Language (ASL): N

**CHIU, STEPHAN**
Provider ID: 297586  
Board Certified Specialty: No  
9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037  
Phone: (858) 457–3010  
Fax: (858) 457–0028  
After Hours Phone: (858) 457–3010  
Provider Gender: Male  
NPI: 1053846956  
Provider English Spoken: Y  
Provider Language(s) Spoken: Mandarin, Spanish  
Cultural Competency: N  
Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, SCRIPPS MEMORIAL HOSPITAL  
Min/Max Age: 0–999  
Medi-Cal Open Panel: Yes  
American Sign Language (ASL): N

**JIN, MAN**
Provider ID: 299956  
Board Certified Specialty: No  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Phone: (800) 926–8273  
Fax: (888) 539–8781  
After Hours Phone: (800) 926–8273  
Provider Gender: Female  
NPI: 1073010120  
Provider English Spoken: Y  
Cultural Competency: N  
Min/Max Age: 0–999  
Medi-Cal Open Panel: Yes  
American Sign Language (ASL): N

**JIN, MAN**
Provider ID: 299954  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926–8273  
Fax: (888) 539–8781  
After Hours Phone: (800) 926–8273  
Provider Gender: Female  
NPI: 1073010120  
Provider English Spoken: Y  
Cultural Competency: N  
Min/Max Age: 0–999  
Medi-Cal Open Panel: Yes  
American Sign Language (ASL): N

---

**Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.**
D3. 专科提供者名录

Provider Gender: Female  
NPI: 1073010120

- Provider English Spoken: Y  
- Cultural Competency: N  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\999  
- American Sign Language (ASL): N

Provider ID: 215055

Board Certified Specialty: No

9415 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1427102979

Provider English Spoken: Y  
Provider Language(s) Spoken: French, German, Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Website: N/A

OPHTHALMOLOGY
MOVAGHAR, MANSOOR

Provider ID: 299965

Board Certified Specialty: No

9415 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1497792220

Provider English Spoken: Y  
Provider Language(s) Spoken: French, German, Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Website: N/A

OPHTHALMOLOGY
PUIG LLANO, MANUEL

Provider ID: 300041

Board Certified Specialty: No

9415 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1699268292

Provider English Spoken: Y  
Provider Language(s) Spoken: French, German, Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Website: N/A

OPHTHALMOLOGY
RAHMATNEJAD, KAMRAN

Provider ID: 300039

Board Certified Specialty: No

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1699268292

Provider English Spoken: Y  
Provider Language(s) Spoken: French, German, Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Website: N/A

OPHTHALMOLOGY
SATTERFIELD, KELLIE

Provider ID: 305303

Board Certified Specialty: No

9834 GENESEE AVE STE 200
LA JOLLA, CA 92037

Phone: (858) 457-3050
Fax: (619) 296-4622

After Hours Phone: (858) 457-3050

Provider Gender: Female

Provider English Spoken: Y  
Provider Language(s) Spoken: French, German, Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Website: N/A

The document contains information about various healthcare providers, including their specialties, contact details, and language preferences. It also notes the availability of American Sign Language (ASL) and cultural competency services. The providers are categorized by their specialty, with some being ophtalmologists.
D3. 专科提供者名录

NPI: 1629509336
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 18\999

**American Sign Language (ASL): N**

- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

**OPHTHALMOLOGY**

**SCHONBACH, ETIENNE**

Provider ID: 284432
- Board Certified Specialty: No
- 9415 CAMPUS POINT DR
  LA JOLLA, CA 92093
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273

**SHEILS, CATHERINE**

Provider ID: 299935
- Board Certified Specialty: No
- 9300 CAMPUS POINT DR
  LA JOLLA, CA 92037
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273

**American Sign Language (ASL): N**

- Accessibility: CONTACT PROVIDER
- Website: N/A

**OPHTHALMOLOGY**

**SHEILS, CATHERINE**

Provider ID: 305309
- Board Certified Specialty: No
- 9834 GENESEE AVE STE 200
  LA JOLLA, CA 92037
- Phone: (858) 457-3050
- Fax: (858) 457-0851
- After Hours Phone: (858) 457-3050

**American Sign Language (ASL): N**

- Accessibility: CONTACT PROVIDER
- Website: N/A

**OPHTHALMOLOGY**

**SONG, DELU**

Provider ID: 284425
- Board Certified Specialty: No
- 9415 CAMPUS POINT DR
  LA JOLLA, CA 92093
- Phone: (800) 926-8273
- Fax: (888) 539-8781

**OPHTHALMOLOGY**

**SHEILS, CATHERINE**

Provider ID: 299937
- Board Certified Specialty: No
- 9415 CAMPUS POINT DR
  LA JOLLA, CA 92093
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273

**American Sign Language (ASL): N**

- Accessibility: CONTACT PROVIDER
- Hours: M-TU 8:30AM-4:00PM
  W-F 8:30AM-1:00PM
- Website: N/A

**OPHTHALMOLOGY**

**SONG, DELU**

Provider ID: 284425
- Board Certified Specialty: No
- 9415 CAMPUS POINT DR
  LA JOLLA, CA 92093
- Phone: (800) 926-8273
- Fax: (888) 539-8781
D3. 专科提供者名录

- **TOPILLOW, NICOLE**
  - Provider ID: 284348
  - Board Certified Specialty: No
  - Address: 9415 CAMPUS POINT DR LA JOLLA, CA 92093
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1215468376
  - Provider English Spoken: Y
  - Provider Language(s) Spoken: Vietnamese
  - Cultural Competency: N
  - Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\ 999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

- **AOTO, KIM**
  - Provider ID: 296798
  - Board Certified Specialty: No
  - Address: 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037
  - Phone: (800) 898-2020
  - Fax: (844) 897-3788
  - After Hours Phone: (800) 898-2020
  - Provider Gender: Female
  - NPI: 1780935650
  - Provider English Spoken: Y
  - Provider Language(s) Spoken: Vietnamese
  - Cultural Competency: N
  - Hospital Affiliation: UCSD MEDICAL CTR
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\ 999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

- **HOO, PAMELA**
  - Provider ID: 269621
  - Board Certified Specialty: No
  - Address: 9350 CAMPUS POINT DR LA JOLLA, CA 92037
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1861164642
  - Provider English Spoken: Y
  - Provider Language(s) Spoken: Spanish
  - Cultural Competency: N
  - Hospital Affiliation: UCSD MEDICAL CTR
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\ 999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
    - TU 8:30AM-4:30PM
    - W 7:30AM-4:15PM
    - TH 9:30AM-5:00PM
    - F 8:30AM-4:00PM
  - Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

<table>
<thead>
<tr>
<th>OPTOMETRIST</th>
<th>JOMOC, CAITLIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 299915</td>
<td>Provider ID: 299915</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td>Phone: (800) 926-8273</td>
</tr>
<tr>
<td>Fax: (888) 539-8781</td>
<td>Fax: (888) 539-8781</td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td>After Hours Phone: (800) 926-8273</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>NPI: 1861164642</td>
<td>NPI: 1861164642</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td>Min/Max Age: 0\999</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTOMETRIST</th>
<th>MCCLEAN, ESMERALDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 269907</td>
<td>Provider ID: 269907</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Phone: (858) 534-6290</td>
<td>Phone: (858) 534-6290</td>
</tr>
<tr>
<td>Fax: (858) 534-8293</td>
<td>Fax: (858) 534-8293</td>
</tr>
<tr>
<td>After Hours Phone: (858) 534-6290</td>
<td>After Hours Phone: (858) 534-6290</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>NPI: 1962817981</td>
<td>NPI: 1962817981</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s) Spoken: Spanish</td>
<td>Provider Language(s) Spoken: Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: UCSD MEDICAL CTR</td>
<td>Hospital Affiliation: UCSD MEDICAL CTR</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td>Min/Max Age: 0\999</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTOMETRIST</th>
<th>VO, ANDREW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 201311</td>
<td>Provider ID: 201311</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td>Phone: (800) 926-8273</td>
</tr>
<tr>
<td>Fax: (888) 539-8781</td>
<td>Fax: (888) 539-8781</td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td>After Hours Phone: (800) 926-8273</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>NPI: 1790291565</td>
<td>NPI: 1790291565</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: UCSD MEDICAL CTR</td>
<td>Hospital Affiliation: UCSD MEDICAL CTR</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td>Min/Max Age: 0\999</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

OPTOMETRIST
YU, CAROL
Provider ID: 258078
Board Certified Specialty: No
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1639697451
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPTOMETRIST
YU, CAROL
Provider ID: 301682
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1639697451
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
BRUMUND, KEVIN
Provider ID: 299637
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1033193669
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
BRUMUND, KEVIN
Provider ID: 299636
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1033193669
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
BRUMUND, KEVIN
Provider ID: 299633
D3. 专科提供者名录

OTOLARYNGOLOGY
CALIFANO, JOSEPH
Provider ID: 299463
Board Certified Specialty: No
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1033193669
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
MIN/Max Age: 0\999
American Sign Language (ASL): Y
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
CALIFANO, JOSEPH
Provider ID: 299459
Board Certified Specialty: No
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1881652972
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
COFFEY, CHARLES
Provider ID: 299584
Board Certified Specialty: No
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1932297330
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
COFFEY, CHARLES
Provider ID: 299585
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1932297330
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
DECONDE, ADAM
Provider ID: 299564
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (858) 657-8590
After Hours Phone: (858) 657-8590
Provider Gender: Male
NPI: 1588988919
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
COFFEY, CHARLES
Provider ID: 299580
Board Certified Specialty: No
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1932297330
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
DECONDE, ADAM
Provider ID: 299570
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
D3. 专科提供者名录

NPI: 1588988919
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

OTOLARYNGOLOGY
DECONDE, ADAM
Provider ID: 299565
Board Certified Specialty: No
- 9350 CAMPUS POINT DR
  LA JOLLA, CA 92037
- Phone: (858) 657-8590
  After Hours Phone: (858) 657-8590
- Provider Gender: Male
NPI: 1588988919
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

OTOLARYNGOLOGY
FRIEDMAN, RICK
Provider ID: 299533
Board Certified Specialty: No
- 3855 HEALTH SCIENCES DR
  LA JOLLA, CA 92037
- Phone: (800) 926-8273
  Fax: (888) 539-8781
  After Hours Phone: (800) 926-8273
- Provider Gender: Male
NPI: 1982708558
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: PIH HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, ANAHEIM GLOBAL MEDICAL CENTER, ORANGE COUNTY GLOBAL MEDICAL CENTER INC, CHAPMAN GLOBAL MEDICAL CENTER INC, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
OTOLARYNGOLOGY
FRIEDMAN, RICK
Provider ID: 299529
Board Certified Specialty: No
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982708558
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIH
HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, ANAHEIM GLOBAL MEDICAL CENTER, ORANGE COUNTY GLOBAL MEDICAL CENTER INC, CHAPMAN GLOBAL MEDICAL CENTER INC, UCSD LA JOLLA CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
GILANI, SAPIDEH
Provider ID: 299562
Board Certified Specialty: No
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1003825571
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
GILANI, SAPIDEH
Provider ID: 299563
Board Certified Specialty: No
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1003825571
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

OTOLARYNGOLOGY
GILANI, SAPIDIEH
Provider ID: 299557
Board Certified Specialty: Yes
Meg-CAL Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

OTOLARYNGOLOGY
GREENE, JACQUELINE
Provider ID: 298395
Board Certified Specialty: No
Meg-CAL Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

OTOLARYNGOLOGY
GREENE, JACQUELINE
Provider ID: 272958
Board Certified Specialty: No
Meg-CAL Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
D3. 专科提供者名录

NPI: 1144583931
.Provider English Spoken: Y  
.Cultural Competency: N  
.Medi-Cal Open Panel: Yes  
.Min/Max Age: 0\999  
.American Sign Language (ASL): N  
.Accessibility: CONTACT PROVIDER  
.Hours: M-F  
8:00AM-5:00PM  
.Website: N/A

OTOLARYNGOLOGY  
GREENE, JACQUELINE  
Provider ID: 298398  
.Board Certified Specialty: No  
.3855 HEALTH SCIENCES DR  
.LA JOLLA, CA 92093  
. Phone: (800) 926-8273  
.Fax: (888) 539-8781  
.After Hours Phone: (800) 926-8273  
.Provider Gender: Female  
.NPI: 1144583931  
.Provider English Spoken: Y  
.Cultural Competency: N  
.Medi-Cal Open Panel: Yes  
.Min/Max Age: 0\999  
.American Sign Language (ASL): N  
.Accessibility: CONTACT PROVIDER  
.Website: N/A

OTOLARYNGOLOGY  
HARRIS, JEFFREY  
Provider ID: 299574  
.Board Certified Specialty: No  
.9350 CAMPUS POINT DR  
.LA JOLLA, CA 92037  
. Phone: (800) 926-8273  
.Fax: (888) 539-8781  
.After Hours Phone: (800) 926-8273  
.Provider Gender: Male  
.NPI: 1417988783  
.Provider English Spoken: Y  
.Cultural Competency: N  
.Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR  
.Medi-Cal Open Panel: Yes  
.Min/Max Age: 0\999  
.American Sign Language (ASL): N  
.Accessibility: CONTACT PROVIDER  
.Website: N/A

OTOLARYNGOLOGY  
HARRIS, JEFFREY  
Provider ID: 299573  
.Board Certified Specialty: No  
.9400 CAMPUS POINT DR  
.LA JOLLA, CA 92093  
. Phone: (800) 926-8273  
.Fax: (888) 539-8781  
.After Hours Phone: (800) 926-8273  
.Provider Gender: Male  
.NPI: 1417988783  
.Provider English Spoken: Y  
.Cultural Competency: N  
.Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR  
.Medi-Cal Open Panel: Yes  
.Min/Max Age: 0\999  
.American Sign Language (ASL): N  
.Accessibility: CONTACT PROVIDER  
.Website: N/A

OTOLARYNGOLOGY  
HARRIS, JEFFREY  
Provider ID: 299577  
.Board Certified Specialty: No  
.3855 HEALTH SCIENCES DR  
.LA JOLLA, CA 92093  
. Phone: (800) 926-8273  
.Fax: (888) 539-8781  
.After Hours Phone: (800) 926-8273  
.Provider Gender: Male  
.NPI: 1417988783  
.Provider English Spoken: Y
D3. 专科提供者名录

Cultural Competency: N
Hospital Affiliation: SCIRPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
HOM, DAVID
Provider ID: 299517
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1659305027
Provider English Spoken: N
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
HUSSEMAN, JACOB
Provider ID: 301051
Board Certified Specialty: No
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1659305027
Provider English Spoken: N
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
HOM, DAVID
Provider ID: 299516
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1659305027
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
HUSSEMAN, JACOB
Provider ID: 301051
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
D3. 专科提供者名录

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1124034053  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

OTOLARYNGOLOGY  
KARI, ELINA  
Provider ID: 299442  
Board Certified Specialty: No  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (858) 857-8590  
After Hours Phone: (858) 857-8590  
Provider Gender: Female  
NPI: 1780860536  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

OTOLARYNGOLOGY  
KARI, ELINA  
Provider ID: 294828  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1780860536  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

OTOLARYNGOLOGY  
KARI, ELINA  
Provider ID: 299444  
Board Certified Specialty: No  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1780860536  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A
Provider Gender: Female
NPI: 1780860536
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD
LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
MAGIT, ANTHONY
Provider ID: 299483
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1891858379
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
KARI, ELINA
Provider ID: 299447
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1780860536
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD
LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
MAGIT, ANTHONY
Provider ID: 299479
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1891858379
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
MAGIT, ANTHONY
Provider ID: 299484
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1891858379
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
MAGIT, ANTHONY
Provider ID: 299478
Board Certified Specialty: No
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1891858379
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
MATSUOKA, AKIHIRO
Provider ID: 299589
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1669630653
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
MATSUOKA, AKIHIRO
Provider ID: 299588
Board Certified Specialty: No
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1669630653
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
NGUYEN, QUYEN
Provider ID: 299609
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1669630653
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
### OTOLARYNGOLOGY

#### NGUYEN, QUYEN

- **Provider ID:** 299605
- **Board Certified Specialty:** No
- **Hospital Affiliation:** UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0-999
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Website:** N/A

#### VAHABZADEH-HAGH, ANDREW

- **Provider ID:** 299504
- **Board Certified Specialty:** No
- **Hospital Affiliation:** RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0-999
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Website:** N/A
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Min/Max Age</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>299506</td>
<td>0\999</td>
<td>No</td>
<td>RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</td>
</tr>
<tr>
<td>299510</td>
<td>0\999</td>
<td>No</td>
<td>RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</td>
</tr>
<tr>
<td>299505</td>
<td>0\999</td>
<td>No</td>
<td>SCRIPPS GREEN HOSPITAL</td>
</tr>
</tbody>
</table>

**OTOLARYNGOLOGY**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Min/Max Age</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAHABZADEH-HAGH, ANDREW</td>
<td>299506</td>
<td>0\999</td>
<td>No</td>
<td>RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</td>
</tr>
<tr>
<td>VAHABZADEH-HAGH, ANDREW</td>
<td>299510</td>
<td>0\999</td>
<td>No</td>
<td>RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</td>
</tr>
<tr>
<td>VAHABZADEH-HAGH, ANDREW</td>
<td>299505</td>
<td>0\999</td>
<td>No</td>
<td>SCRIPPS GREEN HOSPITAL</td>
</tr>
</tbody>
</table>

**OTOLARYNGOLOGY**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Min/Max Age</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>WATSON, DEBORAH</td>
<td>299643</td>
<td>0\999</td>
<td>No</td>
<td>SCRIPPS GREEN HOSPITAL</td>
</tr>
</tbody>
</table>

**Provider Information**

- **Accessibility:** CONTACT PROVIDER
- **Website:** N/A
D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Provider ID: 299644</th>
<th>Board Certified Specialty: No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td>Fax: (888) 539-8781</td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>NPI: 1346270816</td>
<td>Provider English Spoken: N</td>
</tr>
<tr>
<td>Hospital Affiliation: SCRIPPS GREEN HOSPITAL</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
</tbody>
</table>

**OTOLARYNGOLOGY**

**WATSON, DEBORAH**

<table>
<thead>
<tr>
<th>Provider ID: 299640</th>
<th>Board Certified Specialty: Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9400 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92093</td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td>Fax: (888) 539-8781</td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>NPI: 1346270816</td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Hospital Affiliation: SCRIPPS GREEN HOSPITAL</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
</tbody>
</table>

**OTOLARYNGOLOGY**

**WEISSBROD, PHILIP**

<table>
<thead>
<tr>
<th>Provider ID: 299616</th>
<th>Board Certified Specialty: No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9300 CAMPUS POINT DR</td>
<td>LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td>Fax: (888) 539-8781</td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>NPI: 1366590853</td>
<td>Provider English Spoken: N</td>
</tr>
<tr>
<td>Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Specialty</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Gender</th>
<th>NPI</th>
<th>Language(s) Spoken</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language</th>
<th>Accessibility</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEISSBROD, PHILIP</td>
<td>299613</td>
<td>No</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1366590853</td>
<td>English</td>
<td>UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
</tr>
<tr>
<td>WEISSBROD, PHILIP</td>
<td>299612</td>
<td>No</td>
<td>(858) 657-8590</td>
<td>(858) 657-8590</td>
<td>(858) 657-8590</td>
<td>Male</td>
<td>1619237260</td>
<td>Chinese</td>
<td>STANFORD HEALTH CARE, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
</tr>
<tr>
<td>OTOLARYNGOLOGY</td>
<td>YAN, CAROL</td>
<td>No</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1619237260</td>
<td>English</td>
<td>UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

PATcHOLOGY ANATOMIC CLINICAL

AISAGBONHI, OMONIGHO
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1043571045
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

D3. 专科提供者名录

NPI: 1619237260
Provider English Spoken: Y
Provider Language(s)
Spoken: Chinese
Cultural Competency: N
Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDREN’S HOSP, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY

YAN, CAROL
Provider ID: 298415
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1619237260
Provider English Spoken: Y
Provider Language(s)
Spoken: Chinese
Cultural Competency: N
Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDREN’S HOSP, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PATHOLOGY ANATOMIC CLINICAL

AISAGBONHI, OMONIGHO
Provider ID: 275750
Board Certified Specialty: No
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1043571045
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

1788
D3. 专科提供者名录

**PATHOLOGY ANATOMIC**

**CLINICAL**

**ALLEN, ELIZABETH**
Provider ID: 275757  
Board Certified Specialty: No  
9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1174814065  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**BROOME, HELEN**
Provider ID: 275722  
Board Certified Specialty: No  
9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1184674145  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**BUI, JACK**
Provider ID: 275746  
Board Certified Specialty: No  
9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1942529821  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A
PATHOLOGY ANATOMIC
CLINICAL
DON, MICHELLE
Provider ID: 247149
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 249-4410
After Hours Phone: (858) 249-4410
Provider Gender: Female
NPI: 1205288396
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PATHOLOGY ANATOMIC
CLINICAL
ELKIND, JAE
Provider ID: 284903
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1538574744
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PATHOLOGY ANATOMIC
CLINICAL
HU, JINGJING
Provider ID: 243966
Board Certified Specialty: No
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1538574744
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PATHOLOGY ANATOMIC
CLINICAL
ROMA, ANDRES
Provider ID: 275827
Board Certified Specialty: No
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

John Sally Thornton

Provider ID: 275814
Board Certified Specialty: No
Provider Gender: Female

NPI: 1700334802
Provider English Spoken: Y
Provider Language(s): Farsi
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Pathology Anatomic

Vavinskaya, Vera
Provider ID: 275840
Board Certified Specialty: No
9444 Medical Center Dr
La Jolla, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1174757181
Provider English Spoken: Y
Provider Language(s): Arabic
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Pathology Anatomic

Shabaik, Ahmed
Provider ID: 275782
Board Certified Specialty: No
9444 Medical Center Dr
La Jolla, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1679521579
Provider English Spoken: Y
Provider Language(s): Arabic
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Pathology Anatomic

Zare, Somaye
Provider ID: 203172
Board Certified Specialty: No
9300 Campus Point Dr
La Jolla, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1700334802
Provider English Spoken: Y
Provider Language(s): Farsi
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PATHOLOGY ANATOMIC

ZHANG, HAIYAN
Provider ID: 203176
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1457617110
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT

AINSWORTH, DELISSA
Provider ID: 243366
Board Certified Specialty: No
8910 VILLA LA JOLLA DR STE 100
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1750734893
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

ALBRIGHT, KELSEY
Provider ID: 284764
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1235653148
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PHYSICIANS ASSISTANT
ARMEEN, GARY
Provider ID: 247036
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1760774863
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
ALLERS, JENNA
Provider ID: 301037
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1730605486
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
BOYD, LISA
Provider ID: 217650
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1407212376
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Hours: M-F 8:00AM-5:00PM</th>
<th>Website: N/A</th>
</tr>
</thead>
</table>

PHYSICIANS ASSISTANT

CHERRY, REENA

Provider ID: 243349
Board Certified Specialty: No

3855 HEALTH SCIENCES DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1689729683
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT

COOKISH, DAVID

Provider ID: 286591
Board Certified Specialty: No

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1215338884
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT

DEMASCO, MICHAEL

Provider ID: 278969
Board Certified Specialty: No

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1467926295
Provider English Spoken: Y
Cultural Competency: N

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Hospital Affiliation: UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
DEMOOR, PATRICIA
Provider ID: 212879
Board Certified Specialty: No
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1477721702
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
DOUGHERTY, CLARA
Provider ID: 295925
Board Certified Specialty: No
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Phone: (858) 453-5944
Fax: (858) 429-7925
After Hours Phone: (858) 453-5944
Provider Gender: Female
NPI: 1427068972
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
GOTTESFELD, STEVEN
Provider ID: 305278
Board Certified Specialty: No
9850 GENESEE AVE STE 650
LA JOLLA, CA 92037
Phone: (858) 500-2480
Fax: (858) 216-1908
After Hours Phone: (858) 500-2480
Provider Gender: Male
NPI: 1427068972
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Website: N/A

PHYSICIANS ASSISTANT
HASEGAWA, CHRIS
Provider ID: 247205
Board Certified Specialty: No
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037
Phone: (858) 453-5944
Fax: (858) 429-7925
After Hours Phone: (858) 453-5944
Provider Gender: Female
NPI: 1609987619
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Website: N/A

PHYSICIANS ASSISTANT
HASEGAWA, CHRIS
Provider ID: 247205
Board Certified Specialty: No
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUNTER, JACOB</td>
<td>298432</td>
<td>No</td>
<td>UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>Male</td>
<td>1114459765</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>HUNTER, JACOB</td>
<td>298429</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>Male</td>
<td>1114459765</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>HUNTER, JACOB</td>
<td>298429</td>
<td>No</td>
<td>UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>Male</td>
<td>NPI (not provided)</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>HUNTER, JACOB</td>
<td>298429</td>
<td>No</td>
<td>UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>Male</td>
<td>NPI (not provided)</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>M-F</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Provider ID: 298431
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1114459765
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PHYSICIANS ASSISTANT
HUNTER, JACOB
Provider ID: 287450
Board Certified Specialty: No
9350 CAMPUS POINT DR STE LLA
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1114459765
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
LIN, JOYCE
Provider ID: 265146
Board Certified Specialty: No
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 888-9268
Fax: (888) 539-8781
After Hours Phone: (800) 888-9268
Provider Gender: Female
NPI: 1427681022
Provider English Spoken: Y
Provider Language(s) Spoken: Taiwanese
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
LUONG, TRAN
Provider ID: 279014
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1821532292

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
MARTIN, HALEY
Provider ID: 305027
Board Certified Specialty: No
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1093440836

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PHYSICIANS ASSISTANT
LUONG, TRAN
Provider ID: 279015
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1821532292

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PHYSICIANS ASSISTANT
MARTIN, HALEY
Provider ID: 305024
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1093440836

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PHYSICIANS ASSISTANT
MCADAMS, JOSEPH
Provider ID: 280612
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1104371251
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
OKADA, MICHELLE
Provider ID: 278017
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1497129860
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
MERRILL, COREY
Provider ID: 258039
Board Certified Specialty: No
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1386032308
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
OKADA, MICHELLE
Provider ID: 278016
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1497129860
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
PELIO, DARREN
Provider ID: 293440
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (858) 822-7967
Fax: (858) 822-6395
After Hours Phone: (858) 822-7967
Provider Gender: Male
NPI: 1386791028
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
Physicians Assistant

Pelio, Darren
Provider ID: 293442
Board Certified Specialty: No
9400 Campus Point Dr
La Jolla, CA 92093
Phone: (800) 926-8276
Fax: (888) 539-8784
After Hours Phone: (800) 926-8276
Provider Gender: Male
NPI: 1386791028
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Physicians Assistant

Perreault, Mark
Provider ID: 283584
Board Certified Specialty: No
9400 Campus Point Dr
La Jolla, CA 92093
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1356749451
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

Physicians Assistant

Perreault, Mark
Provider ID: 283583
Board Certified Specialty: No
9300 Campus Point Dr
La Jolla, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1356749451
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Physicians Assistant

Roberts, Audrey
Provider ID: 253254
Board Certified Specialty: No
9300 Campus Point Dr
La Jolla, CA 92037
Phone: (619) 543-5540
After Hours Phone: (619) 543-5540
Provider Gender: Female
NPI: 1265960256
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

Physicians Assistant

Saikhon, Talia
Provider ID: 293439
Board Certified Specialty: No
8910 Villa La Jolla Dr
Ste 100
San Diego, CA 92130
Phone: (858) 657-7876
After Hours Phone: (858) 825-7786
Provider Gender: Female
NPI: 1265960256
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIANS ASSISTANT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCHWARTZEL, KEVIN</td>
<td>214276</td>
<td>No</td>
<td>SHARP CHULA VISTA MED CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>Male</td>
<td>1104277847</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>SHAUL, SHERA</td>
<td></td>
<td>No</td>
<td>SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, ENCINITAS, SCRIPPS MEMORIAL HOSPITAL</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>CONTACT PROVIDER</td>
<td>Female</td>
<td>1336659507</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>SHAUL, SHERA</td>
<td>247975</td>
<td>No</td>
<td>SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>CONTACT PROVIDER</td>
<td>Female</td>
<td>1336659507</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>SPEH, BRIAN</td>
<td>305010</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CONTACT PROVIDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

- **9300 CAMPUS POINT DR**
  - LA JOLLA, CA 92037
  - Phone: (800) 926-8273
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Male
  - NPI: 1124593926
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0-999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

**PHYSICIANS ASSISTANT**

- **WAHLIN, TAMARA**
  - Provider ID: 299602
  - Board Certified Specialty: No
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1083823322
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0-999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

- **9350 CAMPUS POINT DR**
  - LA JOLLA, CA 92037
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1942724042
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0-999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

**PHYSICIANS ASSISTANT**

- **WAHLIN, TAMARA**
  - Provider ID: 299596
  - Board Certified Specialty: No
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1083823322
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0-999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

- **9400 CAMPUS POINT DR**
  - LA JOLLA, CA 92093
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1083823322
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0-999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

- **3855 HEALTH SCIENCES DR**
  - LA JOLLA, CA 92093
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1083823322
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0-999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

PHYSICIANS ASSOCIATE
WEIR, JACQUELINE
Provider ID: 278202
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (800) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1932494499
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PSYCHOLOGIST
BOOTH, CHRISTOPHER
Provider ID: 209118
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1568893162
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PSYCHOLOGIST
BAILIS, JESSICA
Provider ID: 300043
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1760739049
Provider English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

BOOTH, CHRISTOPHER
Provider ID: 209117
Board Certified Specialty: No
9350 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1760739049
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PSYCHOLOGIST
BOURTELL, KERRI
Provider ID: 258988
Board Certified Specialty: No
8950 VILLA LA JOLLA DR
STE C212
LA JOLLA, CA 92037
Phone: (858) 246-1654
After Hours Phone: (858) 246-1654
Provider Gender: Male
NPI: 1780620906
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes

PSYCHOLOGIST
D3. 专科提供者名录

Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

PSYCHOLOGIST
BOUTELLE, KERRI
Provider ID: 240034
Board Certified Specialty: No
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1780620906
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

PSYCHOLOGIST
CHESHER, NICHOLAS
Provider ID: 273812
Board Certified Specialty: No
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1124539697
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

PSYCHOLOGIST
CRANDAL, BRENT
Provider ID: 291463
Board Certified Specialty: No
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1699200949
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Gender</th>
<th>NPI</th>
<th>Board Certified Specialty</th>
<th>Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessiblity</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>255479</td>
<td>DUARTE, KRISTEN</td>
<td>Male</td>
<td>1588739452</td>
<td>No</td>
<td>PSYCHOLOGIST</td>
<td>UCSD LA JOLLA JOHN SALLY</td>
<td>Yes</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>255480</td>
<td>EICHEN, DAWN</td>
<td>Female</td>
<td>1093119364</td>
<td>No</td>
<td>PSYCHOLOGIST</td>
<td>UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>302888</td>
<td>EICHEN, DAWN</td>
<td>Female</td>
<td>1861043366</td>
<td>No</td>
<td>PSYCHOLOGIST</td>
<td>UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

**PSYCHOLOGIST**

**EICHEN, DAWN**
Provider ID: 245715  
Board Certified Specialty: No  
8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1861043366  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**PSYCHOLOGIST**

**LINKE, SARAH**
Provider ID: 273640  
Board Certified Specialty: No  
8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1487026415  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**PSYCHOLOGIST**

**MENDEZ, ANDRES**
Provider ID: 279058  
Board Certified Specialty: No  
8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1841482692  
Provider English Spoken: Y

**PSYCHOLOGIST**

**MAGINOT-CHESHER, TAMARA**
Provider ID: 273224  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (858) 534-7792  
Fax: (619) 471-9017  
After Hours Phone: (858) 534-7792  
Provider Gender: Female  
NPI: 1043441165  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PSYCHOLOGIST
REED, KRISTIE
Provider ID: 291395
Board Certified Specialty: No
8950 VILLA LA JOLLA DR STE C212
LA JOLLA, CA 92037
Phone: (800) 926-8372
Fax: (888) 539-8781
After Hours Phone: (800) 926-8372
Provider Gender: Female
NPI: 1679869556
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PSYCHOLOGIST
TARLE, STEPHANIE
Provider ID: 303116
Board Certified Specialty: No
8950 VILLA LA JOLLA DR STE C101
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1659920403
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PSYCHOLOGIST
ZLATAR, ZVINKA
Provider ID: 272712
Board Certified Specialty: No
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1497139059
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PULMONARY DISEASES
BAILEY, JACOB
Provider ID: 299925
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1598150039
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
D3. 专科提供者名录

Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PULMONARY DISEASES
JOSHUA, JISHA
Provider ID: 238060
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1023436417
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Malayalam
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEGUIRE, WILLIAM
Provider ID: 299987
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1265896856
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
BERMAN, ZACHARY
Provider ID: 269319
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1033521190
Provider English Spoken: Y
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
BRANCH, CODY
Provider ID: 283676
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male

D3. 专科提供者名录

CHENG, KAREN  
Provider ID: 283227  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1427430511  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  

FORCIER, NANCY  
Provider ID: 286955  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1497721724  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Providence Mission Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  

RAKOLI, JOSEPH  
Provider ID: 305407  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1497721724  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  

RAKOLI, JOSEPH  
Provider ID: 305407  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1497721724  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  

RADIOLOGY DIAGNOSTIC

CARSWELL, AIMEE  
Provider ID: 303056  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (858) 554-1212  
Fax: (858) 795-1195  
After Hours Phone: (858) 554-1212  
Provider Gender: Female  
NPI: 1619156635  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: EISENHOWER MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  

FAZELI, SOUDABEH  
Provider ID: 299993  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1639553613  
Provider English Spoken: Y  
Cultural Competency: N  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  

FOWLER, KATHRYN  
Provider ID: 201290  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1639553613  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  

RADIOLOGY DIAGNOSTIC
926-8273  
Provider Gender: Female  
NPI: 1255457941  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A  

RADIOLOGY DIAGNOSTIC  
HANKSUN, GEMMY  
Provider ID: 282790  
Board Certified Specialty: No  
9300 CAMPUS POINT DR LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1992120026  
Provider English Spoken: Y  
Provider Language(s): Khmer, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A  

RADIOLOGY DIAGNOSTIC  
HORSEY, LAURA  
Provider ID: 241855  
Board Certified Specialty: No  
9400 CAMPUS POINT DR LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1598967812  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A  

RADIOLOGY DIAGNOSTIC  
HORSEY, LAURA  
Provider ID: 241854  
Board Certified Specialty: No  
9300 CAMPUS POINT DR LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1598967812  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A  

RADIOLOGY DIAGNOSTIC  
HANKSUN, GEMMY  
Provider ID: 282790  
Board Certified Specialty: No  
9300 CAMPUS POINT DR LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1992120026  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Khmer, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A  

RADIOLOGY DIAGNOSTIC  
HORSEY, LAURA  
Provider ID: 241855  
Board Certified Specialty: No  
9400 CAMPUS POINT DR LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1598967812  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A
D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Hospital Affiliation</th>
<th>Board Certified Specialty</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>No</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>JOHN SALLY THORNTON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medi-Cal Open Panel:** Yes

**Provider:** John Sally Thornton

**Provider ID:** 299959

**Address:** 9300 CAMPUS POINT DR, LA JOLLA, CA 92037

**Phone:** (800) 926-8273

**Fax:** (888) 539-8781

**After Hours Phone:** (800) 926-8273

**Provider Gender:** Male

**NPI:** 1770825457

**Provider English Spoken:** Y

**Provider Language(s) Spoken:** Arabic

**Cultural Competency:** N

**Hospital Affiliation:** UCSD MEDICAL CTR, UCSD LA JOLLA

<table>
<thead>
<tr>
<th>RADIOLOGY DIAGNOSTIC</th>
<th>Provider ID: 299959</th>
<th>Board Certified Specialty: No</th>
<th>Min/Max Age: 0\999</th>
<th>American Sign Language (ASL): N</th>
<th>Accessibility: CONTACT PROVIDER</th>
<th>Hours: M-F</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAFFRAY, PAUL</td>
<td>299959</td>
<td>No</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Provider:** Paul Jaffray

**Provider ID:** 271128

**Address:** 9300 CAMPUS POINT DR, LA JOLLA, CA 92037

**Phone:** (800) 926-8273

**Fax:** (888) 539-8781

**After Hours Phone:** (800) 926-8273

**Provider Gender:** Male

**NPI:** 1275700999

**Provider English Spoken:** Y

**Provider Language(s) Spoken:** Arabic

**Cultural Competency:** N

**Hospital Affiliation:** Los Angeles General Medical Center

<table>
<thead>
<tr>
<th>RADIOLOGY DIAGNOSTIC</th>
<th>Provider ID: 283144</th>
<th>Board Certified Specialty: No</th>
<th>Min/Max Age: 0\999</th>
<th>American Sign Language (ASL): N</th>
<th>Accessibility: CONTACT PROVIDER</th>
<th>Hours: M-F</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>KONDILI, DHIMITER</td>
<td>283144</td>
<td>No</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Provider:** Dhimiter Kondili

**Provider ID:** 283144

**Address:** 9300 CAMPUS POINT DR, LA JOLLA, CA 92037

**Phone:** (800) 926-8273

**Fax:** (888) 539-8781

**After Hours Phone:** (800) 926-8273

**Provider Gender:** Male

**NPI:** 1699125450

**Provider English Spoken:** Y

**Cultural Competency:** N

**Hospital Affiliation:** ST MARY MEDICAL CENTER

<table>
<thead>
<tr>
<th>RADIOLOGY DIAGNOSTIC</th>
<th>Provider ID: 300033</th>
<th>Board Certified Specialty: No</th>
<th>Min/Max Age: 0\999</th>
<th>American Sign Language (ASL): N</th>
<th>Accessibility: CONTACT PROVIDER</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>RITCHIE, DAVID</td>
<td>300033</td>
<td>No</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Provider:** David Ritchie

**Provider ID:** 300033

**Address:** 9300 CAMPUS POINT DR, LA JOLLA, CA 92037

**Phone:** (800) 926-8273

**Fax:** (888) 539-8781

**After Hours Phone:** (800) 926-8273

**Provider Gender:** Male

**NPI:** 1952389934

**Provider English Spoken:** Y

**Cultural Competency:** N

**Hospital Affiliation:** ST MARY MEDICAL CENTER

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\999

**American Sign Language (ASL):** N

**Accessibility:** CONTACT PROVIDER

**Hours:** M-F

**Website:** N/A
926-8273
Provider Gender: Male
NPI: 1407201916
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
SADAT, SAYED
Provider ID: 299967
Board Certified Specialty: No
.Provider Gender: Male
NPI: 1679000806
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
SCHULTZ, HEATHER
Provider ID: 240343
Board Certified Specialty: No
Provider Gender: Male
NPI: 283311
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

SLATER, JERRY
Provider ID: 283311
Board Certified Specialty: No
NPI: 1871910810
Provider Gender: Female
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
SEARLEMAN, ADAM
Provider ID: 299950
Board Certified Specialty: No
Provider Gender: Male
NPI: 1679000806
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
SPENGLER, NATHAN
Provider ID: 303050
Board Certified Specialty: No
Provider Gender: Male
NPI: 1992919666
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

RADIOLOGY DIAGNOSTIC
TADDONIO, MICHAEL
Provider ID: 240406
Board Certified Specialty: No
9300 CAMPUS POINT DR LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1306112057
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

RADIOLOGY DIAGNOSTIC
TADROS, ANTHONY
Provider ID: 268545
Board Certified Specialty: No
9300 CAMPUS POINT DR LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1386987261
 Provider English Spoken: Y
 Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

RADIOLOGY DIAGNOSTIC
THOMPSON, COLE
Provider ID: 299990
Board Certified Specialty: No
9300 CAMPUS POINT DR LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1700315264
 Provider English Spoken: Y
 Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

RADIOLOGY DIAGNOSTIC
UNSDORFER, KYLE
Provider ID: 300036
Board Certified Specialty: No
9300 CAMPUS POINT DR LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1285165184
 Provider English Spoken: Y
 Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

RADIOLOGY DIAGNOSTIC
VAHDOT, NOUSHIN
Provider ID: 300069
Board Certified Specialty: No
9300 CAMPUS POINT DR LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1396700852
 Provider English Spoken: Y
 Cultural Competency: N
D3. 专科提供者名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
YORK, VINCENT
Provider ID: 283518
Board Certified Specialty: No
☎ 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
📞 Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1790146611
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
BERGERON, PATRICK
Provider ID: 258296
Board Certified Specialty: No
☎ 9350 CAMPUS POINT DR
STE LLD
LA JOLLA, CA 92037
📞 Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1790146611
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

BUNOSKY, ABIGAIL
Provider ID: 246021
Board Certified Specialty: No
☎ 9350 CAMPUS POINT DR
STE LLD
LA JOLLA, CA 92037
📞 Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1780018416
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
CHIEN, PEI
Provider ID: 214699
Board Certified Specialty: No
☎ 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
📞 Phone: (800) 926-8273
📞 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1891260238
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese
Cultural Competency: N
D3. 专科提供者名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
CHIEN, PEI
Provider ID: 258324
Board Certified Specialty: No
9350 CAMPUS POINT DR STE LLD
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1891260238
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese
Cultural Competency: N

REGISTERED PHYSICAL THERAPIST
MAROLLA, ALICE
Provider ID: 241145
Board Certified Specialty: No
9350 CAMPUS POINT DR STE LLD
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1477018729
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

REGISTERED PHYSICAL THERAPIST
NUTHALL, KAITLIN
Provider ID: 202327
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1992210090
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, UCSD
LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
9350 CAMPUS POINT DR
STE LLD
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1992210090
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, UCSD
LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
RUDD, CHRISTOPHER
Provider ID: 258372
Board Certified Specialty: No
9350 CAMPUS POINT DR
STE LLD
LA JOLLA, CA 92037
Phone: (855) 543-0333
Fax: (858) 657-6873
After Hours Phone: (855) 543-0333
Provider Gender: Male
NPI: 1831539337
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
SKINNER, NICOLE
Provider ID: 206546
Board Certified Specialty: No
9350 CAMPUS POINT DR
STE LLD
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1386964997
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
TRIMM, CASSIDY
Provider ID: 258443
Board Certified Specialty: No
9350 CAMPUS POINT DR
STE LLD
LA JOLLA, CA 92037
Phone: (855) 543-0333
Fax: (858) 657-6873
After Hours Phone: (855) 543-0333
Provider Gender: Male
NPI: 1740708478
Provider English Spoken: Y
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Cultural Competency: N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA</td>
</tr>
<tr>
<td>JOHN SALLY THORNTON</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REGISTERED PHYSICAL THERAPIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>VASQUEZ, BENJAMIN</td>
</tr>
<tr>
<td>Provider ID: 258480</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>9350 CAMPUS POINT DR STE LLD LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>Phone: (858) 657-6879</td>
</tr>
<tr>
<td>Fax: (858) 657-6873</td>
</tr>
<tr>
<td>After Hours Phone: (858) 657-6879</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>NPI: 1568938413</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA</td>
</tr>
<tr>
<td>JOHN SALLY THORNTON</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REGISTERED PHYSICAL THERAPIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRIMM, CASSIDY</td>
</tr>
<tr>
<td>Provider ID: 258442</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>9300 CAMPUS POINT DR LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>Phone: (855) 543-0333</td>
</tr>
<tr>
<td>Fax: (858) 657-6873</td>
</tr>
<tr>
<td>After Hours Phone: (855) 543-0333</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>NPI: 1740708478</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA</td>
</tr>
<tr>
<td>JOHN SALLY THORNTON</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REGISTERED PHYSICAL THERAPIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILLIAMS, STACY</td>
</tr>
<tr>
<td>Provider ID: 200968</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>9350 CAMPUS POINT DR STE LLD LA JOLLA, CA 92037</td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
</tr>
<tr>
<td>Fax: (858) 657-6879</td>
</tr>
<tr>
<td>After Hours Phone: (858) 657-6879</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>NPI: 1689962169</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA</td>
</tr>
<tr>
<td>JOHN SALLY THORNTON</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
YU, AUDRINE
Provider ID: 258481
Board Certified Specialty: No
9350 CAMPUS POINT DR STE LLD
LA JOLLA, CA 92037
Phone: (858) 657-6879
Fax: (858) 657-6873
After Hours Phone: (858) 657-6879
Provider Gender: Female
NPI: 1639271208
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SPEECH PATHOLOGIST
SCHIEDERMAYER, BENJAMIN
Provider ID: 288938
Board Certified Specialty: No
9400 CAMPUS POINT DR LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1164979837
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY COLON SURGERY
LIU, SHANGLEI
Provider ID: 273364
Board Certified Specialty: No
9300 CAMPUS POINT DR LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1043558653
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SPEECH PATHOLOGIST
SCHIEDERMAYER, BENJAMIN
Provider ID: 288939
Board Certified Specialty: No
3855 HEALTH SCIENCES DR LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1164979837
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SPEECH PATHOLOGIST
UNGER, LINDSEY
Provider ID: 265338
Board Certified Specialty: No
9350 CAMPUS POINT DR LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1972936813
Provider English Spoken: Y
Cultural Competency: N
D3. 专科提供者名录

Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY COLON SURGERY
LOPEZ, NICOLE
Provider ID: 286388
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (858) 822-6100
After Hours Phone: (858) 822-6100
Provider Gender: Female
NPI: 1518163005
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY COLON SURGERY
RAMAMOORTHY, SONIA
Provider ID: 286371
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1801812656
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

SURGERY COLON SURGERY
PARRY, LISA
Provider ID: 278551
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1235369067
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY GENERAL
AL-NOURI, OMAR
Provider ID: 211904
Board Certified Specialty: No
9434 MEDICAL CENTER DR
FL 1
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1770742264
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY GENERAL
AL-NOURI, OMAR
Provider ID: 211905
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
<table>
<thead>
<tr>
<th>Provider</th>
<th>NPI Number</th>
<th>Gender</th>
<th>English Spoken</th>
<th>Language(s) Spoken</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armani, Ava</td>
<td>1861759383</td>
<td>Female</td>
<td>Y</td>
<td></td>
<td>UCSD MEDICAL CTR AT UCSF</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>8:00AM-5:00PM</td>
</tr>
<tr>
<td>Jacobson, Garth</td>
<td>1265649966</td>
<td>Male</td>
<td>Y</td>
<td></td>
<td>UCSD MEDICAL CENTER AT MOUNT ZION</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>8:00AM-5:00PM</td>
</tr>
<tr>
<td>Horgan, Santiago</td>
<td>1982787131</td>
<td>Male</td>
<td>Y</td>
<td></td>
<td>UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>8:00AM-5:00PM</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th><strong>Surgery General Vascular</strong></th>
<th><strong>Surgeon</strong></th>
<th><strong>Provider ID</strong></th>
<th><strong>Board Certified Specialty</strong></th>
<th><strong>Provider Gender</strong></th>
<th><strong>Min/Max Age</strong></th>
<th><strong>American Sign Language (ASL):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BARLEBEN, ANDREW</strong></td>
<td></td>
<td>275371</td>
<td>Yes</td>
<td>Male</td>
<td>0\999</td>
<td>N</td>
</tr>
<tr>
<td><strong>GAFFEY, ANN</strong></td>
<td></td>
<td>287012</td>
<td>No</td>
<td>Female</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td><strong>HOWE, STEVEN</strong></td>
<td></td>
<td>206760</td>
<td>No</td>
<td>Male</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

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

**Accessibility:**
- Contact Provider
- Website: N/A

**Hours:**
- M-F 8:00AM-5:00PM

**Hospital Affiliation:**
- UCSD La Jolla John Sally Thornton, UCSD Medical CTR

**For After Hours:**
- Phone: (800) 926-8273
- Fax: (888) 539-8781

**Medi-Cal Open Panel:**
- Yes

**Website:**
- N/A
9434 MEDICAL CENTER DR
FL 1
LA JOLLA, CA 92037
Phone: (858) 657-7777
Fax: (858) 657-5058
After Hours Phone: (858) 657-7777
Provider Gender: Male
NPI: 1497702740
Provider English Spoken: Y
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

SURGERY NEUROLOGICAL
BEAUMONT, THOMAS
Provider ID: 214126
Board Certified Specialty: No
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (858) 657-8540
After Hours Phone: (858) 657-8540
Provider Gender: Male
NPI: 1497067573
Provider English Spoken: Y
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

SURGERY NEUROLOGICAL
BLASKIEWICZ, DONALD
Provider ID: 270282
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male

D3. 专科提供者名录

NPI: 1215176839
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\1999
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:00AM-5:00PM
  - Website: N/A

**SURGERY NEUROLOGICAL MURTHY, NIKHIL**
- Provider ID: 299994
- Board Certified Specialty: No
- 9300 CAMPUS POINT DR LA JOLLA, CA 92037
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1710371273
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\1999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

**SURGERY NEUROLOGICAL MARSHALL, LAWRENCE**
- Provider ID: 244149
- Board Certified Specialty: No
- 9350 CAMPUS POINT DR LA JOLLA, CA 92037
  - Phone: (800) 926-8273
  - After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1750306171
  - Provider English Spoken: Y
  - Provider Language(s): German, Spanish
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\1999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

**SURGERY NEUROLOGICAL OSORIO, JOSEPH**
- Provider ID: 242005
- Board Certified Specialty: No
- 9350 CAMPUS POINT DR LA JOLLA, CA 92037
  - Phone: (800) 926-8273
  - After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1437416591
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\1999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

**SURGERY NEUROLOGICAL OSORIO, JOSEPH**
- Provider ID: 242006
- Board Certified Specialty: No
- 9400 CAMPUS POINT DR LA JOLLA, CA 92093
  - Phone: (800) 926-8273
  - After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1437416591
  - Provider English Spoken: Y
D3. 专科提供者名录

Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY NEUROLOGICAL

PHAM, MARTIN
Provider ID: 244159
Board Certified Specialty: No
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1609130921
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

BLAIS, MICAH
Provider ID: 299944
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1972867562
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999

SURGERY ORTHOPEDIC
D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Board Certified Specialty</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL):</th>
</tr>
</thead>
<tbody>
<tr>
<td>299945</td>
<td>BLAIS, MICAH</td>
<td>No</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>0\999</td>
<td>N Accessibility: CONTACT PROVIDER Website: N/A</td>
</tr>
<tr>
<td>277947</td>
<td>BUKATA, SUSAN</td>
<td>No</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>0\999</td>
<td>N Accessibility: CONTACT PROVIDER Website: N/A</td>
</tr>
<tr>
<td>244460</td>
<td>CHIARAPPA, FRANK</td>
<td>No</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>0\999</td>
<td>N Accessibility: CONTACT PROVIDER Website: N/A</td>
</tr>
<tr>
<td>284787</td>
<td>CHOI, JIHOON</td>
<td>No</td>
<td>(800) 926-8273</td>
<td>(888) 539-8181</td>
<td>(800) 926-8273</td>
<td>0\999</td>
<td>N Accessibility: CONTACT PROVIDER Website: N/A</td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY ORTHOPEDIC
FLINT, JAMES
Provider ID: 203177
Board Certified Specialty: No
9400 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1730542747
Provider English Spoken: Y
Provider Language(s) Spoken: German, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

SURGERY ORTHOPEDIC
GOEB, YANNICK
Provider ID: 284792
Board Certified Specialty: No
9400 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1730542747
Provider English Spoken: Y
Provider Language(s) Spoken: German, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

SURGERY ORTHOPEDIC
KUSNEZOV, NICHOLAS
Provider ID: 303194
Board Certified Specialty: No
9834 GENESEE AVE STE 228
LA JOLLA, CA 92037
Phone: (858) 455-9942
Fax: (858) 455-6473
After Hours Phone: (858) 455-9942
Provider Gender: Male
NPI: 1396185161
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TWIN CITIES COMMUNITY HOSPITAL, PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hours</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SULLIVAN, THOMAS</td>
<td>285246</td>
<td>No</td>
<td>M-F 8:00AM-5:00PM</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1437565488</td>
<td>UCSD LA JOLLA JOHN SALLY THRONTON, UCSD MEDICAL CTR</td>
</tr>
<tr>
<td>JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAYLOR, MARIO</td>
<td>299910</td>
<td>No</td>
<td>M-F 8:00AM-5:00PM</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1407380512</td>
<td>UCSD LA JOLLA JOHN SALLY THRONTON, UCSD MEDICAL CTR</td>
</tr>
<tr>
<td>TAYLOR, MARIO</td>
<td>299908</td>
<td>No</td>
<td>M-F 8:00AM-5:00PM</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1437565488</td>
<td>UCSD LA JOLLA JOHN SALLY THRONTON, UCSD MEDICAL CTR</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

SURGERY PLASTIC
REID, CHRISTOPHER
Provider ID: 224796
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982964276
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

SURGERY THORACIC
BOYS, JOSHUA
Provider ID: 243533
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 657-7777
After Hours Phone: (858) 657-7777
Provider Gender: Male
NPI: 1114368990
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY THORACIC
GRAMINS, DANIEL
Provider ID: 210047
Board Certified Specialty: Yes
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1164495750
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY THORACIC
KEARNS, MARK
Provider ID: 274297
Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Provider Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURGERY THORACIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>RAMIREZ, ALFREDO</td>
<td>256390</td>
<td>No</td>
<td>9434 MEDICAL CENTER DR FL1</td>
<td>(800)</td>
<td>926-8273</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1003829417</td>
<td>Yes</td>
<td>N</td>
<td>UNIVERSITY HSP OF SAN DIEGO CO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>SURGERY THORACIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>ZANDER, ASHLEY</td>
<td>291383</td>
<td>No</td>
<td>9434 MEDICAL CENTER DR FL1</td>
<td>(800)</td>
<td>926-8273</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1033683719</td>
<td>Yes</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

NPI: 1780940031
- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

SURGERY THORACIC
ZANDER, ASHLEY
Provider ID: 291382
Board Certified Specialty: No
- 3855 HEALTH SCIENCES DR
  LA JOLLA, CA 92093
  Phone: (800) 926-8273
  Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1780940031
- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

UROLOGY
CRAWFORD, ELWARD
Provider ID: 244131
Board Certified Specialty: No
- 9400 CAMPUS POINT DR
  LA JOLLA, CA 92093
  Phone: (858) 657-7876
  Fax: (888) 539-8781
- After Hours Phone: (858) 657-7876
Provider Gender: Male
NPI: 1902814379
- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM
- Website: N/A

UROLOGY
HSIEH, TUNG CHIN
Provider ID: 294878
Board Certified Specialty: No
- 9400 CAMPUS POINT DR
  LA JOLLA, CA 92093
  Phone: (800) 926-8273
  Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1073758652
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

UROLOGY
KATZ, JONATHAN
Provider ID: 299917
Board Certified Specialty: No
- 9400 CAMPUS POINT DR
  LA JOLLA, CA 92093
  Phone: (800) 926-8273
  Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1952756207
- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM
- Website: N/A
D3. 专科提供者名录

**UROLOGY**

**WANG, LUKE**

Provider ID: 299934  
Board Certified Specialty: No  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92039  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1033630173  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**CARDIOVASCULAR DISEASE**

**SHEREV, DIMITRI**

Provider ID: 290704  
Board Certified Specialty: Yes  
8851 CENTER DR STE 304  
LA MESA, CA 91942  
Phone: (619) 867-0557  
Fax: (619) 867-0558  
After Hours Phone: (619) 867-0557  
Provider Gender: Male  
NPI: 1154323996  
Provider English Spoken: Y  
Provider Language(s) Spoken: Bulgarian, Russian, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, ALVARADO COMMUNITY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**CARDIOVASCULAR DISEASE**

**REDDY, REDDIWANDLA**

Provider ID: 265393  
Board Certified Specialty: No  
5565 GROSSMONT CENTER DR STE 202  
LA MESA, CA 91942  
Phone: (619) 461-6130  
Fax: (619) 461-3108  
After Hours Phone: (619) 461-6130  
Provider Gender: Male  
NPI: 1710996384  
Provider English Spoken: Y  
Provider Language(s) Spoken: Kannada, Spanish, Telugu  
Cultural Competency: N  
Hospital Affiliation: GROSSMONT HOSPITAL, ALVARADO HOSPITAL LLC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**LA MESA**

**CARDIOVASCULAR DISEASE**

**KOTHA, PURUSHOTHAM**

Provider ID: 32053  
Board Certified Specialty: Yes  
8860 CENTER DR STE 400  
LA MESA, CA 91942  
Phone: (619) 229-1995  
Fax: (619) 229-1109  
After Hours Phone: (619) 229-1995  
Provider Gender: Male  
NPI: 1093730173  
Provider English Spoken: Y  
Provider Language(s) Spoken: Hindi, Spanish, Telugu  
Cultural Competency: N  
Hospital Affiliation: ALVARADO HOSPITAL LLC, GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty:</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CERTIFIED NURSE PRACTITIONER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LANE, KIMBERLY</td>
<td>295955</td>
<td>No</td>
<td>8851 CENTER DR STE 501</td>
<td>(619) 697-2456</td>
<td>(619) 697-2456</td>
<td>N/A</td>
</tr>
<tr>
<td>BELLOMO, THOMAS</td>
<td>205600</td>
<td>No</td>
<td>5565 GROSSMONT CENTER DR STE 2</td>
<td>(619) 713-5375</td>
<td>(619) 713-5375</td>
<td></td>
</tr>
<tr>
<td>LOVEJOY, AMY</td>
<td>206106</td>
<td>No</td>
<td>5565 GROSSMONT CENTER DR STE 2</td>
<td>(619) 713-5375</td>
<td>(619) 713-5375</td>
<td></td>
</tr>
</tbody>
</table>

**Hours:** M-F 8:30AM-5:00PM  
**Website:** N/A  
**Certified Specialty:** No  
**Address:** 8851 CENTER DR STE 501 LA MESA, CA 91942  
**Phone:** (619) 697-2456  
**After Hours Phone:** (619) 697-2456  
**Provider ID:** 295955  
**NPI:** 1457670119  
**Provider English Spoken:** Y  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0-999  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A  

**CERTIFIED NURSE PRACTITIONER**  
**RESTELLI, LYNDSEY**  
**Provider ID:** 217693  
**Board Certified Specialty:** No  
**Address:** 8881 FLETCHER PKWY STE 205 LA MESA, CA 91942  
**Phone:** (619) 464-6434  
**After Hours Phone:** (619) 464-6434  
**Provider ID:** 217693  
**NPI:** 1558854000  
**Provider English Spoken:** Y  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0-19  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A  

**EMERGENCY MEDICINE**  
**BELLOMO, THOMAS**  
**Provider ID:** 205600  
**Board Certified Specialty:** No  
**Address:** 5565 GROSSMONT CENTER DR STE 2 LA MESA, CA 91942  
**Phone:** (619) 713-5375  
**After Hours Phone:** (619) 713-5375  
**Provider Gender:** Female  
**NPI:** 1790856557  
**Provider English Spoken:** Y  

**Provider English Spoken:** Y  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0-999  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A  

**CERTIFIED NURSE PRACTITIONER**  
**RESTELLI, LYNDSEY**  
**Provider ID:** 217693  
**Board Certified Specialty:** No  
**Address:** 8881 FLETCHER PKWY STE 200 LA MESA, CA 91942  
**Phone:** (619) 464-6434  
**After Hours Phone:** (619) 464-6434  
**Provider ID:** 217693  
**NPI:** 1558854000  
**Provider English Spoken:** Y  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0-19  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A  

**CERTIFIED NURSE PRACTITIONER**  
**RESTELLI, LYNDSEY**  
**Provider ID:** 217693  
**Board Certified Specialty:** No  
**Address:** 8881 FLETCHER PKWY STE 205 LA MESA, CA 91942  
**Phone:** (619) 464-6434  
**After Hours Phone:** (619) 464-6434  
**Provider ID:** 217693  
**NPI:** 1558854000  
**Provider English Spoken:** Y  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0-19  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A  

**EMERGENCY MEDICINE**  
**BELLOMO, THOMAS**  
**Provider ID:** 205600  
**Board Certified Specialty:** No  
**Address:** 5565 GROSSMONT CENTER DR STE 2 LA MESA, CA 91942  
**Phone:** (619) 713-5375  
**After Hours Phone:** (619) 713-5375  
**Provider Gender:** Female  
**NPI:** 1790856557  
**Provider English Spoken:** Y  

**Provider English Spoken:** Y  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0-999  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A  

**CERTIFIED NURSE PRACTITIONER**  
**RESTELLI, LYNDSEY**  
**Provider ID:** 217693  
**Board Certified Specialty:** No  
**Address:** 8881 FLETCHER PKWY STE 200 LA MESA, CA 91942  
**Phone:** (619) 464-6434  
**After Hours Phone:** (619) 464-6434  
**Provider ID:** 217693  
**NPI:** 1558854000  
**Provider English Spoken:** Y  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0-19  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A  

**EMERGENCY MEDICINE**  
**BELLOMO, THOMAS**  
**Provider ID:** 205600  
**Board Certified Specialty:** No  
**Address:** 5565 GROSSMONT CENTER DR STE 2 LA MESA, CA 91942  
**Phone:** (619) 713-5375  
**After Hours Phone:** (619) 713-5375  
**Provider Gender:** Female  
**NPI:** 1790856557  
**Provider English Spoken:** Y  

**Provider English Spoken:** Y  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0-999  
**American Sign Language (ASL):** N  
**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A
<table>
<thead>
<tr>
<th>Medical specialty</th>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Provider Language(s)</th>
<th>Cultural Competency</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>Quinones-Perez, Bianca</td>
<td>268693</td>
<td>No</td>
<td></td>
<td></td>
<td>0\19</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anderson, Elaine</td>
<td>268693</td>
<td>No</td>
<td></td>
<td></td>
<td>18\999</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematology / Oncology</td>
<td>Batra, Reema</td>
<td>58612</td>
<td>No</td>
<td></td>
<td></td>
<td>0\999</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td>Hindi, Mandarin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

**HEMATOLOGY / ONCOLOGY**

**MEDIC, IGOR**

Provider ID: 119509  
Board Certified Specialty: No  

5555 GROSSMONT CENTER DR  
LA MESA, CA 91942  
Phone: (619) 644-3030  
Fax: (619) 644-3638  
After Hours Phone: (619) 644-3030  
Provider Gender: Male  
NPI: 1154618593  
Provider English Spoken: Y  
Provider Language(s) Spoken: Arabic, Serbian, Spanish  
Cultural Competency: N  
Hospital Affiliation: GROSSMONT HOSPITAL, Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:30AM-5:00PM  
Website: N/A

**ZU, KAI**

Provider ID: 295711  
Board Certified Specialty: No  

5555 GROSSMONT CENTER DR  
LA MESA, CA 91942  
Phone: (619) 644-3030  
Fax: (619) 644-3638  
After Hours Phone: (619) 644-3030  
Provider Gender: Male  
NPI: 1164583639  
Provider English Spoken: Y  
Provider Language(s) Spoken: Chinese, Mandarin, Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: GROSSMONT HOSPITAL, Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:30AM-5:00PM  
Website: N/A
INTERVENTIONAL CARDIOLOGY
TAGHIZADEH, BEHZAD
Provider ID: 269161
Board Certified Specialty: No
 Cosby 8851 CENTER DR STE 405
 LA MESA, CA 91942
☎ Phone: (619) 582-2404
Fax: (619) 582-2915
확 헨 루한 전화: (619) 582-2404
Provider Gender: Male
NPI: 1275514986
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
ALVARADO HOSPITAL LLC,
USC Arcadia Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE
YELLEN, LAURENCE
Provider ID: 269173
Board Certified Specialty: No
 Cosby 8851 CENTER DR STE 405
 LA MESA, CA 91942
☎ Phone: (619) 582-2404
Fax: (619) 582-2915
확 헨 루한 전화: (619) 582-2404
Provider Gender: Male
NPI: 1477680551
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
ALVARADO HOSPITAL LLC,
USC Arcadia Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE
ADAMI, REBECCA
Provider ID: 272676
Board Certified Specialty: No
 Cosby 5555 GROSSMONT CENTER DR
 LA MESA, CA 91942
☎ Phone: (858) 966-6710
Fax: (858) 966-6711
확 헨 루한 전화: (858) 966-6710
Provider Gender: Female
NPI: 1992149447
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
RADY CHILDRENS HOSPITAL SAN DIEGO,
SHARP MEMORIAL HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SHARP MEMORIAL HOSPITAL,
RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE
MCCULLOUGH, DEIRDRE
Provider ID: 244873
Board Certified Specialty: No
 Cosby 5555 GROSSMONT CENTER DR
 LA MESA, CA 91942
☎ Phone: (858) 966-6710
Fax: (858) 966-6711
확 헨 루한 전화: (858) 966-6710
Provider Gender: Female
NPI: 1639153018
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS,
Sharp Grossmont Hospital,
SHARP MEMORIAL HOSPITAL,
SHARP MEMORIAL HOSPITAL,
RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

1835
### MATERNAL AND FETAL MEDICINE

**MELBER, DORA**  
Provider ID: 296997  
Board Certified Specialty: No  
8851 CENTER DR STE 201  
LA MESA, CA 91942  
Phone: (858) 966-6710  
Fax: (858) 966-6711  
After Hours Phone: (858) 966-6710  
Provider Gender: Female  
NPI: 1801207634  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**THORNTON, UCSD MEDICAL CTR, Rady Childrens Hospital San Diego**  
Provider ID: 294654  
Board Certified Specialty: No  
5555 GROSSMONT CENTER DR  
LA MESA, CA 91942  
Phone: (858) 966-6710  
Fax: (858) 966-6711  
After Hours Phone: (858) 966-6710  
Provider Gender: Female  
NPI: 1801207634  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD La Jolla John Sally Thornton, UCSD Medical Ctr, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**REIMERS, REBECCA**  
Provider ID: 294656  
Board Certified Specialty: No  
8851 CENTER DR STE 201  
LA MESA, CA 91942  
Phone: (858) 966-6710  
Fax: (858) 966-6711  
After Hours Phone: (858) 966-6710  
Provider Gender: Female  
NPI: 1801207634  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**REIMERS, REBECCA**  
Provider ID: 294656  
Board Certified Specialty: No  
5555 GROSSMONT CENTER DR  
LA MESA, CA 91942  
Phone: (858) 966-6710  
Fax: (858) 966-6711  
After Hours Phone: (858) 966-6710  
Provider Gender: Female  
NPI: 1801207634  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**SCHWENDEMANN, WADE**  
Provider ID: 277305  
Board Certified Specialty: No  
8851 CENTER DR STE 201  
LA MESA, CA 91942  
Phone: (858) 966-6710  
Fax: (858) 966-6711  
After Hours Phone: (858) 966-6710  
Provider Gender: Female  
NPI: 1154305977  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A
MATERNAL AND FETAL MEDICINE

WILLIAMS, KRISTIN
Provider ID: 277384
Board Certified Specialty: No

Provider ID: 293480
Board Certified Specialty: No

Provider ID: 295640
Board Certified Specialty: No
D3. 专科提供者名录

American Sign Language (ASL): N
[Accessibility: CONTACT PROVIDER]
[Hours: M-F 9:00AM-5:00PM]
[Website: N/A]

NEUROLOGY
MOHAMMAD, AHMAD SHAH
Provider ID: 39868
Board Certified Specialty: No
8851 CENTER DR STE 307
LA MESA, CA 91942
Phone: (619) 337-7900
Fax: (619) 337-7902
After Hours Phone: (619) 337-7900
Provider Gender: Male
NPI: 1902973472
[Provider English Spoken: Y]
[Provider Language(s) Spoken: Arabic, Farsi, French, German, Pashto, Spanish]
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
[Accessibility: CONTACT PROVIDER]
[Hours: M-F 8:00AM-4:00PM]
[Website: N/A]

OPHTHALMOLOGY
CHIU, STEPHAN
Provider ID: 297585
Board Certified Specialty: No
5565 GROSSMONT CENTER DR STE 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Provider Gender: Male
NPI: 1053846956
[Provider English Spoken: Y]
[Provider Language(s) Spoken: Mandarin, Spanish]
Cultural Competency: N
Hospital Affiliation: RONALD REAGAN UCLA MED CTR,
SANTA MONICA UCLA MED CTR, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
[Accessibility: CONTACT PROVIDER]
[Hours: M 8:00AM-4:00PM]
[TU-W 8:30AM-4:00PM]
[TH 8:00AM-4:00PM]
[F 8:00AM-0:00PM]
[Website: N/A]

OPHTHALMOLOGY
HAIGHT, BRUCE
Provider ID: 305885
Board Certified Specialty: No
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Provider Gender: Male
NPI: 1427029628
[Provider English Spoken: Y]
[Provider Language(s) Spoken: Arabic, Farsi, French, German, Pashto, Spanish]
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
[Accessibility: CONTACT PROVIDER]
[Hours: M-F 8:00AM-5:00PM]
[Website: N/A]
D3. 专科提供者名录

OPHTHALMOLOGY
HAIGHT, BRUCE
Provider ID: 295984
Board Certified Specialty: No
5565 GROSSMONT CENTER DR STE 2-3
LA MESA, CA 91942
Phone: (619) 463-0331
Fax: (619) 463-0138
After Hours Phone: (619) 463-0331
Provider Gender: Male
NPI: 1427029628
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-Th 8:30AM-4:00PM
Tu-W 8:00AM-4:00PM
Th 8:00AM-4:00PM
F 8:00AM-0:00PM
Website: N/A

OPHTHALMOLOGY
HUDSON, HENRY
Provider ID: 297578
Board Certified Specialty: No
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Provider Gender: Male
NPI: 1851349195
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, TRICITY MEDICAL CTR, RADY CHILDREN'S HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

DIEGO, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-4:30PM
Website: N/A

OPHTHALMOLOGY
HAIGHT, BRUCE
Provider ID: 295984
Board Certified Specialty: No
5565 GROSSMONT CENTER DR STE 2-3
LA MESA, CA 91942
Phone: (619) 463-0331
Fax: (619) 463-0138
After Hours Phone: (619) 463-0331
Provider Gender: Male
NPI: 1427029628
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
HUDSON, HENRY
Provider ID: 297577
Board Certified Specialty: Yes
5565 GROSSMONT CENTER DR STE 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Provider Gender: Male
NPI: 1851349195
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, TRICITY MEDICAL CTR, RADY CHILDREN'S HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
### OPTOMETRIST

**AOTO, KIM**

Provider ID: 288652  
Board Certified Specialty: No  
Provider ID: 288652  
Board Certified Specialty: No  
7339 EL CAJON BLVD STE J AND K  
LA MESA, CA 91942  
Phone: (619) 722-8460  
Fax: (619) 722-8465  
After Hours Phone: (619) 722-8460  
Provider Gender: Female  
NPI: 1780935650  
Provider English Spoken: Y  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-4:30PM  
Website: N/A

### OTOLARYNGOLOGY

**SAEZ, NEIL**

Provider ID: 302431  
Board Certified Specialty: No  
5565 GROSSMONT CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942  
Phone: (619) 464-3353  
Fax: (619) 464-6720  
After Hours Phone: (619) 464-3353  
Provider Gender: Male  
NPI: 1518456508  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

### PEDIATRIC EMERGENCY MEDICINE

**GROSS, MATTHEW**

Provider ID: 297177  
Board Certified Specialty: No  
5565 GROSSMONT CENTER DR STE 2  
LA MESA, CA 91942  
Phone: (619) 713-5375  
Fax: (619) 713-5379  
After Hours Phone: (619) 713-5375  
Provider Gender: Female  
NPI: 245753  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

LA MESA, CA 91942
☎ Phone: (619) 713-5375
Fax: (619) 713-5379
☎ After Hours Phone: (619) 713-5375
Provider Gender: Male
NPI: 1942223664
/questions/ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
_accessibility: CONTACT PROVIDER
_hours: M-F 8:00AM-5:00PM
_website: N/A

## PEDIATRIC EMERGENCY MEDICINE

### JOSEPH, WEENA
Provider ID: 262233
Board Certified Specialty: No
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
☎ Phone: (619) 713-5375
Fax: (619) 713-5379
☎ After Hours Phone: (619) 713-5375
Provider Gender: Female
NPI: 1376862177
/questions/ Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MERCY
HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
_accessibility: CONTACT PROVIDER
_hours: M-F 8:00AM-5:00PM
_website: N/A

### PEDIATRIC EMERGENCY MEDICINE

### MINKA, GENEVIEVE
Provider ID: 205335
Board Certified Specialty: No
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
☎ Phone: (619) 713-5375
Fax: (619) 713-5379
☎ After Hours Phone: (619) 713-5375
Provider Gender: Female
NPI: 1689646689
/questions/ Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Hospital Affiliation: VALLEY
CHILDRENS HOSPITAL, RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
_accessibility: CONTACT PROVIDER
_hours: M-F 8:00AM-5:00PM
_website: N/A

### PEDIATRIC EMERGENCY MEDICINE

### OZAKI, YOSHIHIRO
Provider ID: 241925
Board Certified Specialty: No
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
☎ Phone: (619) 713-5375
Fax: (619) 713-5379
☎ After Hours Phone: (619) 713-5375
Provider Gender: Male
NPI: 1467898239
/questions/ Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Hospital Affiliation: VALLEY
CHILDRENS HOSPITAL, RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
_accessibility: CONTACT PROVIDER
_hours: M-F 8:00AM-5:00PM
_website: N/A

### PEDIATRIC EMERGENCY MEDICINE

### PARKER, SHERINE
Provider ID: 205786
Board Certified Specialty: No
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
☎ Phone: (619) 713-5375
Fax: (619) 713-5379
☎ After Hours Phone: (619) 713-5375
Provider Gender: Female
NPI: 1841
Fax: (619) 713-5379
After Hours Phone: (619) 713-5375
Provider Gender: Female
NPI: 1477626513
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GLENDALE ADVENTIST MED CTR, GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY MEDICAL CTR, RADY CHILDREN'S HOSPITAL SAN DIEGO, VALLEY CHILDREN'S HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRICS

CLAY, CORRIE
Provider ID: 278807
Board Certified Specialty: No
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO, Los Angeles General Medical Center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE

WANG, EMILY
Provider ID: 265955
Board Certified Specialty: No
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY CHILDREN'S HOSPITAL SAN DIEGO, GROSSMONT
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT

DOUGHERTY, CLARA
Provider ID: 301590
Board Certified Specialty: No
8851 CENTER DR STE 501
LA MESA, CA 91942
Phone: (619) 697-2456
Fax: (858) 429-7930
After Hours Phone: (619) 697-2456
Provider Gender: Female
NPI: 1609987619
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT

ELO, KRISTIN
Provider ID: 295736
Board Certified Specialty: No
5555 GROSSMONT CENTER DR
LA MESA, CA 91942
Phone: (619) 644-3030
Fax: (619) 644-3083
After Hours Phone: (619) 644-3030
Provider Gender: Female
NPI: 1164664306
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital,
GROSSMONT HOSPITAL
Medi-Cal Open Panel: No
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM
Website: N/A

PHYSICIANS ASSISTANT

FERRARA, SAMANTHA
Provider ID: 306005
Board Certified Specialty: No
7339 EL CAJON BLVD STE 1
LA MESA, CA 91942
Phone: (619) 698-0606
Fax: (619) 698-0609
After Hours Phone: (619) 698-0606
Provider Gender: Female
NPI: 1437822434
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
EISENHOWER MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT

HINKLE, CORINNE
Provider ID: 305425
Board Certified Specialty: No
7339 EL CAJON BLVD STE 1
LA MESA, CA 91942
Phone: (619) 698-0606
Fax: (619) 698-0609
After Hours Phone: (619) 698-0606
Provider Gender: Female
NPI: 1508451949
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: Valleywise Health Medical Center
D3. 专科提供者名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

PHYSICIANS ASSISTANT
RAYMOND, ALAIN
Provider ID: 269057
Board Certified Specialty: No
 8851 CENTER DR STE 505
 LA MESA, CA 91942
 Phone: (619) 461-3880
 Fax: (619) 461-3895
 After Hours Phone: (619) 461-3880
 Provider Gender: Male
 NPI: 1164729125
 Provider English Spoken: Y
 Provider Language(s) Spoken: French
 Cultural Competency: N
 Hospital Affiliation: Sharp Grossmont Hospital
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

PHYSICIANS ASSISTANT
WHITE, KYLE
Provider ID: 302382
Board Certified Specialty: No
 5565 GROSSMONT CENTER DR BLDG 3 STE 101
 LA MESA, CA 91942
 Phone: (619) 464-3353
 Fax: (619) 464-7509
 After Hours Phone: (619) 464-3353
 Provider Gender: Male
 NPI: 1922768860
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

PHYSICIANS ASSISTANT
VAWTER, ERIN
Provider ID: 295755
Board Certified Specialty: No
 5555 GROSSMONT CENTER DR
 LA MESA, CA 91942
 Phone: (619) 644-3030
 Fax: (619) 644-3638
 After Hours Phone: (619) 644-3030
 Provider Gender: Female
 NPI: 1376988691
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: Sharp Grossmont Hospital
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

RADIATION ONCOLOGY
CARMONA, RUBEN
Provider ID: 303099
Board Certified Specialty: No
 5555 GROSSMONT CENTER DR
 LA MESA, CA 91942
 Phone: (619) 740-4500
 Fax: (619) 740-8499
 After Hours Phone: (619) 740-4500
 Provider Gender: Male
 NPI: 1275929242
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

RADIATION ONCOLOGY
COLEMAN, LORI
Provider ID: 221089
Board Certified Specialty: No
 5555 GROSSMONT CENTER DR
 LA MESA, CA 91942
 Phone: (619) 740-4500
 Fax: (619) 740-8499

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, GROSSMONT HOSPITAL, PALOMAR MEDICAL CENTER, Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes
Min/Max Age: 19\100
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

RADIATION ONCOLOGY

WEINSTEIN, GEOFFREY

Provider ID: 220040
Board Certified Specialty: No
5555 GROSSMONT CENTER DR
LA MESA, CA 91942

Phone: (619) 740-4500
Fax: (619) 740-8499

After Hours Phone: (619) 740-4500
Provider Gender: Male
NPI: 1841233947

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC

MOORE, BRIAN

Provider ID: 243960
Board Certified Specialty: No
8860 CENTER DR STE 100
LA MESA, CA 91942

Phone: (619) 460-2770
Fax: (619) 460-2774

After Hours Phone: (619) 460-2770
Provider Gender: Male
NPI: 1831144005

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC

MOORE, BRIAN

Provider ID: 243959
Board Certified Specialty: No
8881 FLETCHER PKWY STE 102
LA MESA, CA 91942

Phone: (619) 460-2770
Fax: (619) 460-2774

After Hours Phone: (619) 460-2770
Provider Gender: Male
### RADIOLOGY DIAGNOSTIC

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Provider ID</th>
<th>Provider ID</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Cultural Competency</th>
<th>Hours</th>
<th>Website</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Accessibility</th>
<th>Provider Language(s)</th>
<th>Spoken</th>
<th>Website</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VENKATESH, VIJAY</strong></td>
<td>269660</td>
<td>No</td>
<td>269659</td>
<td>269660</td>
<td>GROSSMONT HOSPITAL</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>Male</td>
<td>1831144005</td>
<td>N</td>
<td>M-F</td>
<td>N/A</td>
<td>(619)</td>
<td>(619)</td>
<td>(619)</td>
<td></td>
<td>Y</td>
<td>N</td>
<td></td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>Male</td>
<td>1831144005</td>
<td>CONTACT PROVIDER</td>
<td>Hindi, Spanish, Telugu</td>
<td></td>
<td>N/A</td>
<td>(619)</td>
<td>(619)</td>
<td>(619)</td>
</tr>
<tr>
<td><strong>RHEUMATOLOGY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KOTHA, ROSHAN</strong></td>
<td>63454</td>
<td>No</td>
<td>63454</td>
<td>63454</td>
<td>GROSSMONT HOSPITAL</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>Female</td>
<td>1689627085</td>
<td>N</td>
<td>M-F</td>
<td>N/A</td>
<td>(619)</td>
<td>(619)</td>
<td>(619)</td>
<td></td>
<td>Y</td>
<td>N</td>
<td></td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>Female</td>
<td>1689627085</td>
<td>CONTACT PROVIDER</td>
<td>Hindi, Spanish, Telugu</td>
<td></td>
<td>N/A</td>
<td>(619)</td>
<td>(619)</td>
<td>(619)</td>
</tr>
</tbody>
</table>
LAKE ELSINORE, CA 92530
Phone: (951) 252-2720
Fax: (760) 414-3892
After Hours Phone: (951) 252-2720
Provider Gender: Male
NPI: 1215008552
Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SHARP MEMORIAL HOSPITAL, POMONA VALLEY HOSP MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPTOMETRIST
MORA, WENDY
Provider ID: 290239
Board Certified Specialty: No
30195 FRASER DR
LAKE ELSINORE, CA 92530
Phone: (951) 252-2720
Fax: (760) 414-3892
After Hours Phone: (951) 252-2720
Provider Gender: Female
NPI: 1376958389
Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPTOMETRIST
GEE, JENNIFER
Provider ID: 290211
Board Certified Specialty: No
30195 FRASER DR
LAKE ELSINORE, CA 92530
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1336589332
Provider English Spoken: Yes
Cultural Competency: N
Website: N/A

OPTOMETRIST
TAM, EMILY
Provider ID: 290319
Board Certified Specialty: No
30195 FRASER DR
LAKE ELSINORE, CA 92530
Phone: (951) 252-2720
Fax: (760) 414-3892
After Hours Phone: (951) 252-2720
Provider Gender: Male
NPI: 1609187962
Provider English Spoken: Yes
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPTOMETRIST
GEE, JENNIFER
Provider ID: 290211
Board Certified Specialty: No
30195 FRASER DR
LAKE ELSINORE, CA 92530
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1376958389
Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPTOMETRIST
TAM, EMILY
Provider ID: 290319
Board Certified Specialty: No
30195 FRASER DR
LAKE ELSINORE, CA 92530
Phone: (951) 252-2720
Fax: (760) 414-3892
After Hours Phone: (951) 252-2720
Provider Gender: Male
NPI: 1609187962
Provider English Spoken: Yes
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Provider Language(s)</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAKE ELSINORE, CA 92530</td>
<td>PROVIDER</td>
<td>Hours: M-F</td>
<td>8:00AM-5:00PM</td>
<td>Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHIROPRACTOR</td>
<td>FULKS, ZACKARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider ID: 301145</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10039 VINE ST</td>
<td>LAKESIDE, CA 92040</td>
<td>Phone: (619) 390-9975</td>
<td>Fax: (360) 462-2744</td>
<td>After Hours Phone: (619) 390-9975</td>
<td>Provider Gender: Male</td>
<td>NPI: 1407562531</td>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\999</td>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Hours: M-F</td>
<td>8:00AM-5:00PM</td>
<td>Website: N/A</td>
</tr>
<tr>
<td>CHIROPRACTOR</td>
<td>HOURIHAN, KEITH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider ID: 257549</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10039 VINE ST</td>
<td>LAKESIDE, CA 92040</td>
<td>Phone: (619) 390-9975</td>
<td>Fax: (858) 633-4690</td>
<td>After Hours Phone: (619) 390-9975</td>
<td>Provider Gender: Male</td>
<td>NPI: 1306916994</td>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\999</td>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Hours: M-F</td>
<td>8:00AM-5:00PM</td>
<td>Website: N/A</td>
</tr>
<tr>
<td>CHIROPRACTOR</td>
<td>MCCOWN, BARRY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider ID: 303816</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10039 VINE ST</td>
<td>LAKESIDE, CA 92040</td>
<td>Phone: (619) 390-9975</td>
<td>Fax: (619) 390-9975</td>
<td>After Hours Phone: (619) 390-9975</td>
<td>Provider Gender: Male</td>
<td>NPI: 1407562531</td>
<td>Provider English Spoken: Y</td>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Hours: M-F</td>
<td>8:00AM-5:00PM</td>
<td>Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LAKE ELSINORE, CA 92530**

**CHIROPRACTOR CASTRO, DAVID**

Provider ID: 305617

Board Certified Specialty: No

10039 VINE ST

LAKESIDE, CA 92040

Phone: (858) 218-3000

Fax: (360) 462-2744

After Hours Phone: (858) 218-3000

Provider Gender: Male

NPI: 1841557733

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

---

**LAKESIDE**

**CHIROPRACTOR FULKS, ZACKARY**

Provider ID: 303813

Board Certified Specialty: No

10039 VINE ST

LAKESIDE, CA 92040

Phone: (619) 390-9975

Fax: (360) 462-2744

After Hours Phone: (619) 390-9975

Provider Gender: Male

NPI: 1407562531

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

**MURRIETA**

**ANESTHESIOLOGY**

**HYLTON, DIANA**

Provider ID: 241738
Board Certified Specialty: No
充分利用医疗中心
MURRIETA, CA 92562
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1932527751
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**MENIFEE**

**PHYSICIANS ASSISTANT**

**SMITH, KELLI**

Provider ID: 272954
Board Certified Specialty: No
充分利用医疗中心
MENIFEE, CA 92584
Phone: (951) 676-4193
After Hours Phone: (951) 676-4193
Provider Gender: Female
NPI: 1841771664
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**PSYCHOLOGIST**

**KRAUSE, MARTIN**
D3. 专科提供者名录

Provider ID: 287655
Board Certified Specialty: No
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6000
Fax: (951) 677-9757
After Hours Phone: (951) 696-6000
Provider Gender: Male
NPI: 1417243239
Provider English Spoken: Y
Provider Language(s) Spoken: German
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
KLEMENCIC, TAHNEE
Provider ID: 302627
Board Certified Specialty: No
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1134802283
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RAY CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
SNYDER, MICHELLE
Provider ID: 210676
Board Certified Specialty: No
41011 CALIFORNIA OAKS RD STE 104
MURRIETA, CA 92562
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1851561054
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RAY CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

- Provider English Spoken: Y  
  Cultural Competency: N  
  Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\999  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Hours: M-F  
  8:00AM-5:00PM  
  Website: N/A

EMERGENCY MEDICINE

LI, JINGHONG  
Provider ID: 255941  
Board Certified Specialty: No  
25500 MEDICAL CENTER DR  
MURRIETA, CA 92562  
Phone: (951) 696-6000  
After Hours Phone: (951) 696-6000  
Provider Gender: Female  
NPI: 1619014479

- Provider English Spoken: Y  
  Cultural Competency: N  
  Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 18\999  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Hours: M-F  
  8:00AM-5:00PM  
  Website: N/A

CERTIFIED NURSE PRACTITIONER

STEVENSON, REHEIA  
Provider ID: 210794  
Board Certified Specialty: No  
41011 CALIFORNIA OAKS RD STE 104  
MURRIETA, CA 92562  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1346696044

- Provider English Spoken: Y  
  Cultural Competency: N  
  Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, PIONEERS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, LOMA LINDA UNIVERSITY MED CTR MURRIETA, TEMECULA VALLEY HOSPITAL INC  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\999  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Hours: M-F  
  8:00AM-5:00PM  
  Website: N/A

INTERVENTIONAL CARDIOLOGY

AL KHIAMI, BELAL  
Provider ID: 275994  
Board Certified Specialty: No  
28062 BAXTER RD  
MURRIETA, CA 92563  
Phone: (951) 290-4000  
Fax: (888) 539-8781  
After Hours Phone: (951) 290-4000  
Provider Gender: Male  
NPI: 1861623506

- Provider English Spoken: Y  
  Provider Language(s) Spoken: Arabic  
  Cultural Competency: N  
  Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, PIONEERS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, LOMA LINDA UNIVERSITY MED CTR MURRIETA, TEMECULA VALLEY HOSPITAL INC  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\999  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Hours: M-F  
  8:00AM-5:00PM  
  Website: N/A

INTERVENTIONAL CARDIOLOGY

WETTERSTEN, NICHOLAS  
Provider ID: 210605  
Board Certified Specialty: No  
41011 CALIFORNIA OAKS RD STE 104  
MURRIETA, CA 92562  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1063701068
MATERNAL AND FETAL MEDICINE

MELBER, DORA
Provider ID: 296998
Board Certified Specialty: No
Provider English Spoken: Y
Provider Language(s):
  Spoken: Hungarian, Spanish
Hospital Affiliation: UCSD LA JOLLA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
  N
Accessibility: CONTACT PROVIDER
Hours: M-F
  8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

REIMERS, REBECCA
Provider ID: 294649
Board Certified Specialty: No
Provider English Spoken: Y
Provider Language(s):
  Spoken: Hungarian, Spanish
Hospital Affiliation: UCSD LA JOLLA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
  N
Accessibility: CONTACT PROVIDER
Hours: M-F
  8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE
NYMAN, KATHERINE
Provider ID: 301820
Board Certified Specialty: No
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6000
Fax: (951) 696-6105
After Hours Phone: (951) 696-6000
Provider Gender: Female
NPI: 1003260951
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

NEONATAL / PERINATAL MEDICINE
WEISS, KATHERINE
Provider ID: 264676
Board Certified Specialty: Yes
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6000
Fax: (951) 696-6105
After Hours Phone: (951) 696-6000
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

NEONATAL / PERINATAL MEDICINE
WEST, JULIE
Provider ID: 297071
Board Certified Specialty: No
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6000
Fax: (951) 696-6105
After Hours Phone: (951) 696-6000
Provider Gender: Female
NPI: 1811151848
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

NEUROLOGY
GOLD, JEFFREY
Provider ID: 283334
Board Certified Specialty: No
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1568773984
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Website: N/A

NEUROLOGY
JINDAL, ANUJA
Provider ID: 215521
Board Certified Specialty: No
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1194046581
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RASY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

Guido-Estrada, Natalie
Provider ID: 215442
Board Certified Specialty: No
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1528353521
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RASY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

SAHAGIAN, MICHELLE
Provider ID: 283166
Board Certified Specialty: No
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1275604035
Provider English Spoken: Y
Hospital Affiliation: RASY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

GUIDE-O-ESTRADA, NATHALIE
Provider ID: 215691
Board Certified Specialty: No
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1568773984
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RASY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NEUROLOGY CHILD
KIM MCMANUS, OLIVIA
Provider ID: 215666
Board Certified Specialty: No
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1174870067
Provider English Spoken: Y
Cultural Competency: N

Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### OBGYN

**Binder, Pratibha**  
Provider ID: 273227  
Board Certified Specialty: No  
25405 HANCOCK AVE STE 217  
MURRIETA, CA 92562  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1174758031  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA  
John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
.Bounds: M-F  
8:00AM-5:00PM  
Website: N/A

### Ophthalmology

**Bansal, Preeti**  
Provider ID: 215606  
Board Certified Specialty: No  
25170 HANCOCK AVE  
MURRIETA, CA 92562  
Phone: (951) 600-1640  
After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1871664631  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp for Women and Newborns, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Tri City Medical CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
.Bounds: M-F  
8:00AM-5:00PM  
Website: N/A

**Bhatia, Shagun**  
Provider ID: 267317  
Board Certified Specialty: No  
25170 HANCOCK AVE FL1  
MURRIETA, CA 92562  
Phone: (951) 600-1640  
Fax: (951) 600-1760  
After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1104237353  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD La Jolla John Sally Thornton, UCSD Medical CTR, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
.Bounds: M-F  
8:00AM-5:00PM  
Website: N/A

**Hennein, Lauren**  
Provider ID: 297010  
Board Certified Specialty: No  
25170 HANCOCK AVE FL1  
MURRIETA, CA 92562  
Phone: (951) 600-1640  
Fax: (951) 600-1760  
After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1699216010  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
.Bounds: M-F  
8:00AM-5:00PM  
Website: N/A
D3. 专科提供者名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

OPHTHALMOLOGY
MOVAGHAR, MANSOOR
Provider ID: 216415
Board Certified Specialty: No

OPHTHALMOLOGY
MOLL, ANGELA
Provider ID: 215687
Board Certified Specialty: No

OPHTHALMOLOGY
OHALLORAN, HENRY
Provider ID: 215685
Board Certified Specialty: No

OPHTALMOLOGY
BLISS, MORGAN
Provider ID: 215684
Board Certified Specialty: No

OTOLARYNGOLOGY
BLISS, MORGAN
Provider ID: 215684
Board Certified Specialty: No
D3. 专科提供者名录

CARVALHO, DANIELA  
Provider ID: 215332  
Board Certified Specialty: No  
25170 HANCOCK AVE  
MURRIETA, CA 92562  
Phone: (951) 600-1640  
After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1154492916  
Provider English Spoken: Y  
Provider Language(s) Spoken: French, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

OTOLARYNGOLOGY  
JIANG, WEN  
Provider ID: 215564  
Board Certified Specialty: No  
25170 HANCOCK AVE  
MURRIETA, CA 92562  
Phone: (951) 600-1640  
After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1659305753  
Provider English Spoken: Y  
Provider Language(s) Spoken: Mandarin  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

OTOLARYNGOLOGY  
FRIESEN, TZYYNONG  
Provider ID: 244898  
Board Certified Specialty: No  
25170 HANCOCK AVE  
MURRIETA, CA 92562  
Phone: (951) 600-1400  
After Hours Phone: (951) 600-1400  
Provider Gender: Female  
NPI: 1952740177  
Provider English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

OTOLARYNGOLOGY  
KARI, ELINA  
Provider ID: 254089  
Board Certified Specialty: No  
25170 HANCOCK AVE MURRIETA, CA 92562  
Phone: (951) 600-1640  
After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1780860536  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

OTOLARYNGOLOGY  
KARI, ELINA  
Provider ID: 254296  
Board Certified Specialty: No  
25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
Phone: (951) 600-1640  
After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1780860536  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD
LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, Rady CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC ALLERGY / IMMUNOLOGY

COLLINS, CATHELEEN
Provider ID: 215733
Board Certified Specialty: No
25170 HANCOCK AVE MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1205128089
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC CARDIOLOGY

DAVIS, CHRISTOPHER
Provider ID: 215743
Board Certified Specialty: No
25170 HANCOCK AVE MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1760691950
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC CARDIOLOGY

BORQUEZ, ALEJANDRO
Provider ID: 284119
Board Certified Specialty: No
25170 HANCOCK AVE FL 1 MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1114277787
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: Rady CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC CARDIOLOGY

PATEL, VIJAY
Provider ID: 297034
Board Certified Specialty: No
25170 HANCOCK AVE STE 1 MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1508250747
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: LUCILE SALTER PACKARD CHILDREN'S HOSP, Stanford Health Care, Rady CHILDRENS HOSPITAL SAN DIEGO, Valley CHILDREN'S HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC CARDIOLOGY

COLLINS, CATHELEEN
Provider ID: 215733
Board Certified Specialty: No
25170 HANCOCK AVE MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1205128089
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC CARDIOLOGY

DAVIS, CHRISTOPHER
Provider ID: 215743
Board Certified Specialty: No
25170 HANCOCK AVE MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1760691950
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
**D3. 专科提供者名录**

Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**PEDIATRIC CARDIOLOGY**

**DUMMER, KIRSTEN**
Provider ID: 215645
Board Certified Specialty: No
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1487821815
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego, UCSF Benioff Children's Hospital Oakland
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**NARAYAN, HARI**
Provider ID: 239114
Board Certified Specialty: No
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1376705707
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**SILVA SEPULVEDA, JOSE**
Provider ID: 215679
Board Certified Specialty: No
Phone: (951) 600-1640
After Hours Phone: (951)

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

600-1640
Provider Gender: Male
NPI: 1417222472
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
DEVERA, GEMMIE
Provider ID: N/A
Board Certified Specialty: No
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6124
After Hours Phone: (951) 696-6124
Provider Gender: Female
NPI: 1366622078
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RAY CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRIC CARDIOLOGY
WILLIAMS, MATTHEW
Provider ID: 215678
Board Certified Specialty: No
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1831423250
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RAY CHILDREN'S HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
DO, STEPHANIE
Provider ID: 216969
Board Certified Specialty: No
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6124
Fax: (951) 696-6293
After Hours Phone: (951) 696-6124
Provider Gender: Female
NPI: 1750513644
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Martin Luther King Jr Community Hospital, RAY CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
GROSS, MATTHEW
Provider ID: 297173
Board Certified Specialty: No
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (858) 966-7800
Fax: (858) 966-8231
After Hours Phone: (858) 966-7800
Provider Gender: Male
NPI: 1942223664
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RAY CHILDREN'S HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Certified Specialty</th>
<th>Specialty Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Additional Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDRA, SEAN</td>
<td>302626</td>
<td>No</td>
<td>Rady Children's Hospital, Valley Children's Hospital</td>
<td>No</td>
<td>0\19</td>
<td>N</td>
<td>Male, N/A</td>
</tr>
<tr>
<td>KINGDON, JOANNA</td>
<td>302318</td>
<td>No</td>
<td>Rady Children's Hospital, UCSD Medical Ctr</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>MESIWALA, ADNAN</td>
<td>275655</td>
<td>No</td>
<td>Rady Children's Hospital, Valley Children's Hospital</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>Male, N/A</td>
</tr>
<tr>
<td>MILLS, DAVID</td>
<td>302147</td>
<td>No</td>
<td>Rady Children's Hospital, UCSD Medical Ctr</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>Male, N/A</td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

OZCAN, ALI
Provider ID: 287924
Board Certified Specialty: No
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6124
Fax: (951) 696-6293
After Hours Phone: (951) 696-6124
Provider Gender: Male
NPI: 1265867683
Provider English Spoken: Y
Provider Language(s)
Spoken: Turkish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDiATRIC EMERGENCY MEDiCINE
PARK, BRIAN
Provider ID: 302353
Board Certified Specialty: No
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6124
Fax: (951) 696-6293
After Hours Phone: (951) 696-6124
Provider Gender: Male
NPI: 1710418744
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDiATRIC EMERGENCY MEDiCINE
RANASURIYA, DUNISHA
Provider ID: 216972
Board Certified Specialty: No
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6161
After Hours Phone: (951) 696-6161
Provider Gender: Female
NPI: 1740468057
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDiATRIC EMERGENCY MEDiCINE
SCHROTER, STEPHANIE
Provider ID: 243831
Board Certified Specialty: No
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6124
After Hours Phone: (951) 696-6124
Provider Gender: Female
NPI: 1073951828
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDiATRIC EMERGENCY MEDiCINE
SHETH, SARIKA
Provider ID: 248172
Board Certified Specialty: No
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6124
Fax: (951) 696-6293
After Hours Phone: (951) 696-6124
Provider Gender: Male
NPI: 1710418744
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
Provider Gender: Female
NPI: 1336503234
- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**SOUDER, CHRISTOPHER**
Provider ID: 301634
Board Certified Specialty: Yes
- 25170 HANCOCK AVE FL 1
  - MURRIETA, CA 92562
- Phone: (951) 600-1640
- Fax: (951) 600-1760
- After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1851540199
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSF
  - BENIOFF CHILDREN'S HOSPITAL OAKLAND
  - Medi-Cal Open Panel: No
  - Min/Max Age: 0\19
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

**PEYED-UDDIN, SUMIYAH**
Provider ID: 297771
Board Certified Specialty: No
- 25500 MEDICAL CENTER DR
  - MURRIETA, CA 92562
- Phone: (951) 696-6124
- Fax: (951) 696-6293
- After Hours Phone: (951) 696-6124
Provider Gender: Female
NPI: 1225606478
- Provider English Spoken: Y
- Provider Language(s) Spoken: Hindi, Urdu
- Cultural Competency: N
- Hospital Affiliation: SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\19
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

**TANG, ANDREW**
Provider ID: 294678
Board Certified Specialty: No
- 25500 MEDICAL CENTER DR
  - MURRIETA, CA 92562
- Phone: (951) 696-6124
- Fax: (951) 696-6293
- After Hours Phone: (951) 696-6124
Provider Gender: Male
NPI: 1184071516
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\19
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:00AM-5:00PM
  - Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**TRAN, THERESA**
Provider ID: 301835
Board Certified Specialty: No
- 25500 MEDICAL CENTER DR
  - MURRIETA, CA 92562
- Phone: (951) 696-6124
- Fax: (951) 696-6293
- After Hours Phone: (951) 696-6124
Provider Gender: Female
NPI: 1417496985
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish, Vietnamese
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\19

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRIC ENDOCRINOLOGY
SINGH, PUJA
Provider ID: 302819
Board Certified Specialty: No
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1841721172
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation: RAYD CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

PEDIATRIC PULMONOLOGY
CHU, CHRISTOPHER
Provider ID: 301640
Board Certified Specialty: No
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1912369273
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation: RAYD CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

PEDIATRIC PULMONOLOGY
LENHART-PENDERGRASS, PATRICIA
Provider ID: 294382
Board Certified Specialty: No
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1144615659
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: RAYD CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

PEDIATRICS
LOPEZ, XIMENA
Provider ID: 302857
Board Certified Specialty: No
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1649222340
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: RAYD CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1740316405
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRICS
PATTERSON, MARY
Provider ID: 215677
Board Certified Specialty: No
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1912112020
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICAL MEDICINE / REHABILITATION
ALGRA, JEFFREY
Provider ID: 215644
Board Certified Specialty: No
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1457664518
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRICS
VARGAS TRUJILLO, MARCELA
Provider ID: 215602
Board Certified Specialty: No
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1952534091
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider</th>
<th>Specialty</th>
<th>Board Certified Specialty: No</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken: Y</th>
<th>Cultural Competency: N</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel: Yes</th>
<th>Min/Max Age: 0\19</th>
<th>American Sign Language (ASL): N</th>
<th>Accessibility: CONTACT PROVIDER</th>
<th>Hours: M-F 8:00AM-5:00PM</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIFFL, SUSAN</td>
<td>PHYSICAL MEDICINE / REHABILITATION</td>
<td>25170 HANCOCK AVE MURRIETA, CA 92562</td>
<td>(951) 600-1640</td>
<td>(951) 600-1760</td>
<td>(951) 600-1640</td>
<td>Female</td>
<td>1366589640</td>
<td>Y</td>
<td>RADI</td>
<td>RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDRENS HOSPITAL OAKLAND</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>DALAL, PRITHA</td>
<td>PHYSICAL MEDICINE / REHABILITATION</td>
<td>25170 HANCOCK AVE FL 1 MURRIETA, CA 92562</td>
<td>(951) 600-1640</td>
<td>(951) 600-1760</td>
<td>(951) 600-1640</td>
<td>Male</td>
<td>1447645742</td>
<td>Y</td>
<td>N</td>
<td>RCCHF</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

Provider ID: 215522
Board Certified Specialty: No
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1487635272
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
KIVIAT, ANNETTE
Provider ID: 302453
Board Certified Specialty: No
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1205381845
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
ANWAR, YASMIN
Provider ID: 300014
Board Certified Specialty: No
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1750745394
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PULMONARY DISEASES
SURI, RAJAT
Provider ID: 300014
Board Certified Specialty: No
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1750745394
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PULMONARY DISEASES
KUMAR, AVNEE
Provider ID: 300845
Board Certified Specialty: Yes
25495 MEDICAL CENTER DR STE 200
MURRIETA, CA 92562
Phone: (951) 304-7546
Fax: (951) 696-5872
After Hours Phone: (951) 304-7546
Provider Gender: Female
NPI: 1588602247
Provider English Spoken: Y
Provider Language(s) Spoken: Persian, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PULMONARY DISEASES
SURI, RAJAT
Provider ID: 283350
Board Certified Specialty: No
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 677-1111
Fax: (951) 677-9757
After Hours Phone: (951) 677-1111
Provider Gender: Male
NPI: 1144615337
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL):
D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Accessibility: CONTACT PROVIDER</th>
<th>Hours: M-F</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURGERY GENERAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td></td>
</tr>
<tr>
<td>FAIRBANKS, TIMOTHY</td>
<td>246979</td>
<td>No</td>
<td>Rady Children's Hospital San Diego, UCSD Medical Ctr, Sharp Mary Birch Hosp for Women and Newborns, National Naval Med Ctr, Sharp Memorial Hospital</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>Male</td>
<td>1407010556</td>
<td>(951) 600-1640</td>
<td>(951) 600-1640</td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>HOWE, STEVEN</td>
<td>206761</td>
<td>No</td>
<td>Rady Children's Hospital San Diego, UCSD Medical Ctr, Sharp Memorial Hospital</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>Male</td>
<td>1497702740</td>
<td>(877) 558-6248</td>
<td>(877) 558-6248</td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>KLING, KAREN</td>
<td>215583</td>
<td>No</td>
<td>UCSD Medical Ctr, UCSD La Jolla, John Sally Thornton, Tri City Medical Ctr</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>Male</td>
<td>1992982854</td>
<td>(951) 600-1640</td>
<td>(951) 600-1760</td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
</tbody>
</table>

1. Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
2. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Specialties</th>
<th>Address</th>
<th>Contact Information</th>
<th>Gender</th>
<th>NPI</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPASANI, Vidyadhar</td>
<td>283160</td>
<td>No</td>
<td>25170 HANCOCK AVE FL 1 MURRIETA, CA 92562</td>
<td>Phone: (951) 600-1640 Fax: (951) 600-1760 After Hours Phone: (951) 600-1640</td>
<td>Male</td>
<td>1548417652</td>
<td>Rady Childrens Hospital San Diego</td>
<td>Yes</td>
<td>0-19</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>THANGARAJAH, Hariharan</td>
<td>215420</td>
<td>No</td>
<td>25170 HANCOCK AVE MURRIETA, CA 92562</td>
<td>Phone: (951) 600-1640 After Hours Phone: (951) 600-1640</td>
<td>Male</td>
<td>1598979593</td>
<td>Tri City Medical Center UCSD Medical Ctr, John Sally Thornton, Tri City Medical Ctr</td>
<td>Yes</td>
<td>0-999</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>GRAMINS, Daniel</td>
<td>210049</td>
<td>No</td>
<td>41011 CALIFORNIA OAKS RD STE 104 MURRIETA, CA 92562</td>
<td>Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273</td>
<td>Male</td>
<td>1164495750</td>
<td>UcSD Medical Ctr, UcSD La Jolla</td>
<td>Yes</td>
<td>0-999</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>POLLEMA, Travis</td>
<td>210577</td>
<td>No</td>
<td>41011 CALIFORNIA OAKS RD STE 104 MURRIETA, CA 92562</td>
<td>Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273</td>
<td>Male</td>
<td>1497702740</td>
<td>UcSD Medical Ctr, UcSD La Jolla</td>
<td>Yes</td>
<td>0-999</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
1870

D3. 专科提供者名录

NPI: 1871752956
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
DE CASTRO, SHARLENE
Provider ID: 299158
Board Certified Specialty: No
2743 HIGHLAND AVE NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 339-5657
After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1750019824
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NATIONAL CITY

CERTIFIED NURSE PRACTITIONER
CUNNINGHAM, ISIS
Provider ID: 302115
Board Certified Specialty: No
655 EUCLID AVE STE 205 NATIONAL CITY, CA 91950
Phone: (619) 470-1945
Fax: (619) 475-5048
After Hours Phone: (619) 470-1945
Provider Gender: Female
NPI: 1770124927
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-6:00PM F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
DRISCOLL, SUSAN
Provider ID: 301775
Board Certified Specialty: No
330 E 8TH ST NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 259-2807
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1477755684
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 10:00AM-4:00PM M-F 8:30AM-5:30PM SA 8:00AM-2:30PM
Website: N/A
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Certified Nurse Practitioner</th>
<th>GULLY, MICHHELLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID:</td>
<td>299422</td>
</tr>
<tr>
<td>Board Certified Specialty:</td>
<td>No</td>
</tr>
<tr>
<td>Address:</td>
<td>1428 HIGHLAND AVE NATIONAL CITY, CA 91950</td>
</tr>
<tr>
<td>Phone:</td>
<td>(844) 200-2426</td>
</tr>
<tr>
<td>Fax:</td>
<td>(619) 434-1613</td>
</tr>
<tr>
<td>After Hours Phone:</td>
<td>(844) 200-2426</td>
</tr>
<tr>
<td>Provider Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>NPI:</td>
<td>1801557947</td>
</tr>
<tr>
<td>Provider English Spoken:</td>
<td>Y</td>
</tr>
<tr>
<td>Medi-Cal Open Panel:</td>
<td>Yes</td>
</tr>
<tr>
<td>Min/Max Age:</td>
<td>0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL):</td>
<td>N</td>
</tr>
<tr>
<td>Accessibility:</td>
<td>CONTACT PROVIDER</td>
</tr>
</tbody>
</table>
| Hours:                      | M-TU 8:30AM-5:30PM  
                            | W 10:00AM-7:00PM   
                            | TH-F 8:30AM-5:30PM |
| Website:                    | N/A              |

<table>
<thead>
<tr>
<th>Certified Nurse Practitioner</th>
<th>MIDORO, ABEGAILLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID:</td>
<td>303830</td>
</tr>
<tr>
<td>Board Certified Specialty:</td>
<td>No</td>
</tr>
<tr>
<td>Address:</td>
<td>2835 HIGHLAND AVE STE A NATIONAL CITY, CA 91950</td>
</tr>
<tr>
<td>Phone:</td>
<td>(844) 200-2426</td>
</tr>
<tr>
<td>Fax:</td>
<td>(619) 477-1286</td>
</tr>
<tr>
<td>After Hours Phone:</td>
<td>(844) 200-2426</td>
</tr>
<tr>
<td>Provider Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>NPI:</td>
<td>1952925851</td>
</tr>
<tr>
<td>Provider English Spoken:</td>
<td>Y</td>
</tr>
<tr>
<td>Provider Language(s):</td>
<td>Tagalog</td>
</tr>
<tr>
<td>Medi-Cal Open Panel:</td>
<td>Yes</td>
</tr>
<tr>
<td>Min/Max Age:</td>
<td>0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL):</td>
<td>N</td>
</tr>
<tr>
<td>Accessibility:</td>
<td>CONTACT PROVIDER</td>
</tr>
</tbody>
</table>
| Hours:                      | M-TU 8:30AM-5:30PM  
                            | W 10:00AM-7:00PM   
                            | TH-F 8:30AM-5:30PM |
| Website:                    | N/A              |

<table>
<thead>
<tr>
<th>Certified Nurse Practitioner</th>
<th>NOVENO, HILARIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID:</td>
<td>297836</td>
</tr>
<tr>
<td>Board Certified Specialty:</td>
<td>No</td>
</tr>
<tr>
<td>Address:</td>
<td>2743 HIGHLAND AVE NATIONAL CITY, CA 91950</td>
</tr>
<tr>
<td>Phone:</td>
<td>(844) 200-2426</td>
</tr>
<tr>
<td>Fax:</td>
<td>(619) 474-4008</td>
</tr>
<tr>
<td>After Hours Phone:</td>
<td>(844) 200-2426</td>
</tr>
<tr>
<td>Provider Gender:</td>
<td>Male</td>
</tr>
<tr>
<td>NPI:</td>
<td>1124486865</td>
</tr>
<tr>
<td>Provider English Spoken:</td>
<td>Y</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

- **Provider Language(s)**
  - Spoken: Tagalog
- **Cultural Competency**: N
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\999
- **American Sign Language (ASL)**:
  - N
- **Accessibility**: CONTACT PROVIDER
- **Hours**: M-F 8:00AM-6:00PM
- **Website**: N/A

**CHIROPRACTOR**

**GILIBERTO, JOSEPH**

Provider ID: 291548

Board Certified Specialty: No

2835 HIGHLAND AVE
NATIONAL CITY, CA 91950

Phone: (844) 200-2426
Fax: (619) 399-5959

After Hours Phone: (844) 200-2426

Provider Gender: Male

NPI: 1821463159

Provider English Spoken: Y

Provider Language(s)
  - Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):
  - N

Accessibility: CONTACT PROVIDER

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

Website: N/A

**FAMILY PRACTICE**

**NAVARRO, VANESSA**

Provider ID: 301784

Board Certified Specialty: No

2400 E 8TH ST
NATIONAL CITY, CA 91950

Phone: (619) 662-4100
Fax: (619) 259-2807

After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1952563421

Provider English Spoken: Y

Provider Language(s)
  - Spoken: Filipino, Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):
  - N

Accessibility: CONTACT PROVIDER

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

Website: N/A

**FAMILY PRACTICE**

**ROBERTS, POMAI**

Provider ID: 301278

Board Certified Specialty: No

1136 D AVE
NATIONAL CITY, CA 91950

Phone: (619) 662-4100
Fax: (619) 474-3722

After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1023278314

Provider English Spoken: Y

Provider Language(s)
  - Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):
  - N

Accessibility: CONTACT PROVIDER

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

Website: N/A
D3. 专科提供者名录

Website: N/A

INTERVENTIONAL CARDIOLOGY
CAMACHO, BENJAMIN
Provider ID: 290137
Board Certified Specialty: No
提供商 ID: 290137

1615 SWEETWATER RD STE D
NATIONAL CITY, CA 91950

Phone: (619) 474-2233
Fax: (619) 474-2211

After Hours Phone: (619) 474-2233

Provider Gender: Male
NPI: 1699759936

Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog

Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
ALVARADO HOSPITAL LLC

Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-6:00PM
Website: N/A
Email:
BCAMACHOMD@SBCGLOBAL.NET

INTERVENTIONAL CARDIOLOGY
CAMACHO, BENJAMIN
Provider ID: 269129
Board Certified Specialty: No

1615 SWEETWATER RD
NATIONAL CITY, CA 91950

Phone: (619) 474-2233
Fax: (619) 474-2211

After Hours Phone: (619) 474-2233

Provider Gender: Male
NPI: 1699759936

Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog

Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
ALVARADO HOSPITAL LLC

Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-6:00PM
Website: N/A
Email:
BCAMACHOMD@SBCGLOBAL.NET

INTERVENTIONAL CARDIOLOGY
CAMACHO, BENJAMIN
Provider ID: 35045
Board Certified Specialty: No

1615 SWEETWATER RD
NATIONAL CITY, CA 91950

Phone: (619) 474-2233
Fax: (619) 474-2211

After Hours Phone: (619) 474-2233

Provider Gender: Male
NPI: 1699759936

Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog

Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
ALVARADO HOSPITAL LLC

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-6:00PM
Website: N/A
Email:
BCAMACHOMD@SBCGLOBAL.NET

INTERVENTIONAL CARDIOLOGY
DAMANI, SAMIR
Provider ID: 303098
Board Certified Specialty: No

655 EUCLID AVE STE 401
NATIONAL CITY, CA 91950

Phone: (858) 800-2480
Fax: (858) 216-1908

After Hours Phone: (858) 800-2480

Provider Gender: Male
NPI: 1457379372

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
GREEN HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
SA 9:00AM-4:00PM
Website: N/A

1873
D3. 专科提供者名录

INTERVENTIONAL CARDIOLOGY
PANDHI, JAY
Provider ID: 269087
Board Certified Specialty: No
655 EUCLID AVE STE 208
NATIONAL CITY, CA 91950
Phone: (619) 512-1915
Fax: (619) 512-1913
After Hours Phone: (619) 512-1915
Provider Gender: Male
NPI: 1407997406
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR,
SHARP MEMORIAL HOSPITAL,
ALVARADO HOSP MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERVENTIONAL CARDIOLOGY
ROUGH, STEVEN
Provider ID: 302044
Board Certified Specialty: No
1415 E 8TH ST STE 6
NATIONAL CITY, CA 91950
Phone: (619) 434-4288
Fax: (619) 434-4315
After Hours Phone: (619) 434-4288
Provider Gender: Male
NPI: 1386821460
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR,
SHARP MEMORIAL HOSPITAL,
ALVARADO HOSP MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
Comunale, Roderick
Provider ID: 290784
Board Certified Specialty: No
1136 D Ave
National City, CA 91950
Phone: (619) 662-4100
Fax: (619) 336-2323
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1851667661
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0–99
American Sign Language (ASL): N
Accessibility: Contact Provider
Hours: M–F 9:00AM–5:00PM
Website: N/A
Email: pquiroz_80@hotmail.com

Obstetrics / Gynecology
Del Rosario, GeLEN
Provider ID: 257478
Board Certified Specialty: No
502 Euclid Ave Ste 300
National City, CA 91950
Phone: (619) 475-1261
Fax: (619) 475-1267
After Hours Phone: (619) 475-1261
Provider Gender: Female
NPI: 1255643474
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: Sharp Chula Vista Med Ctr, Paradise Valley Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0–99
American Sign Language (ASL): N
Accessibility: Contact Provider
Hours: M–F 9:00AM–5:00PM
Website: N/A
OBSTETRICS / GYNECOLOGY

DEL ROSARIO, GELEN
Provider ID: 206092
Board Certified Specialty: No
Provider ID: 302451
Board Certified Specialty: No
Phone: (619) 675-1261
Fax: (619) 675-1267
After Hours Phone: (619) 675-1261
Provider Gender: Female
NPI: 1811162456
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

WINESBURG, JENNIFER
Provider ID: 302451
Board Certified Specialty: No
Phone: (619) 662-4100
Fax: (619) 259-2807
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 11427029628
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPTOMETRIST

AOTO, KIM
Provider ID: 268722
Board Certified Specialty: No
Provider ID: 269113
Board Certified Specialty: No
Phone: (619) 475-1261
Fax: (619) 475-1267
After Hours Phone: (619) 475-1261
Provider Gender: Female
NPI: 1780935650
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY

HAIGHT, BRUCE
Provider ID: 269113
Board Certified Specialty: No
Phone: (619) 675-1261
Fax: (619) 675-1267
After Hours Phone: (619) 675-1261
Provider Gender: Male
NPI: 11427029628
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPTOMETRIST
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Language(s)</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KOO, ANITA</strong></td>
<td>304538</td>
<td>No</td>
<td>1520 E PLAZA BLVD, NATIONAL CITY, CA 91950</td>
<td>(619) 425-7755</td>
<td>(619) 425-2138</td>
<td>(619) 425-7755</td>
<td></td>
<td></td>
<td>Female</td>
<td></td>
<td>Yes</td>
<td>0\999</td>
<td>No</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>PODIATRIST</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DAVIDSON, JOHN</strong></td>
<td>129542</td>
<td>No</td>
<td>610 EUCLID AVE STE 301, NATIONAL CITY, CA 91950</td>
<td>(619) 427-3481</td>
<td>(619) 420-7807</td>
<td>(619) 427-3481</td>
<td></td>
<td></td>
<td>Male</td>
<td></td>
<td>Yes</td>
<td>0\999</td>
<td>No</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>ATMAR, AKMAL</strong></td>
<td>269784</td>
<td>No</td>
<td>2345 E 8TH ST STE 105, NATIONAL CITY, CA 91950</td>
<td>(929) 287-4511</td>
<td>(877) 671-6835</td>
<td>(929) 287-4511</td>
<td></td>
<td></td>
<td>Male</td>
<td></td>
<td>Yes</td>
<td>0\999</td>
<td>No</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>PULMONARY DISEASES</strong></td>
<td>262224</td>
<td>No</td>
<td>610 EUCLID AVE STE 202, NATIONAL CITY, CA 91950</td>
<td>(619) 472-4900</td>
<td>(619) 479-9468</td>
<td>(619) 472-4900</td>
<td></td>
<td></td>
<td>Female</td>
<td></td>
<td>Yes</td>
<td>0\999</td>
<td>No</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>CHENG, BRANDON</strong></td>
<td>304531</td>
<td>No</td>
<td>3400 E 8TH ST STE 108, NATIONAL CITY, CA 91950</td>
<td>(619) 482-3000</td>
<td>(619) 695-0050</td>
<td>(619) 482-3000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

482-3000  
Provider Gender: Male  
NPI: 1336894724

- Provider English Spoken: Y  
- Cultural Competency: N  
- Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-TH  
7:00AM-7:00PM  
F 7:00AM-5:00PM  
SA 8:00AM-1:00PM  
Website: N/A

REGISTERED PHYSICAL THERAPIST  
KARANDE, PRACHI  
Provider ID: 287102  
Board Certified Specialty: No  
3400 E 8TH ST STE 108 NATIONAL CITY, CA 91950  
☎ Phone: (619) 482-3000  
Fax: (619) 482-3001  
After Hours Phone: (619) 482-3000  
Provider Gender: Female  
NPI: 1699357525  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-TH  
7:00AM-7:00PM  
F 7:00AM-4:00PM  
Website: N/A

REGISTERED PHYSICAL THERAPIST  
JIMENEZ, ANDREA  
Provider ID: 299888  
Board Certified Specialty: No  
3400 E 8TH ST STE 108 NATIONAL CITY, CA 91950  
☎ Phone: (619) 482-3000  
Fax: (619) 482-3001  
After Hours Phone: (619) 482-3000  
Provider Gender: Female  
NPI: 1407440670  
- Provider English Spoken: Y  
Provider Language(s): Spanish  
- Cultural Competency: N  
- Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F  
7:00AM-6:00PM  
Website: N/A

REGISTERED PHYSICAL THERAPIST  
NGUYEN, TIA  
Provider ID: 305012  
Board Certified Specialty: No  
3400 E 8TH ST STE 108 NATIONAL CITY, CA 91950  
☎ Phone: (619) 482-3000  
Fax: (619) 695-0050  
After Hours Phone: (619) 482-3000  
Provider Gender: Female  
NPI: 1497136269  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-TH  
7:00AM-7:00PM  
F 7:00AM-4:00PM  
Website: N/A

REGISTERED PHYSICAL THERAPIST  
NOVENCIDO, ANDREW  
Provider ID: 286784  
Board Certified Specialty: No  
3400 E 8TH ST STE 108

Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-TH  
7:00AM-7:00PM  
F 7:00AM-4:00PM  
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOVENCIDO, ANDREW</td>
<td>3400 E 8TH ST STE 108, NATIONAL CITY, CA 91950</td>
<td>(619) 482-3000</td>
<td>(619) 695-0050</td>
<td>(619) 482-3000</td>
<td>Male</td>
<td>1447723937</td>
<td>Yes</td>
<td>N</td>
<td>Yes</td>
<td>0/999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>SPARKS, TODD</td>
<td>3400 E 8TH ST STE 108, NATIONAL CITY, CA 91950</td>
<td>(619) 482-3000</td>
<td>(619) 695-0050</td>
<td>(619) 482-3000</td>
<td>Male</td>
<td>1265481139</td>
<td>Yes</td>
<td>N</td>
<td>Yes</td>
<td>0/999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 7:00AM-7:00PM</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>SUGGS, SARAH</td>
<td>3400 E 8TH ST STE 108, NATIONAL CITY, CA 91950</td>
<td>(619) 482-3000</td>
<td>(619) 695-0050</td>
<td>(619) 482-3000</td>
<td>Female</td>
<td>1083353650</td>
<td>Yes</td>
<td>N</td>
<td>Yes</td>
<td>0/999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 7:00AM-7:00PM</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>VILLANUEVA, GIOVANNI</td>
<td>3400 E 8TH ST STE 108, NATIONAL CITY, CA 91950</td>
<td>(619) 482-3000</td>
<td>(619) 695-0050</td>
<td>(619) 482-3000</td>
<td>Female</td>
<td>1083353650</td>
<td>Yes</td>
<td>N</td>
<td>Yes</td>
<td>0/999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 7:00AM-7:00PM</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

Board Certified Specialty: No
3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950
Phone: (619) 482-3000
Fax: (619) 695-0050
After Hours Phone: (619) 482-3000
Provider Gender: Male
NPI: 1063046878
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\100
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\100
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
BAE, JINYI
Provider ID: 298197
Board Certified Specialty: No
619 CROUCH ST STE 100
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1871154526
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\64
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:00AM-5:00PM
W 8:00AM-7:00PM
TH-F 8:00AM-5:00PM
SA 9:00AM-6:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
BALDWIN, ANDREA
Provider ID: 294937
Board Certified Specialty: No
2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1427325166
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

OEANSIDE

ANESTHESIOLOGY PAIN MANAGEMENT
DAIRO, BRANDON
Provider ID: 299882
Board Certified Specialty: No
3231 WARING CT STE K
OCEANSIDE, CA 92056
Phone: (760) 607-5350
After Hours Phone: (760) 607-5350
Provider Gender: Male
NPI: 1689092470
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA

818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1497202121
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 2\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:00AM-5:00PM
W 8:00AM-7:00PM
TH-F 8:00AM-5:00PM
SA 9:00AM-6:00PM
Website: N/A

818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1497202121
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 2\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:00AM-5:00PM
W 8:00AM-7:00PM
TH-F 8:00AM-5:00PM
SA 9:00AM-6:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
BINE, DONYA
Provider ID: 303861
Board Certified Specialty: No
2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1427325166
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1497202121
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 2\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:00AM-5:00PM
W 8:00AM-7:00PM
TH-F 8:00AM-5:00PM
SA 9:00AM-6:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
BINE, DONYA
Provider ID: 303861
Board Certified Specialty: No
2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1427325166
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1497202121
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 2\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:00AM-5:00PM
W 8:00AM-7:00PM
TH-F 8:00AM-5:00PM
SA 9:00AM-6:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
BINE, DONYA
Provider ID: 303861
Board Certified Specialty: No
2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1427325166
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1497202121
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 2\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:00AM-5:00PM
W 8:00AM-7:00PM
TH-F 8:00AM-5:00PM
SA 9:00AM-6:00PM
Website: N/A
D3. 专科提供者名录

American Sign Language (ASL):  N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
  8:00AM-5:00PM
  SA 8:00AM-4:30PM
 Website: N/A

CERTIFIED NURSE PRACTITIONER
CARLSON, KATHLEEN
Provider ID: 300217
Board Certified Specialty: No
2210 MESA DR STE 300
 OCEANSIDE, CA 92054
 Phone: (760) 736-6767
 Fax: (760) 566-1501
 After Hours Phone: (760) 736-6767
 Provider Gender: Female
 NPI: 1629180161
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL):  N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
  8:00AM-5:00PM
 Website: N/A

CERTIFIED NURSE PRACTITIONER
CHILAKA, SAMUEL
Provider ID: 301313
Board Certified Specialty: No
517 N HORNE ST
 OCEANSIDE, CA 92054
 Phone: (760) 900-300
 Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Provider Gender: Male
 NPI: 1679140644
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL):  N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH
  8:00AM-8:00PM
  F 8:00AM-5:00PM
  SA 9:00AM-4:00PM
 Website: N/A

CERTIFIED NURSE PRACTITIONER
CHILAKA, SAMUEL
Provider ID: 301315
Board Certified Specialty: No
818 PIER VIEW WAY
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Provider Gender: Male
 NPI: 1679140644
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL):  N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH
  8:00AM-8:00PM
  F 8:00AM-5:00PM
  SA 9:00AM-4:00PM
 Website: N/A

CERTIFIED NURSE PRACTITIONER
CHIRIBOGA, MEGAN ELISE
Provider ID: 295492
Board Certified Specialty: No
4700 N RIVER RD
 OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760) 900-300
 Provider Gender: Male
 NPI: 5130140644
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL):  N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH
  8:00AM-8:00PM
 Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Gender: Female</th>
<th>PRACTITIONER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPI: 1942931589</td>
<td>CHOI, JI</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Provider ID: 299766</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>605 CROUCH ST STE C</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td>OCEANSIDE, CA 92054</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>Phone: (760) 736-6767</td>
</tr>
<tr>
<td></td>
<td>Fax: (760) 566-1501</td>
</tr>
<tr>
<td></td>
<td>After Hours Phone: (760) 736-6767</td>
</tr>
<tr>
<td></td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td></td>
<td>NPI: 1891207668</td>
</tr>
<tr>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td></td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td></td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td></td>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td></td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td></td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td></td>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td></td>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

| CERTIFIED NURSE |
| NURSE PRACTITIONER |
| CHOI, JI |
| Provider ID: 299765 |
| Board Certified Specialty: No |
| 3220 MISSION AVE STE 1 |
| OCEANSIDE, CA 92058 |
| Phone: (760) 736-6767 |
| Fax: (760) 566-1501 |
| After Hours Phone: (760) 736-6767 |
| Provider Gender: Female |
| NPI: 1891207668 |
| Provider English Spoken: Y |
| Provider Language(s) Spoken: Korean |
| Cultural Competency: N |
| Medi-Cal Open Panel: Yes |
| Min/Max Age: 0\999 |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |
| Hours: M-F 8:00AM-5:00PM |
| Website: N/A |

| CERTIFIED NURSE |
| NURSE PRACTITIONER |
| CHRISTY, TYLER |
| Provider ID: 303930 |
| Board Certified Specialty: No |
| 818 PIER VIEW WAY |
| OCEANSIDE, CA 92054 |
| Phone: (760) 631-5000 |
| Fax: (760) 414-3892 |
| After Hours Phone: (760) 631-5000 |
| Provider Gender: Male |
| NPI: 1689094971 |
| Provider English Spoken: Y |
| Cultural Competency: N |
| Medi-Cal Open Panel: Yes |
| Min/Max Age: 18\999 |
| American Sign Language (ASL): N |
| Accessibility: CONTACT PROVIDER |
| Hours: M-F 8:00AM-5:00PM |
| Website: N/A |

| CERTIFIED NURSE |
| NURSE PRACTITIONER |
| CISZEK, ALEXANDRA |
| Provider ID: 306002 |
| Board Certified Specialty: No |
| 605 CROUCH ST |
| OCEANSIDE, CA 92054 |
| Phone: (760) 736-6767 |
D3. 专科提供者名录

Fax: (760) 736-8740

CERTIFIED NURSE PRACTITIONER
HARRIS, PAMELA
Provider ID: 302289
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1326052457
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

CERTIFIED NURSE PRACTITIONER
GENOVESCO, KELLY
Provider ID: 301304
Board Certified Specialty: No
2210 MESA DR STE 5
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1326052457
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

CERTIFIED NURSE PRACTITIONER
HARRIS, PAMELA
Provider ID: 302290
Board Certified Specialty: No
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1407545221
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

CERTIFIED NURSE PRACTITIONER
HEAD, KRISTIN
Provider ID: 268660
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1020
Provider Gender: Female
NPI: 1699078923
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children’s Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

CERTIFIED NURSE PRACTITIONER
HERNANDEZ, JESSICA
Provider ID: 302300
Board Certified Specialty: No
1883
American Sign Language (ASL): N

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

SA 9:00AM-4:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
MONTGOMERY, KEITH ALLEN
Provider ID: 295285
Board Certified Specialty: No
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1790978617
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 6\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:00AM-5:00PM
W 10:00AM-7:00PM
TH-F 8:00AM-5:00PM
SA 9:00AM-4:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
PRITZKER, JOELY
Provider ID: 239772
Board Certified Specialty: No
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1619488731
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
RAYTA, NICOLE
Provider ID: 304682
Board Certified Specialty: No
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1689027542
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
RONCAROLO DE VRIES, ROXANE
Provider ID: 298765
Board Certified Specialty: No
2210 MESA DR STE 5
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Male
NPI: 1497402184
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
SANTIAGO, AMANDA
Provider ID: 242607
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1619488731
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 SA 9:00AM-4:00PM
 Website: N/A

CERTIFIED NURSE PRACTITIONER
SHAHBAZ, LINNAE
Provider ID: 304821
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Provider Gender: Female
 NPI: 1427712215
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\18
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: TU-W
 0:00PM-8:00PM
 Website: N/A

CERTIFIED NURSE PRACTITIONER
TAYLOR, CHRISTOPHER
Provider ID: 295503
Board Certified Specialty: No
517 N HORNE ST
OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Provider Gender: Male
 NPI: 1851747166
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 12\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-2:00PM
 SA 9:00AM-4:00PM
 Website: N/A

CERTIFIED NURSE PRACTITIONER
TAYLOR, CHRISTOPHER
Provider ID: 295505
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Provider Gender: Male
D3. 专科提供者名录

NPI: 1851747166

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-2:00PM
SA 9:00AM-4:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER

WINDHAM, SUZONNE

Provider ID: 303725
Board Certified Specialty: No
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1679926208
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
SA 8:00AM-4:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER

WINDHAM, SUZONNE

Provider ID: 303722
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1679926208
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
SA 8:00AM-4:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER

WINDHAM, SUZONNE

Provider ID: 303841
Board Certified Specialty: No
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1679926208
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
SA 8:00AM-4:00PM
Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE

KELLY, KATHERINE

Provider ID: 290312
Board Certified Specialty: No
2210 MESA DR STE 5
OCEANSIDE, CA 92054
Phone: (760) 757-5841

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Fax: (760) 736-8740
After Hours Phone: (760) 757-5841
Provider Gender: Female
NPI: 1801134275
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE

SCHROEDER, MARY
Provider ID: 290688
Board Certified Specialty: No
2210 MESA DR STE 5
OCEANSIDE, CA 92054
Phone: (760) 757-5841
Fax: (760) 736-8740
After Hours Phone: (760) 757-5841
Provider Gender: Female
NPI: 1164431664
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CHIROPRACTOR

ANDREWS, BRAD
Provider ID: 290542
Board Certified Specialty: No
619 CROUCH ST
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Male
NPI: 1750791745
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

EMERGENCY MEDICINE

PHAM, LILY
Provider ID: 304934
Board Certified Specialty: No
3605 VISTA WAY STE 172
Provider Gender: Male
NPI: 1750791745
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

**FAMILY PRACTICE**

**MARTINEZ, LESLY**
Provider ID: 298004
Board Certified Specialty: No

- **517 N HORNE ST**
- Phone: (766) 315-0000
- Fax: (760) 414-3892
- Provider Gender: Female
- NPI: 1629509260

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: SU 1:00PM-10:00PM
  M-F 4:00PM-10:00PM
  SA 1:00PM-10:00PM
- Website: N/A

**FAMILY PRACTICE**

**NGUYEN, DANIELA**
Provider ID: 305350
Board Certified Specialty: No

- **4700 N RIVER RD**
- Phone: (760) 631-5000
- Fax: (760) 414-3892
- Provider Gender: Female
- NPI: 1891069662

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 12\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M 8:00AM-5:00PM
  TU 10:00AM-7:00PM
  W-F 8:00AM-5:00PM
- Website: N/A

**FAMILY PRACTICE**

**MARTINEZ, LESLY**
Provider ID: 298006
Board Certified Specialty: No

- **818 PIER VIEW WAY**
- Phone: (760) 631-5000
- Fax: (760) 414-3892
- Provider Gender: Female
- NPI: 1629509260

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M 8:00AM-5:00PM
  TU 10:00AM-7:00PM
  W-F 8:00AM-5:00PM
- Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
FAMILY PRACTICE
NGUYEN, DANIELA
Provider ID: 305348
Board Certified Specialty: No
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1891069662
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12|999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
SA 9:00AM-4:00PM
Website: N/A

FAMILY PRACTICE
NGUYEN, DANIELA
Provider ID: 293353
Board Certified Specialty: No
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1871791749
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0|999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

FAMILY PRACTICE
SALAMANCA, OMAR
Provider ID: 295469
Board Certified Specialty: No
605 CROUCH ST
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Male
NPI: 1083000947
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Hospital Affiliation: KERN MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 14|999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

FAMILY PRACTICE
VIDAL, MONICA
Provider ID: 293352
Board Certified Specialty: No
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1871791749
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
FAMILY PRACTICE

VIDAL, MONICA
Provider ID: 293350
Board Certified Specialty: No
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (844) 308-5003
Fax: (760) 414-3763
After Hours Phone: (844) 308-5003
Provider Gender: Female
NPI: 1871791749
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0-99
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

MELBER, DORA
Provider ID: 296991
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1124413026
Provider English Spoken: Y
Provider Language(s) Spoken: Hungarian, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD La Jolla John Sally Thornton, UCSD Medical CTR, Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

REIMERS, REBECCA
Provider ID: 294651
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1801207634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

Website: N/A

MATERNAL AND FETAL MEDICINE

SCHWENDEMANN, WADE
Provider ID: 205437
Board Certified Specialty: No
Provider ID: 205437
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1992847131
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, SAN MATEO MEDICAL CTR, SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, EARL AND LORRAINE MILLER CHILDRENS HSP, LONG BEACH MEMORIAL MED CTR, UNIVERSITY OF CALIFORNIA IRVINE MED CTR, SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, Sharp Grossmont Hospital, Sharp Grossmont Hospital Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

WESTERMANN, MELISSA
Provider ID: 255793
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Male
NPI: 1477563302
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RASY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, TRI CITY MEDICAL CTR, Sharp Grossmont Hospital, Sharp Grossmont Hospital Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

WILLIAMS, KRISTIN
Provider ID: 206230
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1992847131
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, TRI CITY MEDICAL CTR, CALIFORNIA PACIFIC MED CTR, RASY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

Nephrology

LIU, ANDREW
Provider ID: 305443
Board Certified Specialty: No
3300 VISTA WAY STE B
OCEANSIDE, CA 92056
Phone: (760) 967-9900
Fax: (760) 967-6769
After Hours Phone: (760) 967-9900
D3. 专科提供者名录

Provider Gender: Male
NPI: 1710481866
 PROVIDER
N Provider English Spoken: Y
N Provider Language(s)
N Spoken: Chinese, Mandarin
N Cultural Competency: N
N Hospital Affiliation: TRI CITY
N MEDICAL CTR, PALOMAR
N MEDICAL CENTER
N Medi-Cal Open Panel: Yes
N Min/Max Age: 0\999
N American Sign Language (ASL): N
N Accessibility: CONTACT
N PROVIDER
N Hours: M-F
N 9:00AM-5:00PM
N Website: N/A

NEUROLOGY
JINDAL, ANUJA
Provider ID: 206266
N Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
N Phone: (760) 547-1020
N Fax: (760) 547-1021
N After Hours Phone: (760) 547-1020
N Provider Gender: Female
N NPI: 1194046581
N Provider English Spoken: Y
N Cultural Competency: N
N Hospital Affiliation: Rady
N Children's Hospital San Diego
N Medi-Cal Open Panel: Yes
N Min/Max Age: 0\19
N American Sign Language (ASL): N
N Accessibility: CONTACT
N PROVIDER
N Hours: M-F
N 8:00AM-5:00PM
N Website: N/A

NEPHROLOGY
LIU, ANDREW
Provider ID: 301573
N Board Certified Specialty: No
3300 VISTA WAY
OCEANSIDE, CA 92056
N Phone: (760) 967-9900
N Fax: (760) 967-6769
N After Hours Phone: (760) 967-9900
N Provider Gender: Male
N NPI: 1710481866
N Provider English Spoken: Y
N Provider Language(s)
N Spoken: Chinese, Mandarin
N Cultural Competency: N
N Hospital Affiliation: Tri City
N Medical Ctr, Palomar
N Medical Center
N Medi-Cal Open Panel: Yes
N Min/Max Age: 0\999
N American Sign Language (ASL): N
N Accessibility: CONTACT
N PROVIDER
N Hours: M-F
N 9:00AM-5:00PM
N Website: N/A

NEUROLOGY CHILD
SAHAGIAN, MICHELLE
Provider ID: 206075
N Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
N Phone: (760) 547-1020
N Fax: (760) 547-1021
N After Hours Phone: (760) 547-1020
N Provider Gender: Female
N NPI: 1174758031
N Provider English Spoken: Y
N Cultural Competency: N
N Hospital Affiliation: UCSD
N Medical Ctr, UCSD La Jolla
N John Sally Thornton
N Medi-Cal Open Panel: Yes
N Min/Max Age: 16\999
N American Sign Language (ASL): N
N Accessibility: CONTACT

OBSTETRICS / GYNECOLOGY
BINDER, PRATIBHA
Provider ID: 273226
N Board Certified Specialty: No
4002 VISTA WAY
OCEANSIDE, CA 92056
N Phone: (800) 926-8273
N Fax: (888) 539-8781
N After Hours Phone: (800) 926-8273
N Provider Gender: Female
N NPI: 1174758031
N Provider English Spoken: Y
N Cultural Competency: N
N Hospital Affiliation: UCSD
N Medical Ctr, UCSD La Jolla
N John Sally Thornton
N Medi-Cal Open Panel: Yes
N Min/Max Age: 16\999
N American Sign Language (ASL): N
N Accessibility: CONTACT
D3. 专科提供者名录

PROVIDER

Provider ID: 205619
Board Certified Specialty: No
Provider ID: 267318
Board Certified Specialty: No
Provider ID: 297013
Board Certified Specialty: No
Provider ID: 302868
Board Certified Specialty: Yes
Provider ID: 205509

OPHTHALMOLOGY

BANSAL, PREETI
Provider ID: 205619
Board Certified Specialty: No
Provider ID: 267318
Board Certified Specialty: No
Provider ID: 297013
Board Certified Specialty: No
Provider ID: 302868
Board Certified Specialty: Yes
Provider ID: 205509

BANSA, SHAGUN
Provider ID: 267318
Board Certified Specialty: No
Provider ID: 297013
Board Certified Specialty: No
Provider ID: 302868
Board Certified Specialty: Yes
Provider ID: 205509

CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

JACOBSEN, BRADLEY
Provider ID: 302868
Board Certified Specialty: Yes
Provider ID: 297013
Board Certified Specialty: No
Provider ID: 205509

HENNEIN, LAUREN
Provider ID: 297013
Board Certified Specialty: No
Provider ID: 205509

BHATIA, SHAGUN
Provider ID: 267318
Board Certified Specialty: No
Provider ID: 297013
Board Certified Specialty: No
Provider ID: 302868
Board Certified Specialty: Yes
Provider ID: 205509

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Board Certified Specialty: No

OPHTHALMOLOGY
MOVAGHAR, MANSOOR
Provider ID: 216416
Board Certified Specialty: No

OPHTHALMOLOGY
SHEILS, CATHERINE
Provider ID: 305308
Board Certified Specialty: No

OPHTHALMOLOGY
SONG, DELU
Provider ID: 302871
Board Certified Specialty: No
D3. 专科提供者名录

- **Provider English Spoken**: Y
- **Provider Language(s)**: Chinese, Mandarin
- **Cultural Competency**: N
- **Hospital Affiliation**: TRI CITY MEDICAL CTR, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 18\999
- **American Sign Language (ASL)**: N

### OPTOMETRIST

#### GEE, JENNIFER

- **Provider ID**: 290927
- **Board Certified Specialty**: No
- **Address**: 4700 N RIVER RD, OCEANSIDE, CA 92057
- **Phone**: (760) 631-5000
- **Fax**: (760) 414-3892
- **After Hours Phone**: (760) 631-5000
- **Provider Gender**: Female
- **NPI**: 1336589332
- **Accessiblity**: CONTACT PROVIDER

#### KIM, MICHAEL

- **Provider ID**: 290902
- **Board Certified Specialty**: No
- **Address**: 517 N HORNE ST, OCEANSIDE, CA 92054
- **Phone**: (760) 252-2720
- **Fax**: (760) 414-3892
- **After Hours Phone**: (951) 252-2720
- **Provider Gender**: Female
- **NPI**: 1336589332
- **Provider English Spoken**: Y

#### MORA, WENDY

- **Provider ID**: 290237
- **Board Certified Specialty**: No
- **Address**: 517 N HORNE ST, OCEANSIDE, CA 92054
- **Phone**: (760) 252-2720
- **Fax**: (760) 414-3892
- **After Hours Phone**: (951) 252-2720
- **Provider Gender**: Female
- **NPI**: 1336589332
- **American Sign Language (ASL)**: N

- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Hospital Affiliation**: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\999
- **American Sign Language (ASL)**: N

- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Hospital Affiliation**: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\999
- **American Sign Language (ASL)**: N

- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Hospital Affiliation**: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\999
- **American Sign Language (ASL)**: N

- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Hospital Affiliation**: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\999
- **American Sign Language (ASL)**: N

- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Hospital Affiliation**: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\999
- **American Sign Language (ASL)**: N

- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Hospital Affiliation**: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\999
- **American Sign Language (ASL)**: N

- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Hospital Affiliation**: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\999
- **American Sign Language (ASL)**: N

- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Hospital Affiliation**: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\999
- **American Sign Language (ASL)**: N

#### OPTOMETRIST

- **Provider ID**: 290904
- **Board Certified Specialty**: No
- **Address**: 517 N HORNE ST, OCEANSIDE, CA 92054
- **Phone**: (760) 631-5000
- **Fax**: (760) 414-3892
- **After Hours Phone**: (760) 631-5000
- **Provider Gender**: Male
- **NPI**: 1164546313
- **Provider English Spoken**: Y

#### OPTOMETRIST

- **Provider ID**: 290210
- **Board Certified Specialty**: No
- **Address**: 517 N HORNE ST, OCEANSIDE, CA 92054
- **Phone**: (951) 252-2720
- **Fax**: (760) 414-3892
- **After Hours Phone**: (951) 252-2720
- **Provider Gender**: Female
- **NPI**: 1336589332
- **Provider English Spoken**: Y

#### OPTOMETRIST

- **Provider ID**: 290237
- **Board Certified Specialty**: No
- **Address**: 517 N HORNE ST, OCEANSIDE, CA 92054
- **Phone**: (760) 252-2720
- **Fax**: (760) 414-3892
- **After Hours Phone**: (760) 252-2720
- **Provider Gender**: Female
- **NPI**: 1336589332
- **Provider English Spoken**: Y

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>OPTOMETRIST</th>
<th>RING, ROBERT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 269380</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
</tr>
<tr>
<td>NPI: 1376958389</td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td>Provider Language(s)</td>
<td></td>
</tr>
<tr>
<td>Spoken: Spanish</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTOMETRIST</th>
<th>TAM, EMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 290317</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
</tr>
<tr>
<td>NPI: 1336228840</td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td>Provider Language(s)</td>
<td></td>
</tr>
<tr>
<td>Spoken: Spanish</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Hours: M 10:00AM-7:00PM</td>
<td></td>
</tr>
<tr>
<td>TU-TH 9:00AM-5:00PM</td>
<td></td>
</tr>
<tr>
<td>F 9:00AM-0:00PM</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTOMETRIST</th>
<th>TRAN, JESSICA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 303732</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
</tr>
<tr>
<td>NPI: 1497161236</td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td>Provider Language(s)</td>
<td></td>
</tr>
<tr>
<td>Spoken: Mandarin</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
</tbody>
</table>

### OPTOMETRIST

<table>
<thead>
<tr>
<th>OPTOMETRIST</th>
<th>MORA, WENDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 290929</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
</tr>
<tr>
<td>NPI: 1376958389</td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td>Provider Language(s)</td>
<td></td>
</tr>
<tr>
<td>Spoken: Spanish</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
</tbody>
</table>

### OPTOMETRIST

<table>
<thead>
<tr>
<th>OPTOMETRIST</th>
<th>TAM, EMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 290318</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
</tr>
<tr>
<td>NPI: 1497161236</td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td>Provider Language(s)</td>
<td></td>
</tr>
<tr>
<td>Spoken: Mandarin</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
</tbody>
</table>

### OPTOMETRIST

<table>
<thead>
<tr>
<th>OPTOMETRIST</th>
<th>TRAN, JESSICA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 303732</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
</tr>
<tr>
<td>NPI: 1497161236</td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td>Provider Language(s)</td>
<td></td>
</tr>
<tr>
<td>Spoken: Mandarin</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td></td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

- After Hours Phone: (760) 631-5000
  Provider Gender: Female
  NPI: 1457922957
  Provider English Spoken: Y
  Cultural Competency: N
  Medi-Cal Open Panel: Yes
  Min/Max Age: 5\21
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M-F
  8:00AM-5:00PM
  Website: N/A

OPTOMETRIST
TRAN, JESSICA
Provider ID: 303730
Board Certified Specialty: No
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1457922957
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 5\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPTOMETRIST
TRAN, JESSICA
Provider ID: 303731
Board Certified Specialty: No
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1457922957
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 5\21
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPTOMETRIST
TRAN, JESSICA
Provider ID: 304886
Board Certified Specialty: No
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1457922957
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OTOLARYNGOLOGY
BLISS, MORGAN
Provider ID: 206086
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1020
Provider Gender: Female
NPI: 1760707657
Provider English Spoken: Y
Cultural Competency: N
D3. 专科提供者名录

Hospital Affiliation: Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

OTOLARYNGOLOGY
FRIESEN, TZYYNONG
Provider ID: 244899
Board Certified Specialty: No
3605 Vista Way STE 172
Oceanside, CA 92056
Phone: (760) 547-1020
After Hours Phone: (760) 547-1020
Provider Gender: Female
NPI: 1952740177
 Provider English Spoken: Y
 Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

OTOLARYNGOLOGY
PATEL, VIJAY
Provider ID: 297036
Board Certified Specialty: No
3605 Vista Way STE 172
Oceanside, CA 92056
Phone: (760) 547-1020
After Hours Phone: (760) 547-1020
Provider Gender: Male
NPI: 1508250747
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi
 Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: SU 1:00PM-10:00PM
 M-F 4:00PM-10:00PM
 SA 1:00PM-10:00PM
 Website: N/A

PEDIATRIC EMERGENCY MEDICINE
AGHILI, ROXANA
Provider ID: 303781
Board Certified Specialty: No
3605 Vista Way STE 172
Oceanside, CA 92056
Phone: (760) 547-1000
After Hours Phone: (760) 547-1000
Provider Gender: Female
NPI: 1851927883
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi
 Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: SU 1:00PM-10:00PM
 M-F 4:00PM-10:00PM
 SA 1:00PM-10:00PM
 Website: N/A
PEDIATRIC EMERGENCY MEDICINE
BELLOMO, THOMAS
Provider ID: 205603
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1000
Provider Gender: Male
NPI: 1700926698
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
CHOO, SUN
Provider ID: 296537
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021
After Hours Phone: (760) 547-1000
Provider Gender: Female
NPI: 1700047628
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
GORHAM, LAURA
Provider ID: 275786
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021
After Hours Phone: (760) 547-1000
Provider Gender: Female
NPI: 1316162324
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
GROSS, MATTHEW
Provider ID: 297175
Board Certified Specialty: No
D3. 专科提供者名录

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021
After Hours Phone: (760) 547-1000
Provider Gender: Male
NPI: 1942223664
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego, UCSD Medical Ctr
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDiATRIC EMERGENCY MEDiCINE
JOHNSON, JOANNA
Provider ID: 302319
Board Certified Specialty: No
Hospital Affiliation: Rady Children's Hospital San Diego, UCSD Medical Ctr
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDiATRIC EMERGENCY MEDiCINE
KINGDON, JOANNA
Provider ID: 302319
Board Certified Specialty: No
Hospital Affiliation: Rady Children's Hospital San Diego, UCSD Medical Ctr
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDiATRIC EMERGENCY MEDiCINE
LOVEJOY, AMY
Provider ID: 206109
Board Certified Specialty: No
Hospital Affiliation: Rady Children's Hospital San Diego, UCSD Medical Ctr
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDiATRIC EMERGENCY MEDiCINE
PARK, RONALD
Provider ID: 295456
Board Certified Specialty: No
Hospital Affiliation: Rady Children's Hospital San Diego, Palomar Health
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
- Medi-Cal Open Panel: No
- Min/Max Age: 0-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

**PEDICATRIC EMERGENCY MEDICINE**

**PARKER, SHERINE**
Provider ID: 205787
Board Certified Specialty: No
3605 VISTA WAY STE 172 OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1020
Provider Gender: Female
NPI: 1477626513
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 4:00PM-10:00PM
- Website: N/A

**QUINONES-PEREZ, BIANCA**
Provider ID: 206951
Board Certified Specialty: No
3605 VISTA WAY STE 172 OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021
After Hours Phone: (760) 547-1000
Provider Gender: Female
NPI: 1124360565
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: SU 1:00PM-10:00PM
- Website: N/A

**SANACORA, RACHEL**
Provider ID: 297730
Board Certified Specialty: No
3605 VISTA WAY STE 172 OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021
After Hours Phone: (760) 547-1000
Provider Gender: Female
NPI: 1548987985
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: SU 1:00PM-10:00PM
- Website: N/A
专科提供者名录

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\-19
- American Sign Language (ASL): N

### PEDIATRIC EMERGENCY

#### MEDICINE

**VAIDYA, KAMALA**  
Provider ID: 205813  
Board Certified Specialty: No  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
Phone: (760) 547-1000  
Fax: (760) 547-1021  
After Hours Phone: (760) 547-1000  
Provider Gender: Female  
NPI: 1083840920  

- Provider English Spoken: Y  
- Cultural Competency: N  
- Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO, Los Angeles General Medical Center

### PEDIATRIC EMERGENCY

#### MEDICINE

**WANG, EMILY**  
Provider ID: 265953  
Board Certified Specialty: No  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
Phone: (760) 547-1020  
Fax: (760) 547-1021  
After Hours Phone: (760) 547-1020  
Provider Gender: Female  
NPI: 1427142363  

- Provider English Spoken: Y  
- Cultural Competency: N  
- Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL
HOSPITAL ENCINITAS, RODY
CHILDREN HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

PEDICATRIC
GASTROENTEROLOGY
CHU, CHRISTOPHER
Provider ID: 301642
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1020
Provider Gender: Male
NPI: 1912369273
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Yue Chinese
 Cultural Competency: N
Hospital Affiliation: RADY
CHILDREN HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

LENHART-PENDERGRASS, PATRICIA
Provider ID: 294643
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1020
Provider Gender: Female
NPI: 1144615659
 Provider English Spoken: Y
 Cultural Competency: N
Hospital Affiliation: RADY
CHILDREN HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

PHYSICAL MEDICINE /
REHABILITATION
RYAN, KYLE
Provider ID: 275661
Board Certified Specialty: No
3605 VISTA WAY
OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1020
Provider Gender: Male
NPI: 1447645742
 Provider English Spoken: Y
 Cultural Competency: N
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

607-5350
Provider Gender: Male
NPI: 1407052459
 Provider English Spoken: Y
 Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, PALOMAR MEDICAL
CENTER
Physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

PHYSICIANS ASSISTANT
BASIN, NATALIE
Provider ID: 302864
Board Certified Specialty: No
3629 VISTA WAY
OCEANSIDE, CA 92056
Phone: (760) 757-7546
Fax: (760) 547-2311
After Hours Phone: (760) 757-7546
Provider Gender: Female
NPI: 1477196897
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
KIVIAT, ANNETTE
Provider ID: 302455
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1020
Provider Gender: Female
NPI: 1205381845
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
RAMOS, ELENA
Provider ID: 301307
Board Certified Specialty: No
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 566-1501
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1306489570
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 2\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
WRIGHT, DEREK
Provider ID: 305530
Board Certified Specialty: No
3231 WARING CT STE K
OCEANSIDE, CA 92056
Phone: (760) 607-5350
Fax: (760) 607-5365
After Hours Phone: (760) 607-5350

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Provider Gender: Male  
NPI: 1629674858  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 18–999  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Website: N/A

**PSYCHOLOGIST**  
**COOK, SHERYL**  
Provider ID: 304924  
Board Certified Specialty: No  
- 619 CROUCH ST STE 100  
- Phone: (760) 736-6767  
- Fax: (760) 736-8740  
- After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1750420816  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0–999  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Website: N/A

**PSYCHOLOGIST**  
**KRAPES, MICHAEL**  
Provider ID: 290097  
Board Certified Specialty: No  
- 2210 MESA DR STE 300  
- Phone: (760) 736-6767  
- Fax: (760) 566-1501  
- After Hours Phone: (760) 736-6767  
Provider Gender: Male  
NPI: 1215233028  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0–999  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F 8:00AM-5:00PM  
- Website: N/A

**PSYCHOLOGIST**  
**MAUHILI, KENNA**  
Provider ID: 298272  
Board Certified Specialty: No  
- 619 CROUCH ST STE 100  
- Phone: (760) 566-1620  
- Fax: (760) 433-4040  
- After Hours Phone: (760) 566-1620  
Provider Gender: Female  
NPI: 1386949360  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0–999  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Website: N/A

**REGISTERED PHYSICAL THERAPIST**  
**FARRAR, COURTNEY**  
Provider ID: 295874  
Board Certified Specialty: No  
- 3231 WARING CT STE K  
- Phone: (760) 607-5350  
- Fax: (760) 607-5365  
- After Hours Phone: (760) 607-5350  
Provider Gender: Male  
NPI: 1124577952  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 13–999  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER
D3. 专科提供者名录

SURGERY COLON SURGERY
NASSERY, KRISTEN
Provider ID: 300122
Board Certified Specialty: No
3601 VISTA WAY STE 203
OCEANSIDE, CA 92056
Phone: (760) 724-5352
Fax: (760) 724-5447
After Hours Phone: (760) 724-5352
Provider Gender: Female
NPI: 1396059440
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 18\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY ORTHOPEDIC
PRUSS, ERIKA
Provider ID: 303798
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1020
Provider Gender: Female
NPI: 1538402441
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY ORTHOPEDIC
CIDAMBI, EMILY
Provider ID: 246469
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (858) 966-6789
Fax: (858) 966-8519
Provider Gender: Male
NPI: 1548417652
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY PEDIATRIC
FAIRBANKS, TIMOTHY
Provider ID: 205498
Board Certified Specialty: No
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1020
Provider Gender: Male
NPI: 1407010556
Provider English Spoken: Y
Cultural Competency: N
D3. 专科提供者名录

Hospital Affiliation: Rady Childrens Hospital San Diego, UCSD Medical Ctr, Sharp Memorial Hospital, Scripps Memorial Hospital, UCSD Benioff Children’s Hospital Oakland

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

SURGERY THORACIC
GRAMINS, DANIEL
Provider ID: 210048  
Board Certified Specialty: No  
3998 Vista Way STE A  
Oceanside, CA 92056  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1164495750  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Tri City Medical Ctr, UCSD Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

PERRIS
CERTIFIED NURSE PRACTITIONER
BLAND, JACELIS  
Provider ID: 296767  
Board Certified Specialty: No  
1675 N Perris Blvd STE G1  
Perris, CA 92571  
Phone: (760) 736-7676  
Fax: (760) 566-1501  
After Hours Phone: (760) 736-7676  
Provider Gender: Female  
NPI: 1801522859  
Provider English Spoken: Y  
Provider Language(s): Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:30PM  
Website: N/A

POWAY
CARDIOVASCULAR DISEASE
ZAKOV, KAMEN
Provider ID: 122539  
Board Certified Specialty: Yes  
15611 Pomerado Rd STE 400  
Poway, CA 92064  
Phone: (858) 675-3110  
Fax: (858) 613-2937  
After Hours Phone: (858) 675-3110  
Provider Gender: Male  
NPI: 1518933613  
Provider English Spoken: Y  
Provider Language(s): German  
Cultural Competency: N
D3. 专科提供者名录

Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

CERTIFIED NURSE
PRACTITIONER
JOHNSON, CHRISTINE
Provider ID: 295458
Board Certified Specialty: No
13010 POWAY RD
POWAY, CA 92064
Phone: (858) 218-3000
Fax: (360) 462-2742
After Hours Phone: (858) 218-3000
Provider Gender: Female
NPI: 1295049229
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 13\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

CERTIFIED NURSE
PRACTITIONER
WOLFE, AMANDA
Provider ID: 243582
Board Certified Specialty: No
15525 POMERADO RD STE B1
POWAY, CA 92064
Phone: (858) 457-8333
After Hours Phone: (858) 457-8333
Provider Gender: Female
NPI: 1063813475
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RAY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

FAMILY PRACTICE
FLINN, SCOTT
Provider ID: 270054
Board Certified Specialty: No
15611 POMERADO RD STE 400
POWAY, CA 92064
Phone: (858) 675-3100
Fax: (858) 613-2938
After Hours Phone: (858) 675-3100
Provider Gender: Male
NPI: 1184694598
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

FAMILY PRACTICE
NAJAND, SADAF
Provider ID: 270055
Board Certified Specialty: No
D3. 专科提供者名录

15611 POMERADO RD STE 400
POWAY, CA 92064
Phone: (858) 675-3200
Fax: (858) 613-2938
After Hours Phone: (858) 675-3200
Provider Gender: Female
NPI: 1669769717
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
CHEN, ANDREW
Provider ID: 269315
Board Certified Specialty: No
15611 POMERADO RD STE 400
POWAY, CA 92064
Phone: (858) 675-3100
Fax: (858) 613-2937
After Hours Phone: (858) 675-3100
Provider Gender: Male
NPI: 1134357007
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 14\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
THAPER, MOHINDERPAL
Provider ID: 270016
Board Certified Specialty: No
15611 POMERADO RD STE 575
POWAY, CA 92064
Phone: (760) 489-1458
Fax: (760) 489-1246
After Hours Phone: (760) 489-1458
Provider Gender: Male
NPI: 1295795037
Provider English Spoken: Y
Provider Language(s)
Spoken: Hindi, Punjabi
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERVENTIONAL CARDIOLOGY

BAYAT, HAMED
Provider ID: 269450
Board Certified Specialty: No
15611 POMERADO RD STE 400
POWAY, CA 92064
Phone: (858) 675-3110
Fax: (858) 675-3110
After Hours Phone: (858) 675-3110
Provider Gender: Male
NPI: 1356344196
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SERRY, ROD
Provider ID: 269471
Board Certified Specialty: No
15611 POMERADO RD STE 400
POWAY, CA 92064
Phone: (858) 592-2696
Fax: (858) 592-2696
After Hours Phone: (858) 592-2696
Provider Gender: Male
NPI: 1912954130
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE

SAUER, CHARLES
Provider ID: 206164
Board Certified Specialty: No
15615 POMERADO RD
POWAY, CA 92064
Phone: (858) 613-4143
Fax: (858) 613-4539
After Hours Phone: (858) 613-4143
Provider Gender: Male
NPI: 1538388988
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE

WEST, JULIE
Provider ID: 297072
Board Certified Specialty: No
15615 POMERADO RD
POWAY, CA 92064
Phone: (858) 613-4143
Fax: (858) 613-4539
After Hours Phone: (858) 613-4143
Provider Gender: Female
NPI: 1811151848
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OBSTETRICS / GYNECOLOGY
COBB, DAMON
Provider ID: 206030
Board Certified Specialty: No
15706 Pomarado Rd Ste 110
Poway, CA 92064
Phone: (858) 485-0130
Fax: (858) 485-9424
After Hours Phone: (858) 485-0130
Provider Gender: Male
NPI: 1851435598
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: Palomar Health
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-6:00PM
Website: N/A

OPHTHALMOLOGY
LOZIER, JEFFREY
Provider ID: 270187
Board Certified Specialty: Yes
15611 Pomarado Rd Ste 400
Poway, CA 92064
Phone: (858) 675-3100
Fax: (858) 618-1523
After Hours Phone: (858) 675-3100
Provider Gender: Male
NPI: 1225004450
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Palomar Health
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
CHATFIELD, ALEXANDRA
Provider ID: 276715
Board Certified Specialty: No
15611 Pomarado Rd Ste 525
Poway, CA 92064
Phone: (858) 485-0050
Fax: (858) 673-5187
After Hours Phone: (858) 485-0050
Provider Gender: Female
NPI: 1215584628
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D3. 专科提供者名录

**PODIATRIST**

**HAN, KYOUNG**

Provider ID: 296326  
Board Certified Specialty: No  
Address: 15706 POMERADO RD STE 102  
POWAY, CA 92064  
Phone: (858) 485-1494  
Fax: (858) 485-1515  
After Hours Phone: (858) 485-1494  
Provider Gender: Female  
NPI: 1083954671  
Provider English Spoken: Y  
Provider Language(s) Spoken: Korean  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
9:00AM-5:00PM  
Website: N/A

**PSYCHOLOGIST**

**VALLEZ-BARLAM, ANDREA**

Provider ID: 290629  
Board Certified Specialty: No  
Address: 13010 POWAY RD  
POWAY, CA 92064  
Phone: (858) 218-3000  
Fax: (858) 633-4688  
After Hours Phone: (858) 218-3000  
Provider Gender: Female  
NPI: 1710902143  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**PODIATRIST**

**READ, TRENTON**

Provider ID: 296656  
Board Certified Specialty: No  
Address: 15706 POMERADO RD STE 102  
POWAY, CA 92064  
Phone: (858) 485-1494  
Fax: (858) 485-1515  
After Hours Phone: (858) 485-1494  
Provider Gender: Male  
NPI: 1952963431  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
9:00AM-5:00PM  
Website: N/A

**RHEUMATOLOGY**

**RAO, SOUMYA**

Provider ID: 46060  
Board Certified Specialty: No  
Address: 15611 POMERADO RD STE 400  
POWAY, CA 92064  
Phone: (858) 675-3150  
Fax: (858) 924-1775  
After Hours Phone: (858) 675-3150  
Provider Gender: Female  
NPI: 1952963431  
Provider English Spoken: Y  
Provider Language(s) Spoken: Hindi, Kannada, Russian, Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**RHEUMATOLOGY**

**REDDY, SMITHA**

Provider ID: 269402  
Board Certified Specialty: No  
Address: 15725 POMERADO RD STE 117  
POWAY, CA 92064  
Phone: (858) 312-1717  
Fax: (858) 435-0207  
After Hours Phone: (858) 312-1717  
Provider Gender: Female  
NPI: 1033388616  
Provider English Spoken: Y  
Provider Language(s) Spoken: Hindi, Kannada, Russian, Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A
D3. 专科提供者名录

- After Hours Phone: (858) 312-1717
  Provider Gender: Female
  NPI: 1750534715
  Provider English Spoken: Y
  Provider Language(s) spoken: Hindi, Kannada, Telugu
  Cultural Competency: N
  Hospital Affiliation: SCRIPPS HEALTH, PALOMAR HEALTH, SCRIPPS MERCY HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0-999
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Website: N/A

SURGERY ORTHOPEDIC
BALIKIAN, PHILIP
Provider ID: 119552
Board Certified Specialty: Yes
Address: 15611 POMERADO RD STE 400
POWAY, CA 92064
Phone: (858) 613-8900
Fax: (858) 618-1523
After Hours Phone: (858) 613-8900
Provider Gender: Male
NPI: 1407803687
Provider English Spoken: Y
Provider Language(s) spoken: Armenian, Italian, Spanish, Vietnamese
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

SURGERY ORTHOPEDIC
BRIED, JAMES
Provider ID: 269500
Board Certified Specialty: No
Address: 15611 POMERADO RD STE 525
POWAY, CA 92064
Phone: (858) 675-3100
Fax: (858) 673-5187
After Hours Phone: (858) 675-3100
Provider Gender: Male
NPI: 1912971334
Provider English Spoken: Y
Provider Language(s) spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 0-1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

SURGERY ORTHOPEDIC
GROVE, JAY
Provider ID: 305851
Board Certified Specialty: No
Address: 15611 POMERADO RD
POWAY, CA 92064
Phone: (858) 675-3100
Fax: (858) 673-5187
After Hours Phone: (858) 675-3100
Provider Gender: Male
NPI: 1912971334
Provider English Spoken: Y
Provider Language(s) spoken: Armenian, Italian, Spanish, Vietnamese
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 0-150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

SURGERY GENERAL
GROVE, JAY
Provider ID: 305851
Board Certified Specialty: No
Address: 15611 POMERADO RD
POWAY, CA 92064
Phone: (858) 675-3100
Fax: (858) 673-5187
After Hours Phone: (858) 675-3100
Provider Gender: Male
NPI: 1912971334
Provider English Spoken: Y
Provider Language(s) spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 0-1999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

1915
D3. 专科提供者名录

- **CERTIFIED NURSE PRACTITIONER**
  - **SALAS, JESSICA**
  - Provider ID: 269344
  - Board Certified Specialty: No
  - 211 13TH ST
  - RAMONA, CA 92065
  - Phone: (760) 789-5160
  - Fax: (760) 788-7962
  - After Hours Phone: (760) 789-5160
  - Provider Gender: Female
  - NPI: 1536817431
  - Provider English Spoken: Y
  - Provider Language(s) Spoken: Spanish
  - Hospital Affiliation: PALOMAR HEALTH
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

- **FAMILY PRACTICE**
  - **WELLS, TODD**
  - Provider ID: 299118
  - Board Certified Specialty: No
  - 211 13TH ST
  - RAMONA, CA 92065
  - Phone: (760) 789-5160
  - Fax: (760) 722-5292
  - After Hours Phone: (760) 789-5160
  - Provider Gender: Male
  - NPI: 1952377806
  - Provider English Spoken: Y
  - Provider Language(s) Spoken: Spanish, Tagalog
  - Hospital Affiliation: PALOMAR HEALTH
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\19
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
  - 8:00AM-5:00PM
  - Website: N/A

- **ALLERGY IMUNOLOGY**
  - **JAMES, CHRISTINE**
  - Provider ID: 284917
  - Board Certified Specialty: No
  - 8899 UNIVERSITY CENTER LN
  - SAN DIEGO, CA 92122
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1144589979
  - Provider English Spoken: Y
  - Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 18\999
  - American Sign Language (ASL): 1916

- **SAN DIEGO**
  - **ADOLESCENT MEDICINE**
    - **CHELVAKUMAR, GAYATHRI**
    - Provider ID: 296674
    - Board Certified Specialty: No
    - 8110 BIRMINGHAM WAY FL 2
    - SAN DIEGO, CA 92123
    - Phone: (858) 966-8493
    - Fax: (858) 966-8818
    - After Hours Phone: (858) 966-8493
    - Provider Gender: Female
    - NPI: 1447473848
    - Provider English Spoken: Y
    - Hospital Affiliation: Rady CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\19
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

ALLERGY IMMUNOLOGY
RIEDL, MARC
Provider ID: 255768
Board Certified Specialty: Yes
8899 UNIVERSITY CENTER LN STE 230
SAN DIEGO, CA 92122
Phone: (858) 657-5350
After Hours Phone: (858) 657-5350
Provider Gender: Male
NPI: 1285654889
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

ANESTHESIOLOGY
BECERRA SONGOLO, TOSHA
Provider ID: 300068
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1265938724
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

ANESTHESIOLOGY
ALEXANDER, BRENTON
Provider ID: 242303
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1750517306
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

ANESTHESIOLOGY
BRUNO, KELLY
Provider ID: 238903
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1891130993
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

ANESTHESIOLOGY
CANO, SARAH
Provider ID: 200959
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1750517306
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON,
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>239002</td>
<td>No</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>269502</td>
<td>No</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>280468</td>
<td>No</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>241735</td>
<td>Yes</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**ANESTHESIOLOGY**

**CURRAN, BRIAN**

- Provider ID: 239002
- Board Certified Specialty: No
- 200 W ARBOR DR
  - SAN DIEGO, CA 92103
  - Phone: (800) 926-8273
  - After Hours Phone: (800) 926-8273
- Provider Gender: Female
- NPI: 1710373642
- Provider English Spoken: Y
- Cultural Competency: N

**FEJLEH, ASHLEY**

- Provider ID: 269502
- Board Certified Specialty: No
- 200 W ARBOR DR
  - SAN DIEGO, CA 92103
  - Phone: (800) 926-8273
  - After Hours Phone: (800) 926-8273
- Provider Gender: Female
- NPI: 1609353465
- Provider English Spoken: Y
- Cultural Competency: N

**HYLTON, DIANA**

- Provider ID: 241735
- Board Certified Specialty: Yes
- 200 W ARBOR DR
  - SAN DIEGO, CA 92103
  - Phone: (800) 926-8273
  - After Hours Phone: (800) 926-8273
- Provider Gender: Female
- NPI: 1932527751
- Provider English Spoken: Y
- Cultural Competency: N

**FUNDINGSLAND, BRENT**

- Provider ID: 280468
- Board Certified Specialty: No
- 200 W ARBOR DR
  - SAN DIEGO, CA 92103
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1831166560
- Provider English Spoken: Y
- Cultural Competency: N

**MEDICAL HOSPITAL ENCINITAS, SADDLEBACK MEMORIAL MED CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON**

- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  - 8:00AM-5:00PM
- Website: N/A
D3. 专科提供者名录

ANESTHESIOLOGY

MEYER, MEGAN
Provider ID: 239607
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1720473044
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA;
JOHN SALLY THORNTON;
SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

ANESTHESIOLOGY

MILLAR, MELISSA
Provider ID: 201308
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (619) 543-5754
After Hours Phone: (619) 543-5754
Provider Gender: Female
NPI: 1417361981
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA;
JOHN SALLY THORNTON;
SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

ANESTHESIOLOGY

NGUYEN, QUOC SY
Provider ID: 242188
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1871911644
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA;
JOHN SALLY THORNTON;
SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

ANESTHESIOLOGY

OSWALD, JESSICA
Provider ID: 239600
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1427315118
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA;
JOHN SALLY THORNTON;
SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

ANESTHESIOLOGY

SHAW, SUSANNA
Provider ID: 255316
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1417361981
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA;
JOHN SALLY THORNTON;
SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
ANESTHESIOLOGY
SREJIC, UNA
Provider ID: 206383
Board Certified Specialty: Yes
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1588723860
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Stanford Health Care, UCSF Medical Center At Mission Bay, UCSF MEDICAL CENTER AT MOUNT ZION, MEDICAL CTR AT UCSF, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

ANESTHESIOLOGY
SUYDAM, STEVEN
Provider ID: 286569
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1386856821
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, RADY CHILDRENS HOSPITAL, SAN DIEGO, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

ANESTHESIOLOGY
TRIVEDI, SURAJ
Provider ID: 246749
Board Certified Specialty: No

**JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR**

- **ANESTHESIOLOGY**
  - **TSUDA, PAIGE**
    - Provider ID: 271682
    - Board Certified Specialty: No
    - 200 W ARBOR DR
    - SAN DIEGO, CA 92103
    - Phone: (800) 926-8273
    - Fax: (888) 539-8781
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Female
    - NPI: 1003261595
    - Provider English Spoken: Y
    - Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Hours: M-F
    - 8:00AM-5:00PM
    - Website: N/A

- **ANESTHESIOLOGY**
  - **TULLY, JEFFREY**
    - Provider ID: 283689
    - Board Certified Specialty: No
    - 200 W ARBOR DR
    - SAN DIEGO, CA 92103
    - Phone: (800) 926-8273
    - Fax: (888) 539-8781
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Male
    - NPI: 1871912493
    - Provider English Spoken: Y
    - Hospital Affiliation: UC DAVIS MEDICAL CTR, UCSD LA JOLLA
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Hours: M-F
    - 8:00AM-5:00PM
    - Website: N/A

- **ANESTHESIOLOGY**
  - **TZENG, ERIC**
    - Provider ID: 284577
    - Board Certified Specialty: No
    - 200 W ARBOR DR
    - SAN DIEGO, CA 92103
    - Phone: (800) 926-8273
    - Fax: (888) 539-8781
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Male
    - NPI: 1801258264
    - Provider English Spoken: Y
    - Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Hours: M-F
    - 8:00AM-5:00PM
    - Website: N/A

- **ANESTHESIOLOGY**
  - **YODER, ANDREA**
    - Provider ID: 272804
    - Board Certified Specialty: No
    - 200 W ARBOR DR
    - SAN DIEGO, CA 92103
    - Phone: (800) 926-8273
    - Fax: (888) 539-8781
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Female
    - NPI: 1629463104
    - Provider English Spoken: Y
    - Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Hours: M-F
    - 8:00AM-5:00PM
    - Website: N/A
D3. 专科提供者名录

Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

ANESTHESIOLOGY
YOUNAN, LAWRENCE
Provider ID: 240870
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1922432475
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

ANESTHESIOLOGY PAIN MANAGEMENT
DAIRO, BRANDON
Provider ID: 299880
Board Certified Specialty: No
3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110
Phone: (619) 325-1161
Fax: (619) 325-1717
After Hours Phone: (619) 325-1161
Provider Gender: Male
NPI: 1689092470
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\100
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

ANESTHESIOLOGY PAIN MANAGEMENT
CASTELLANOS, JOEL
Provider ID: 243553
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1700296514
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

CARDIOVASCULAR DISEASE
ALANI, ANAS

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>201252</td>
<td>Yes</td>
<td>4168 FRONT ST SAN DIEGO, CA 92103</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1154633709</td>
<td>Y</td>
<td>No</td>
<td>UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, ARROWHEAD REGIONAL MEDICAL CENTER, LOMA LINDA UNIVERSITY MED CTR, RIVERSIDE COUNTY REGIONAL MED CTR, LAC RANCHO LOS AMIGOS NATIONAL REHAB CENTER, LOS ANGELES COUNTY HARBOR UCLA MEDICAL CENTER, LOS ANGELES COUNTY HARBOR UCLA MEDICAL CENTER</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>211764</td>
<td>No</td>
<td>330 LEWIS ST FL 3 SAN DIEGO, CA 92103</td>
<td>(858) 657-8530</td>
<td>(619) 543-2287</td>
<td>(858) 657-8530</td>
<td>Male</td>
<td>1013059286</td>
<td>Y</td>
<td>No</td>
<td>UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, PIONEERS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>211765</td>
<td>No</td>
<td>16950 VIA TAZON SAN DIEGO, CA 92127</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1962899823</td>
<td>Y</td>
<td>No</td>
<td>SHARP CHULA VISTA MED CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>303447</td>
<td>No</td>
<td>292 EUCLID AVE STE 210 SAN DIEGO, CA 92114</td>
<td>(619) 616-2100</td>
<td>(619) 616-2104</td>
<td>(619) 616-2100</td>
<td>Male</td>
<td>1962899823</td>
<td>Y</td>
<td>No</td>
<td>SHARP CHULA VISTA MED CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### CARDIOVASCULAR DISEASE

#### MIZZELL, ANNA
- Provider ID: 214020
- Board Certified Specialty: No
- 16950 VIA TAZON
  - SAN DIEGO, CA 92127
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Provider Gender: Female
- NPI: 1851561021
- Provider English Spoken: Y
- Provider Language(s): N/A
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

#### PHREANER, NICHOLAS
- Provider ID: 239946
- Board Certified Specialty: No
- 16950 VIA TAZON
  - SAN DIEGO, CA 92127
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1023373040
- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

#### PROHASKA, THOMAS
- Provider ID: 299912
- Board Certified Specialty: No
- 200 W ARBOR DR
  - SAN DIEGO, CA 92103
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1861889644
- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

#### YEANG, CALVIN
- Provider ID: 238822
- Board Certified Specialty: No
- 16950 VIA TAZON
  - SAN DIEGO, CA 92127
- Phone: (858) 657-8530
- After Hours Phone: (858) 657-8530
- Provider Gender: Male
- NPI: 1598011058
- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

#### ARELLANO, JACQUELINE
- Provider ID: 277968
- Board Certified Specialty: No
- 9909 MIRA MESA BLVD
  - STE 200
  - SAN DIEGO, CA 92131
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Provider Gender: Female
- NPI: 1104129485
- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A
D3. 专科提供者名录

CERTIFIED ACUPUNCTURIST
ARELLANO, JACQUELINE
Provider ID: 277967
Board Certified Specialty: No
9333 GENEESE AVE STE 200
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1104129485
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED ACUPUNCTURIST
ARELLANO, JACQUELINE
Provider ID: 304138
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1104129485
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED ACUPUNCTURIST
ARELLANO, JACQUELINE
Provider ID: 290942
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Male
NPI: 1659745610
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

1925
D3. 专科提供者名录

CERTIFIED ACUPUNCTURIST
JULIAN, FIDES
Provider ID: 304132
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1407401128
Provider English Spoken: Y
Provider Language(s):
Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED ACUPUNCTURIST
JULIAN, FIDES
Provider ID: 277700
Board Certified Specialty: No
9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1407401128
Provider English Spoken: Y
Provider Language(s):
Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED ACUPUNCTURIST
JULIAN, FIDES
Provider ID: 277701
Board Certified Specialty: No
9909 MIRA MESA BLVD STE 200
SAN DIEGO, CA 92131
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1407401128
Provider English Spoken: Y
Provider Language(s):
Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED ACUPUNCTURIST
JULIAN, FIDES
Provider ID: 304131
Board Certified Specialty: No
4910 DIRECTORS PL
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800)
Website: N/A
D3. 专科提供者名录

926-8273
Provider Gender: Female
NPI: 1407401128

- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Tagalog
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
- JOHN SALLY THORNTON
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

CERTIFIED ACUPUNCTURIST
LAM, KHANH
Provider ID: 295380
Board Certified Specialty: No
- 3434 MIDWAY DR STE 2001
  SAN DIEGO, CA 92110
- Phone: (619) 325-1161
- Fax: (619) 325-1717
- After Hours Phone: (619) 325-1161
- Provider Gender: Male
- NPI: 1649594979
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Chinese, French, Vietnamese
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

CERTIFIED ACUPUNCTURIST
SEITZ, GRETCHEN
Provider ID: 246474
Board Certified Specialty: No
- 9995 CARMEL MOUNTAIN RD STE B10-B11
  SAN DIEGO, CA 92129
- Phone: (844) 200-2426
- Fax: (858) 240-6470
- After Hours Phone: (844) 200-2426
- Provider Gender: Female
- NPI: 1396876959
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM
- Website: N/A

CERTIFIED NURSE
PRACTITIONER
ALBARRAN-SLOVIN, MELODY
Provider ID: 299328
Board Certified Specialty: No
- 1016 OUTER RD
  SAN DIEGO, CA 92154
- Phone: (619) 429-3733
- Fax: (619) 628-5550
- After Hours Phone: (619) 429-3733
- Provider Gender: Female
- NPI: 1740953249
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>PROVIDER ID</th>
<th>BOARD CERTIFIED SPECIALTY</th>
<th>PROVIDER ADDRESS</th>
<th>PHONE</th>
<th>FAX</th>
<th>AFTER HOURS PHONE</th>
<th>PROVIDER GENDER</th>
<th>NPI</th>
<th>PROVIDER ENGLISH SPOKEN</th>
<th>CULTURAL COMPETENCY</th>
<th>HOSPITAL AFFILIATION</th>
<th>MEDI-CAL OPEN PANEL</th>
<th>MIN/MAX AGE</th>
<th>AMERICAN SIGN LANGUAGE (ASL)</th>
<th>ACCESSIBILITY</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALSTEEN, STEPHANIE</td>
<td>291389</td>
<td>No</td>
<td>200 W ARBOR DR</td>
<td>SAN DIEGO, CA 92103</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1013680982</td>
<td>Y</td>
<td>N</td>
<td></td>
<td>Yes</td>
<td>Y</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>AMOS, MARIA</td>
<td>291439</td>
<td>No</td>
<td>200 W ARBOR DR</td>
<td>SAN DIEGO, CA 92103</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1013680982</td>
<td>Y</td>
<td>N</td>
<td></td>
<td>Yes</td>
<td>Y</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>BAKER, TANYA</td>
<td>255625</td>
<td>No</td>
<td>4510 EXECUTIVE DR</td>
<td>SAN DIEGO, CA 92121</td>
<td>(858) 534-8019</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1699184259</td>
<td>Y</td>
<td>N</td>
<td>UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>BENARD, ROBERT</td>
<td>268229</td>
<td>No</td>
<td>200 W ARBOR DR</td>
<td>SAN DIEGO, CA 92103</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1184027724</td>
<td>Y</td>
<td>N</td>
<td>UCSD LA JOLLA JOHN SALLY THORNTON, UNIVERSITY HSP OF SAN DIEGO CO, Highland Hospital</td>
<td>Yes</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

American Sign Language (ASL): N

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>CERTIFIED NURSE PRACTITIONER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BILOTTA, NATALIE</td>
<td>291418</td>
<td>No</td>
<td>RIVERSIDE COMMUNITY HOSP</td>
<td>Yes</td>
<td>0\999</td>
<td>Y</td>
<td>N</td>
<td>Female</td>
<td>1851749253</td>
<td>800-926-8273</td>
<td>888-539-8781</td>
<td>800-926-8273</td>
<td>N/A</td>
</tr>
<tr>
<td>BUI, ANH</td>
<td>304272</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Yes</td>
<td>14\999</td>
<td>Y</td>
<td>N</td>
<td>Male</td>
<td>1184309684</td>
<td>(858) 810-8700</td>
<td>(858) 633-4680</td>
<td>(858) 810-8700</td>
<td>N/A</td>
</tr>
<tr>
<td>CAMARGO-LOWTHERS, ANGELICA</td>
<td>270981</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Yes</td>
<td>14\999</td>
<td>Y</td>
<td>N</td>
<td>Female</td>
<td>1184309684</td>
<td>(858) 637-4700</td>
<td>(858) 637-4701</td>
<td>(858) 637-4700</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Provider Gender: Female
NPI: 1912982539
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
  9:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
CAMARGO-LOWTHERS, ANGELICA
Provider ID: 295914
Board Certified Specialty: No
8010 FROST ST STE 220
SAN DIEGO, CA 92123
Phone: (858) 637-4700
Fax: (858) 637-4701
After Hours Phone: (858) 637-4700
Provider Gender: Female
NPI: 1912982539
Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
CHANZALA, ELIZABETH
Provider ID: 241031
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1942430442
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
CAPEZZI, JENNIFER
Provider ID: 241031
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1336258276
Provider English Spoken: Y
Provider Language(s)
D3. 专科提供者名录

Provider ID: 243357
Board Certified Specialty: No
4510 EXECUTIVE DR STE 7
SAN DIEGO, CA 92121
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1811543622
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
CHEATHAM, BRITTANY
Provider ID: 291461
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1184111684
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
CHOATE, BERNADETTE
Provider ID: 286369
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1104173558
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
COLEMAN, PAGE
Provider ID: 304288
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058
Provider Gender: Female
NPI: 1871365312
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D3. 专科提供者名录

PROVIDER
【】 Hours: M-F
8:00AM-5:00PM
SA 8:00AM-2:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
CONNER, PAMELA
Provider ID: 299930
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1770558967
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
CONNOR, CAROLINE
Provider ID: 279836
Board Certified Specialty: No
6030 VILLAGE WAY
SAN DIEGO, CA 92130
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1609081710
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
COSINO, ANJELICA
Provider ID: 201309
Board Certified Specialty: No
200 W ARBOR DR FL 1
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1295238749
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

- **Certified Nurse Practitioner**
  - **Davis, Janet**
    - Provider ID: 255796
    - Board Certified Specialty: No
    - 330 Lewis St
      - San Diego, CA 92103
    - Phone: (619) 471-9250
      - After Hours Phone: (619) 471-9250
    - Provider Gender: Female
    - NPI: 1164616280
    - Provider English Spoken: Y
    - Cultural Competency: N
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Hours: M-F
      - 8:00AM-5:00PM
    - Website: N/A

- **Certified Nurse Practitioner**
  - **De Dios, Sarah**
    - Provider ID: 300051
    - Board Certified Specialty: No
    - 200 W Arbor Dr
      - San Diego, CA 92103
    - Phone: (800) 926-8273
      - After Hours Phone: (800) 926-8273
    - Provider Gender: Female
    - NPI: 1528632742
    - Provider English Spoken: Y
    - Cultural Competency: N
    - Hospital Affiliation: Sharp Chula Vista Med Ctr
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Website: N/A

- **Certified Nurse Practitioner**
  - **Del Vecchio, Megan**
    - Provider ID: 301725
    - Board Certified Specialty: No
    - 4510 Executive Dr
      - San Diego, CA 92121
    - Phone: (800) 926-8273
      - After Hours Phone: (800) 926-8273
    - Provider Gender: Female
    - NPI: 1437662863
    - Provider English Spoken: Y
    - Cultural Competency: N
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Website: N/A

- **Certified Nurse Practitioner**
  - **Deutsch, Karen**
    - Provider ID: 247981
    - Board Certified Specialty: No
    - 330 Lewis St
      - San Diego, CA 92133
    - Phone: (619) 471-9250
      - After Hours Phone: (619) 471-9250
    - Provider Gender: Female
    - NPI: 1679850671
    - Provider English Spoken: Y
    - Cultural Competency: N
    - Hospital Affiliation: UCSD La Jolla John Sally Thornton, UCSD Medical Ctr
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Website: N/A
D3. 专科提供者名录

SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1740517127
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
DOAN, ANGELA
Provider ID: 291425
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1639638968
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
DEUTSCH, KAREN
Provider ID: 247980
Board Certified Specialty: No
4168 FRONT ST FL 3
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1740517127
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
DOAN, ANGELA
Provider ID: 291426
Board Certified Specialty: No
4510 EXECUTIVE DR
SAN DIEGO, CA 92121
Phone: (800) 926-8372
Fax: (888) 539-8781
After Hours Phone: (800) 926-8372
Provider Gender: Female
NPI: 1639638968
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
DRISCOLL, SUSAN
Provider ID: 298968
Board Certified Specialty: No
1666 PRECISION PARK LN
SAN DIEGO, CA 92173
Phone: (619) 662-4100
Fax: (619) 758-3384
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1477755684
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 10:00AM-4:00PM M-F 8:30AM-5:30PM SA 8:00AM-2:30PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### PRACTITIONER
**DRISCOLL, KARRIE**  
Provider ID: 286345  
Board Certified Specialty: No  
![4303 LA JOLLA VILLAGE DR STE 2110 SAN DIEGO, CA 92122](image)  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1396085098  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

### CERTIFIED NURSE PRACTITIONER
**ECLARINO, GALELEO**  
Provider ID: 296764  
Board Certified Specialty: No  
![9995 CARMEL MOUNTAIN RD STE B1011 SAN DIEGO, CA 92129](image)  
Phone: (844) 200-2426  
Fax: (858) 240-6470  
After Hours Phone: (844) 200-2426  
Provider Gender: Female  
NPI: 1518687748  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

### CERTIFIED NURSE PRACTITIONER
**Dwyer, Erin**  
Provider ID: 269863  
Board Certified Specialty: No  
![4060 4TH AVE STE 310 SAN DIEGO, CA 92103](image)  
Phone: (619) 297-4707  
Fax: (858) 429-7927  
After Hours Phone: (619) 297-4707  
Provider Gender: Female  
NPI: 1003260894  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

### CERTIFIED NURSE PRACTITIONER
**Erickson, Lisa**  
Provider ID: 278982  
Board Certified Specialty: No  
![200 W ARBOR DR SAN DIEGO, CA 92103](image)  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1669442182  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A
D3. 专科提供者名录

Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

CERTIFIED NURSE PRACTITIONER
FELD, KEREN
Provider ID: 297672  
Board Certified Specialty: No  
4290 POLK AVE  
SAN DIEGO, CA 92105  
Phone: (619) 563-0250  
Fax: (858) 633-4681  
After Hours Phone: (619) 563-0250  
Provider Gender: Female  
NPI: 1730835083  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

CERTIFIED NURSE PRACTITIONER
GARTH, MELISSA
Provider ID: 274053  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1689232977  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD La Jolla John Sally Thornton, UCSD Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM  
Website: N/A

CERTIFIED NURSE PRACTITIONER
FISHER, SLOANE
Provider ID: 301585  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-8800  
After Hours Phone: (858) 966-8800  
Provider Gender: Female  
NPI: 1538807003  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles  
Medi-Cal Open Panel: No  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

CERTIFIED NURSE PRACTITIONER
GIORGI, ASHLEY
Provider ID: 304877  
Board Certified Specialty: No  
4290 POLK AVE  
SAN DIEGO, CA 92105  
Phone: (619) 563-0250  
Fax: (858) 633-4681  
After Hours Phone: (619) 563-0250  
Provider Gender: Female  
NPI: 1952174203  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM  
Website: N/A

CERTIFIED NURSE PRACTITIONER
GOMEZ, LESLIE
Provider ID: 299468  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
Provider Gender: Female  
NPI: 1558331999  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD La Jolla, UCSD Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM  
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
CERTIFIED NURSE PRACTITIONER
GOMEZ, LESLIE
Provider ID: 299466
Board Certified Specialty: No

16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273

Provider Gender: Female
NPI: 1528578713
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
GUAUDARRAMA, IGNACIO
Provider ID: 262419
Board Certified Specialty: No

995 GATEWAY CENTER WAY STE 105
SAN DIEGO, CA 92102
Phone: (619) 264-1934
Fax: (619) 264-1937
After Hours Phone: (619) 264-1934

Provider Gender: Male
NPI: 1821331174
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
HA, THU
Provider ID: 293260
Board Certified Specialty: No

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

Provider Gender: Female
NPI: 1346443983
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

CERTIFIED NURSE PRACTITIONER
HARKNESS, RUMIKO
Provider ID: 208841
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1487785093
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
HAROUSH, GAL
Provider ID: 302475
Board Certified Specialty: No
4973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1992461230
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
HART, BECKY
Provider ID: 305337
Board Certified Specialty: No
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
Fax: (619) 687-1067
After Hours Phone: (619) 233-8500
Provider Gender: Female
NPI: 1316626344
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
HEAD, KRISTIN
Provider ID: 268656
Board Certified Specialty: No
7920 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 966-7484
Fax: (858) 966-4064
After Hours Phone: (858) 966-7484
Provider Gender: Female
NPI: 1699078923
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
HILL, GENIELYN

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Provider ID: 299144
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (619) 434-1613
After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1710632435
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:30AM-5:30PM
W 10:00AM-7:00PM
TH-F 8:30AM-5:30PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
HOOPER, BONNIE
Provider ID: 275254
Board Certified Specialty: No
9339 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Phone: (858) 454-4300
Fax: (858) 454-5088
After Hours Phone: (858) 454-4300
Provider Gender: Female
NPI: 1821062878
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
HILLIARD, THESALONICA
Provider ID: 284022
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (858) 578-4417
After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1861956724
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:30AM-5:30PM
W 10:00AM-7:00PM
TH-F 8:30AM-5:30PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
HOOPER, BONNIE
Provider ID: 275255
Board Certified Specialty: No
4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Phone: (619) 298-9809
Fax: (619) 298-9823
After Hours Phone: (619) 298-9809
Provider Gender: Female
NPI: 1821062878
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
IBARRA, MARTHA
Provider ID: 295392
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1114957289
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL
### CHULA VISTA
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 14–999  
**American Sign Language (ASL):** N

- **Accessibility:** CONTACT PROVIDER
- **Hours:** M 8:30AM-5:30PM  
  TU 8:30AM-8:30PM  
  W 8:30AM-5:30PM  
  TH 8:30AM-8:30PM  
  F 8:30AM-5:30PM  
  SA 9:00AM-4:00PM

- **Website:** N/A

### CERTIFIED NURSE PRACTITIONER
**IBARRA, MARTHA**  
**Provider ID:** 295393  
**Board Certified Specialty:** No  
**7011 LINDA VISTA RD**  
**SAN DIEGO, CA 92111**  
**Phone:** (858) 810-8700  
**Fax:** (858) 633-4680

- **Accessibility:** CONTACT PROVIDER
- **After Hours Phone:** (858) 810-8700
- **Provider Gender:** Female  
  **NPI:** 1114957289

- **Provider English Spoken:** Y  
  **Provider Language(s):** Spanish

- **Cultural Competency:** N  
  **Hospital Affiliation:** SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA

### CERTIFIED NURSE PRACTITIONER
**INSTONE, SUSAN**  
**Provider ID:** 293255  
**Board Certified Specialty:** No  
**7011 LINDA VISTA RD**  
**SAN DIEGO, CA 92111**  
**Phone:** (858) 810-8700  
**Fax:** (858) 633-4680

- **Accessibility:** CONTACT PROVIDER
- **After Hours Phone:** (858) 810-8700
- **Provider Gender:** Female  
  **NPI:** 1710223268

- **Provider English Spoken:** Y  
  **Provider Language(s):** Spanish

- **Cultural Competency:** N  
  **Hospital Affiliation:** Rady CHILDRENS HOSPITAL SAN DIEGO

### CERTIFIED NURSE PRACTITIONER
**JONES, CHRISTA**  
**Provider ID:** 275563  
**Board Certified Specialty:** No  
**200 W ARBOR DR**  
**SAN DIEGO, CA 92103**  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781

- **Accessibility:** CONTACT PROVIDER
- **After Hours Phone:** (800) 926-8273
- **Provider Gender:** Female  
  **NPI:** 1396371431

- **Provider English Spoken:** Y  
  **Cultural Competency:** N

- **Hospital Affiliation:** UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

---

**Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.**
D3. 专科提供者名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
KEMP, KATHRINE
Provider ID: 301276
Board Certified Specialty: No
Address: 1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 645-6405
Fax: (619) 687-1067
After Hours Phone: (619) 645-6405
Provider Gender: Female
NPI: 1316615313
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
KI, TRISH
Provider ID: 293294
Board Certified Specialty: No
Address: 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1376840199
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
KIDANE, ZINNIA
Provider ID: 302426
Board Certified Specialty: No
Address: 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1780334110
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
KIDANE, ZINNIA
Provider ID: 302427
Board Certified Specialty: No
Address: 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Provider Gender: Female
NPI: 1780334110
Provider English Spoken: Y
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

**D3. 专科提供者名录**

*Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A*

**CERTIFIED NURSE PRACTITIONER**

**LEMENCIC, TAHNEE**

Provider ID: 302628  
Board Certified Specialty: No  
7910 FROST ST STE 195  
SAN DIEGO, CA 92123  
Phone: (858) 966-8974  
Fax: (858) 966-6721  
After Hours Phone: (858) 966-8974  
Provider Gender: Female  
NPI: 1134802283  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady  
CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**LANE, KIMBERLY**

Provider ID: 301600  
Board Certified Specialty: No  
3444 KEARNY VILLA RD STE 201  
SAN DIEGO, CA 92123  
Phone: (858) 430-1101  
Fax: (858) 221-5049  
After Hours Phone: (858) 430-1101  
Provider Gender: Female  
NPI: 1457670119  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A
D3. 专科提供者名录

SAN DIEGO, CA 92103
📞 Phone: (619) 297-4707
Fax: (858) 429-7927
⏰ After Hours Phone: (619) 297-4707
Provider Gender: Female
NPI: 1457670119
💡 Provider English Spoken: Y
💡 Cultural Competency: N
מי迪-卡爾開放面板: Yes
Min/Max Age: 16\999
美国手语 (ASL): N
💡 无障碍: CONTACT PROVIDER
⏰ 时: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
MANZO, CORINA
Provider ID: 304481
Board Certified Specialty: No
2630 1ST AVE
SAN DIEGO, CA 92103
📞 Phone: (619) 234-2158
Fax: (619) 234-0206
⏰ After Hours Phone: (619) 234-2158
Provider Gender: Female
NPI: 1669087326
💡 Provider English Spoken: Y
💡 Provider Language(s) Spoken: Spanish
💡 Cultural Competency: N
מי迪-卡爾開放面板: Yes
Min/Max Age: 16\999
美国手语 (ASL): N
💡 无障碍: CONTACT PROVIDER
⏰ 时: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
LANE, KIMBERLY
Provider ID: 301597
Board Certified Specialty: No
11770 BERNARDO PLAZA CT STE 270
SAN DIEGO, CA 92128
📞 Phone: (858) 485-0554
Fax: (858) 429-7933
⏰ After Hours Phone: (858) 485-0554
Provider Gender: Female
NPI: 1457670119
💡 Provider English Spoken: Y
💡 Cultural Competency: N
מי迪-卡爾開放面板: Yes
Min/Max Age: 0\999
美国手语 (ASL): N
💡 无障碍: CONTACT PROVIDER
⏰ 时: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
MAROSOK, MICHELLE
Provider ID: 305311
Board Certified Specialty: No
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127
📞 Phone: (858) 649-5100
Fax: (858) 649-5099
⏰ After Hours Phone: (858) 649-5100
Provider Gender: Female
NPI: 1669166112
💡 Provider English Spoken: Y
💡 Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, PALOMAR HEALTH
מי迪-卡爾開放面板: Yes
Min/Max Age: 18\199
美国手语 (ASL): N
💡 无障碍: CONTACT PROVIDER
⏰ 时: M-F
8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

Website: N/A

CERTIFIED NURSE PRACTITIONER
MEDINA, RUBELETA
Provider ID: 296673
Board Certified Specialty: No
Address: 9995 CARMEL MOUNTAIN RD STE B1011
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 240-6470
After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1881153963
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
MENDOZA, GRETEL MARIE
Provider ID: 303202
Board Certified Specialty: No
Address: 10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (858) 578-4417
After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1245652387
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH
8:00AM-6:00PM
F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
MICK, SHARON
Provider ID: 299647
Board Certified Specialty: No
Address: 16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1891061966
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
MICK, SHARON
Provider ID: 299648
Board Certified Specialty: No
Address: 8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1891061966
Provider English Spoken: Y

PRACTITIONER
MICK, SHARON
Provider ID: 299649
Board Certified Specialty: No
Address: 200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1891061966
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

CERTIFIED NURSE PRACTITIONER  
MIDORO, ABEGAILLE  
Provider ID: 303829  
Board Certified Specialty: No  
10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
Phone: (844) 200-2426  
Fax: (858) 578-4417  
After Hours Phone: (844) 200-2426  
Provider Gender: Female  
NPI: 1952925851  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8:30AM-5:30PM  
 W 10:00AM-7:00PM  
 TH-F 8:30AM-5:30PM  
 Website: N/A

CERTIFIED NURSE PRACTITIONER  
MILLER, EVA  
Provider ID: 255833  
Board Certified Specialty: No  
330 LEWIS ST  
SAN DIEGO, CA 92103  
Phone: (619) 471-9210  
After Hours Phone: (619) 471-9210  
Provider Gender: Female  
NPI: 1043492523  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

CERTIFIED NURSE PRACTITIONER  
MOHEBBI, ATHENA  
Provider ID: 201325  
Board Certified Specialty: No  
4520 EXECUTIVE DR STE P2  
SAN DIEGO, CA 92121  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1952627176  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A
D3. 专科提供者名录

**PRACTITIONER**

**MORAN, TIFFANY**
Provider ID: 304275
Board Certified Specialty: No
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
Fax: (619) 234-0206
After Hours Phone: (619) 234-2158
Provider Gender: Female
NPI: 1730730649
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**NEJATI, FRESHTA**
Provider ID: 214112
Board Certified Specialty: No
9909 MIRA MESA BLVD
SAN DIEGO, CA 92131
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1831598119
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**MULVEY, CAOILFHIONN**
Provider ID: 291419
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1184386864
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**NETZEL, JENNIFER**
Provider ID: 291347
Board Certified Specialty: No
9909 MIRA MESA BLVD
SAN DIEGO, CA 92131
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1336896232
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**NETZEL, JENNIFER**
Provider ID: 291348
Board Certified Specialty: No
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1336896232
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

CERTIFIED NURSE PRACTITIONER
NOVENO, HILARIO
Provider ID: 286911
Board Certified Specialty: No
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1336896232
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
NOVENO, HILARIO
Provider ID: 286912
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1124486865
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED NURSE PRACTITIONER
OREJEL, EDITH
Provider ID: 296716
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1073278180
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

1947
D3. 专科提供者名录

CERTIFIED NURSE PRACTITIONER
OREJEL, EDITH
Provider ID: 296715
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Provider Gender: Female
NPI: 1790785988
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:30AM-5:30PM
W 8:30AM-7:00PM
TH-F 8:30AM-5:30PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
ORPILLA, IMELDA
Provider ID: 282962
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (858) 578-4417
After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1790785988
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:30AM-5:30PM
W 8:30AM-7:00PM
TH-F 8:30AM-5:30PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
PAI, SARAH
Provider ID: 276870
Board Certified Specialty: No
350 DICKINSON ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1255762167
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
PATIAG, DANIEL
Provider ID: 293248
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (888) 590-5306
Fax: (858) 240-6470
After Hours Phone: (888) 590-5306
Provider Gender: Female
NPI: 1790785988
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
SAN DIEGO, CA 92111
☎ Phone: (858) 279-0925
Fax: (858) 633-4680
✉ After Hours Phone: (858) 279-0925
Provider Gender: Male
NPI: 1073169769
☑ Provider English Spoken: Y
☑ Provider Language(s): Tagalog
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Saturdays: M-F
 8:00AM-5:00PM
 Website: N/A

CERTIFIED NURSE PRACTITIONER
PEREZ, ALYSSA
Provider ID: 286223
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
✉ After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1497358915
☑ Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

CERTIFIED NURSE PRACTITIONER
PATIAG, DANIEL
Provider ID: 293249
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
☎ Phone: (858) 810-8700
Fax: (858) 633-4680
✉ After Hours Phone: (858) 810-8700
Provider Gender: Male
NPI: 1073169769
☑ Provider English Spoken: Y
☑ Provider Language(s): Tagalog
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Saturdays: M-F
 8:00AM-5:00PM
 Website: N/A

CERTIFIED NURSE PRACTITIONER
PEREZ, ALYSSA
Provider ID: 304162
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
✉ After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1497358915
☑ Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
D3. 专科提供者名录

American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER

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

WEBSITE: N/A

CERTIFIED NURSE PRACTITIONER
PETTIS, BETH
Provider ID: 286878
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1326638958
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
ACCESSIBILITY: CONTACT PROVIDER
WEBSITE: N/A

CERTIFIED NURSE PRACTITIONER
RAJAEI, NILOUFAR
Provider ID: 291437
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1558557348
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: NAVAL MEDICAL CTR SD RBE, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0-19
American Sign Language (ASL): N
ACCESSIBILITY: CONTACT PROVIDER
HOURS: M-F
8:00AM-5:00PM
WEBSITE: N/A

CERTIFIED NURSE PRACTITIONER
RIEGO, SUZANNE
Provider ID: 214477
Board Certified Specialty: No
3750 CONVOY ST STE 312
SAN DIEGO, CA 92111
Phone: (858) 292-7200
After Hours Phone: (858) 292-7200
Provider Gender: Female
NPI: 1144453754
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
ACCESSIBILITY: CONTACT PROVIDER
WEBSITE: N/A

CERTIFIED NURSE PRACTITIONER
ROBERTSON, RACHAEL
Provider ID: 286940
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
D3. 专科提供者名录

Provider Gender: Female  
NPI: 1659912327  
🧳 Provider English Spoken: Y  
Culture Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
.accessibility: CONTACT PROVIDER  
学科: M-F  
8:00AM-5:00PM  
Website: N/A  

CERTIFIED NURSE PRACTITIONER  
ROSCOE, SYDNEY  
Provider ID: 305038  
Board Certified Specialty: No  
350 DICKINSON ST  
SAN DIEGO, CA 92103  
📞 Phone: (800) 926-8273  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1992448864  
🧳 Provider English Spoken: Y  
Culture Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
.accessibility: CONTACT PROVIDER  
Website: N/A  

CERTIFIED NURSE PRACTITIONER  
ROSCOE, SYDNEY  
Provider ID: 305039  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
📞 Phone: (800) 926-8273  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1992448864  
🧳 Provider English Spoken: Y  
Culture Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
.accessibility: CONTACT PROVIDER  
Website: N/A  

CERTIFIED NURSE PRACTITIONER  
ROSS, CRYSTAL  
Provider ID: 287763  
Board Certified Specialty: No  
350 DICKINSON ST  
SAN DIEGO, CA 92103  
📞 Phone: (800) 926-8273  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1548683378  
🧳 Provider English Spoken: Y  
Culture Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
**D3. 专科提供者名录**

JOHN SALLY THORNTON,  
GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM  
Website: N/A

**CERTIFIED NURSE PRACTITIONER**  
ROSSI, CATHERINE  
Provider ID: 291445  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1649934126  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**CERTIFIED NURSE PRACTITIONER**  
ROZO, JOSE  
Provider ID: 300037  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1528787132  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**CERTIFIED NURSE PRACTITIONER**  
SABIN, NANCY  
Provider ID: 293287  
Board Certified Specialty: No  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 279-0925  
Fax: (858) 633-4680  
After Hours Phone: (858) 279-0925  
Provider Gender: Female  
NPI: 1285732586  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**CERTIFIED NURSE PRACTITIONER**  
SABIN, NANCY  
Provider ID: 293288  
Board Certified Specialty: No  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 810-8700  
Fax: (858) 633-4680  
After Hours Phone: (858) 810-8700  
Provider Gender: Female
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Certified Nurse Practitioner</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sears-Wiley, Elizabeth</td>
<td>350 Dickinson St, San Diego, CA 92103</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1215394382</td>
<td>Y</td>
<td>UCSD Medical CTR, UCSD La Jolla John Sally Thornton</td>
</tr>
<tr>
<td>Sena, Tiffany</td>
<td>550 Washington St Ste 300, San Diego, CA 92103</td>
<td>(619) 297-5437</td>
<td>-</td>
<td>Female</td>
<td>1710539523</td>
<td>N</td>
<td>Sharp Memorial Hospital</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
CERTIFIED NURSE PRACTITIONER
SWARTZ, ERIN
Provider ID: 255787
Board Certified Specialty: No
330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (858) 657-8530
After Hours Phone: (858) 657-8530
Provider Gender: Female
NPI: 1639571292
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
TAING, JENNIFER
Provider ID: 201573
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1649528357
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
TALBOT, ADRIANNE
Provider ID: 278183
Board Certified Specialty: No
4168 FRONT ST STE 1A
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1992048557
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
TIMBERMAN, SARAH
Provider ID: 295361
Board Certified Specialty: No
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-4003
Fax: (858) 560-6798
After Hours Phone: (858) 966-4003
Provider Gender: Female
NPI: 1144614066
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
TONJES, ERIKA
Provider ID: 298018
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-9676
Fax: (858) 633-4680
After Hours Phone: (858) 279-9676
Provider Gender: Female
NPI: 1205540812
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
D3. 专科提供者名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
TONJES, ERIKA
Provider ID: 298019
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Provider Gender: Female
NPI: 1205540812
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
TURNER, ELIZABETH
Provider ID: 255601
Board Certified Specialty: No
4510 EXECUTIVE DR STE 315
SAN DIEGO, CA 92121
Phone: (858) 534-8019
After Hours Phone: (858) 534-8019
Provider Gender: Female
NPI: 1326570045
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
VILLALOBOS, REBECA
Provider ID: 294770
Board Certified Specialty: No
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
Fax: (619) 515-2510
After Hours Phone: (619) 515-2300
Provider Gender: Female
NPI: 1184224396
Provider English Spoken: Y
Provider Language(s)
D3. 专科提供者名录

Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Website: N/A

CERTIFIED NURSE PRACTITIONER
VILLALOBOS, REBECA  
Provider ID: 294769  
Board Certified Specialty: No  
823 GATEWAY CENTER WAY  
SAN DIEGO, CA 92102  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300  
Provider Gender: Female  
NPI: 1184224396

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

CERTIFIED NURSE PRACTITIONER
WOO, ANDY  
Provider ID: 299916  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1609450550

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Website: N/A

CERTIFIED NURSE PRACTITIONER
WHITEHURST, UNIQUE  
Provider ID: 306075  
Board Certified Specialty: No  
286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114  
Phone: (619) 662-4100  
Fax: (619) 428-7952  
After Hours Phone: (619) 662-4100  
Provider Gender: Female  
NPI: 1124800214

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Website: N/A

CERTIFIED NURSE PRACTITIONER
YEO, ALEXANDRIA  
Provider ID: 299941  
Board Certified Specialty: No  
4168 FRONT ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Specialty</th>
<th>Gender</th>
<th>NPI</th>
<th>English Spoken</th>
<th>Cultural Competency</th>
<th>Medi-Cal</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Hospital Affiliation</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>291388</td>
<td>No</td>
<td>Male</td>
<td>1902368319</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>N/A</td>
</tr>
<tr>
<td>256374</td>
<td>No</td>
<td>Female</td>
<td>1952653404</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>N/A</td>
</tr>
<tr>
<td>239602</td>
<td>No</td>
<td>Male</td>
<td>1750366928</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>(619) 564-8249</td>
<td>(619) 564-8249</td>
<td>N/A</td>
</tr>
<tr>
<td>240763</td>
<td>No</td>
<td>Male</td>
<td>1174893358</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>N/A</td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

- Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

CERTIFIED REGISTERED NURSE ANESTHETIST
BILLINGTON, KATHERINE
Provider ID: 262246
- Board Certified Specialty: No
- 286 EUCLID AVE STE 109
  - SAN DIEGO, CA 92114
  - Phone: (619) 564-8249
  - After Hours Phone: (619) 564-8249
  - Provider Gender: Female
  - NPI: 1205134301

- Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

CERTIFIED REGISTERED NURSE ANESTHETIST
BOEING, KRISTINA
Provider ID: 274397
- Board Certified Specialty: No
- 200 W ARBOR DR
  - SAN DIEGO, CA 92103
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1205134301

- Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

CERTIFIED REGISTERED NURSE ANESTHETIST
BILLINGTON, KATHERINE
Provider ID: 262246
- Board Certified Specialty: No
- 286 EUCLID AVE STE 109
  - SAN DIEGO, CA 92114
  - Phone: (619) 564-8249
  - After Hours Phone: (619) 564-8249
  - Provider Gender: Female
  - NPI: 1205134301

- Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

CERTIFIED REGISTERED NURSE ANESTHETIST
BOEING, KRISTINA
Provider ID: 274397
- Board Certified Specialty: No
- 200 W ARBOR DR
  - SAN DIEGO, CA 92103
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1205134301

- Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

CERTIFIED REGISTERED NURSE ANESTHETIST
BOEING, KRISTINA
Provider ID: 274397
- Board Certified Specialty: No
- 200 W ARBOR DR
  - SAN DIEGO, CA 92103
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1205134301

- Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

CERTIFIED REGISTERED NURSE ANESTHETIST
BOEING, KRISTINA
Provider ID: 274397
- Board Certified Specialty: No
- 200 W ARBOR DR
  - SAN DIEGO, CA 92103
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1205134301

- Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

CERTIFIED REGISTERED NURSE ANESTHETIST
BILLINGTON, KATHERINE
Provider ID: 262246
- Board Certified Specialty: No
- 286 EUCLID AVE STE 109
  - SAN DIEGO, CA 92114
  - Phone: (619) 564-8249
  - After Hours Phone: (619) 564-8249
  - Provider Gender: Female
  - NPI: 1205134301

- Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

CERTIFIED REGISTERED NURSE ANESTHETIST
BILLINGTON, KATHERINE
Provider ID: 262246
- Board Certified Specialty: No
- 286 EUCLID AVE STE 109
  - SAN DIEGO, CA 92114
  - Phone: (619) 564-8249
  - After Hours Phone: (619) 564-8249
  - Provider Gender: Female
  - NPI: 1205134301

- Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

CERTIFIED REGISTERED NURSE ANESTHETIST
BILLINGTON, KATHERINE
Provider ID: 262246
- Board Certified Specialty: No
- 286 EUCLID AVE STE 109
  - SAN DIEGO, CA 92114
  - Phone: (619) 564-8249
  - After Hours Phone: (619) 564-8249
  - Provider Gender: Female
  - NPI: 1205134301

- Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

CERTIFIED REGISTERED NURSE ANESTHETIST
BILLINGTON, KATHERINE
Provider ID: 262246
- Board Certified Specialty: No
- 286 EUCLID AVE STE 109
  - SAN DIEGO, CA 92114
  - Phone: (619) 564-8249
  - After Hours Phone: (619) 564-8249
  - Provider Gender: Female
  - NPI: 1205134301

- Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

CERTIFIED REGISTERED NURSE ANESTHETIST
BILLINGTON, KATHERINE
Provider ID: 262246
- Board Certified Specialty: No
- 286 EUCLID AVE STE 109
  - SAN DIEGO, CA 92114
  - Phone: (619) 564-8249
  - After Hours Phone: (619) 564-8249
  - Provider Gender: Female
  - NPI: 1205134301

- Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

CERTIFIED REGISTERED NURSE ANESTHETIST
BILLINGTON, KATHERINE
Provider ID: 262246
- Board Certified Specialty: No
- 286 EUCLID AVE STE 109
  - SAN DIEGO, CA 92114
  - Phone: (619) 564-8249
  - After Hours Phone: (619) 564-8249
  - Provider Gender: Female
  - NPI: 1205134301

- Provider English Spoken: Y
  - Cultural Competency: N
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A
<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Specialty</th>
<th>Gender</th>
<th>NPI</th>
<th>Hospital Affiliation</th>
<th>Language</th>
<th>Prior Authorization Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>GONZALEZ, LISA</td>
<td>299905</td>
<td>Nurse Anesthetist</td>
<td>Female</td>
<td>1780725556</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Y</td>
<td>Yes</td>
</tr>
<tr>
<td>JOHN SALLY THORNTON</td>
<td></td>
<td></td>
<td>Female</td>
<td>1083254205</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Y</td>
<td>Yes</td>
</tr>
<tr>
<td>GARCIA, CALVIN</td>
<td>217365</td>
<td>Nurse Anesthetist</td>
<td>Male</td>
<td>1427419944</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Y</td>
<td>No</td>
</tr>
<tr>
<td>RAMIREZ, NICOLE</td>
<td>291404</td>
<td>Nurse Anesthetist</td>
<td>Female</td>
<td>1194134114</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Y</td>
<td>No</td>
</tr>
<tr>
<td>POLIKOWSKI, SAMANTHA</td>
<td>291444</td>
<td>Nurse Anesthetist</td>
<td>Female</td>
<td>1487213500</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>Y</td>
<td>No</td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

**SACKS, BRENT**  
Provider ID: 278003  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1982133591  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**CERTIFIED REGISTERED NURSE MIDWIFE**  
**CHOI, NATHALIE**  
Provider ID: 301715  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1073241618  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**CERTIFIED REGISTERED NURSE MIDWIFE**  
**EKHOLM, JANNA**  
Provider ID: 290584  
Board Certified Specialty: No  
4290 POLK AVE  
SAN DIEGO, CA 92105  
Phone: (619) 563-0250  
Fax: (858) 633-4681  
After Hours Phone: (619) 563-0250  
Provider Gender: Female  
NPI: 1588977151  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**SACKS, BRENT**  
Provider ID: 278003  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1982133591  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**CERTIFIED REGISTERED NURSE MIDWIFE**  
**CHOI, NATHALIE**  
Provider ID: 301714  
Board Certified Specialty: No  
4168 FRONT ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1073241618  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A
## D3. 专科提供者名录

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Gender</th>
<th>NPI</th>
<th>Board Certfied Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOODWIN, RACHEL</td>
<td>Female</td>
<td>1518274919</td>
<td>No</td>
<td>UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
</tr>
<tr>
<td>GORE MANN, MELISSA</td>
<td>Female</td>
<td>1255384475</td>
<td>No</td>
<td>UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
</tr>
<tr>
<td>GUNTHER, HOPE</td>
<td>Female</td>
<td>1285667741</td>
<td>No</td>
<td>UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE
HIRSCH, JENNIFER
Provider ID: 210058
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1891752069
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE
NATHAN, CARLY
Provider ID: 301047
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1235670977
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE
HIRSCH, JENNIFER
Provider ID: 210055
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (619) 543-7878
After Hours Phone: (619) 543-7878
Provider Gender: Female
NPI: 1891752069
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE
NATHAN, CARLY
Provider ID: 301048
Board Certified Specialty: No
3750 CONVOY ST STE 312
SAN DIEGO, CA 92111
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1235670977
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
D3. 专科提供者名录

Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE
PERDION, KAREN
Provider ID: 210137
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1518916857
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

CHIROPRACTOR
BUI, MAI
Provider ID: 289496
Board Certified Specialty: No
10717 CAMINO RUIZ STE 137
SAN DIEGO, CA 92126
Phone: (619) 692-3211
Fax: (619) 640-3211
After Hours Phone: (619) 692-3211
Provider Gender: Female
NPI: 1780901264
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 9:00AM-5:00PM
 Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE
PERDION, KAREN
Provider ID: 210134
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (619) 543-7878
Fax: (619) 543-2366

After Hours Phone: (619) 543-7878
Provider Gender: Female
NPI: 1518916857
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

CHIROPRACTOR
BUI, MAI
Provider ID: 295791
Board Certified Specialty: No
5354 UNIVERSITY AVE STE 3
SAN DIEGO, CA 92105
Phone: (619) 692-3211
Fax: (619) 640-3211
After Hours Phone: (619) 692-3211
Provider Gender: Female
NPI: 1780901264
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 9:00AM-5:00PM
 Website: N/A

CHIROPRACTOR
BUI, MAI
Provider ID: 125052
Board Certified Specialty: No
5354 UNIVERSITY AVE STE 3
SAN DIEGO, CA 92105
Phone: (619) 692-3211
Fax: (619) 640-3211
After Hours Phone: (619) 692-3211
Provider Gender: Female
D3. 专科提供者名录

NPI: 1780901264
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Vietnamese
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\150
- American Sign Language (ASL):
  N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  9:00AM-5:00PM
- Website: N/A

CHIROPRACTOR
CASTRO, DAVID
Provider ID: 293322
- Board Certified Specialty: No
- 1016 OUTER RD
  SAN DIEGO, CA 92154
- Phone: (619) 429-3733
- Fax: (619) 628-5550
- After Hours Phone: (619) 429-3733
- Provider Gender: Male
- NPI: 1841557733
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL):
  N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM
- Website: N/A

CHIROPRACTOR
GILIBERTO, JOSEPH
Provider ID: 291546
- Board Certified Specialty: No
- 9995 CARMEL MOUNTAIN RD STE D
  SAN DIEGO, CA 92129
- Phone: (844) 200-2426
- Fax: (619) 399-5959
- After Hours Phone: (844) 200-2426
- Provider Gender: Male
- NPI: 1821463159
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL):
  N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM
- Website: N/A

CHIROPRACTOR
LUU, DANIEL
Provider ID: 269883
- Board Certified Specialty: No
- 4419 EUCLID AVE STE 105
  SAN DIEGO, CA 92115
- Phone: (619) 287-1235
- Fax: (619) 255-6406
- After Hours Phone: (619) 287-1235
- Provider Gender: Male
- NPI: 1225108269
- Provider English Spoken: Y
- Provider Language(s)
  Spoken: Vietnamese
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL):
  N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-6:00PM
  TU 10:00AM-2:00PM
  W 10:00AM-6:00PM
  TH 10:00AM-2:00PM
  F 10:00AM-6:00PM
- Website: N/A

CHIROPRACTOR
ROBINSON, DEAN
D3. 专科提供者名录

Provider ID: 300848
Board Certified Specialty: No

4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
Fax: (858) 633-4681
After Hours Phone: (619) 563-0250
Provider Gender: Male
NPI: 1851320337
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:30AM-5:30PM
Website: N/A

DERMATOLOGY

CALAME, ANTOANELLA
Provider ID: 290301
Board Certified Specialty: No

6605 NANCY RIDGE DR
SAN DIEGO, CA 92121
Phone: (858) 750-2983
Fax: (858) 750-2984
After Hours Phone: (858) 750-2983
Provider Gender: Female
NPI: 1285817569
Provider English Spoken: Y
Provider Language(s) Spoken: Romanian
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA,
YUMA REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A

CHIROPRACTOR

ROBINSON, DEAN
Provider ID: 300847
Board Certified Specialty: No

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Male
NPI: 1851320337
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:30AM-5:30PM
Website: N/A

DERMATOLOGY

KANNAN, SWATI
Provider ID: 286287
Board Certified Specialty: No

8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1508155227
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RONALD REAGAN UCLA MED CTR,
SANTA MONICA UCLA MED CTR, UCSD MEDICAL CTR,
UCSD LA JOLLA JOHN SALL...
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

DEPARTMENT
KAUNITZ, GENEVIEVE
Provider ID: 285011
Board Certified Specialty: No
 PROVIDE UNIVERSITY CENTER LN STE 350 SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1053734905
 Provider English Spoken: Y
 Cultural Competency: N
Hospital Affiliation: PROVIDENCE SAINT JOHNS HEALTH CENTER, SANTA MONICA UCLA MED CTR, RONALD REAGAN UCLA MED CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

DEPARTMENT
SHI, VERONICA
Provider ID: 286335
Board Certified Specialty: No
16950 VIA TAZON SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1366897464
 Provider English Spoken: Y
 Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

DEPARTMENT
KOZMA, BONITA
Provider ID: 269301
Board Certified Specialty: No
 PROVIDE UNIVERSITY CENTER LN STE 350 SAN DIEGO, CA 92122
Phone: (858) 657-8322
Fax: (888) 539-8781
 After Hours Phone: (858) 657-8322
 Provider Gender: Female
 NPI: 1366897464
 Provider English Spoken: Y
 Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

DEPARTMENT
SHI, VERONICA
Provider ID: 271713
Board Certified Specialty: No
 PROVIDE UNIVERSITY CENTER LN STE 350 SAN DIEGO, CA 92122
Phone: (858) 657-8322
Fax: (888) 539-8781
 After Hours Phone: (858) 657-8322
 Provider Gender: Female
 NPI: 1366897464
 Provider English Spoken: Y
 Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT
D3. 专科提供者名录

**DERMATOLOGY**

**SINGH, GAURAV**

Provider ID: 272612  
Board Certified Specialty: No  

8899 UNIVERSITY CENTER LN STE 350  
SAN DIEGO, CA 92122  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1134326895  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, USC KENNETH NORRIS JR CANCER HOSPITAL, KECK HOSPITAL OF USC, USC VERDUGO HILLS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**EMERGENCY MEDICINE**

**AMANN, CHRISTOPHER**

Provider ID: 270913  
Board Certified Specialty: No  

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1093161473  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, UCSD MEDICAL CTR, UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, GROSSMONT HOSPITAL, Los Angeles General Medical Center, TEMECULA VALLEY HOSPITAL INC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**EMERGENCY MEDICINE**

**AUSTIN, ANDREA**

Provider ID: 269291  
Board Certified Specialty: No  

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1811289093  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, UCSD MEDICAL CTR, UCSD MEDICAL CTR, UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, GROSSMONT HOSPITAL, Los Angeles General Medical Center, TEMECULA VALLEY HOSPITAL INC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**EMERGENCY MEDICINE**

**BAGBY, JESSICA**

Provider ID: 271136  
Board Certified Specialty: No  

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1093161473  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, UCSD MEDICAL CTR, UCSD MEDICAL CTR, UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, GROSSMONT HOSPITAL, Los Angeles General Medical Center, TEMECULA VALLEY HOSPITAL INC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
EMERGENCY MEDICINE
BARRY, JEFFREY
Provider ID: 271132
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1801207006
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
- JOHN SALLY THORNTON
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

EMERGENCY MEDICINE
BARRY, JEFFREY
Provider ID: 271129
Board Certified Specialty: No
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1801206354
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SHARP MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
- Medi-Cal Open Panel: Yes
- Min/Max Age: 18\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

EMERGENCY MEDICINE
BELLINGHAUSEN, AMY
Provider ID: 270333
Board Certified Specialty: No
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1801206354
- Provider English Spoken: Y
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
- JOHN SALLY THORNTON
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

EMERGENCY MEDICINE
BELLINGHAUSEN, AMY
Provider ID: 270334
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1801206354
D3. 专科提供者名录

- Provider English Spoken: Y  
  Cultural Competency: N  
  Hospital Affiliation: SHARP  
  CORONADO HOSP AND HEALTHCARE CTR, SHARP  
  MEMORIAL HOSPITAL, UCSD  
  LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 18\999  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Hours: M-F  
  8:00AM-5:00PM  
  Website: N/A

EMERGENCY MEDICINE  
CASTELLANO, TIFFANY  
Provider ID: 301706  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1063893063

- Provider English Spoken: Y  
  Cultural Competency: N  
  Hospital Affiliation: UCSD  
  MEDICAL CTR, UCSD LA JOLLA  
  JOHN SALLY THORNTON  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\999  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Hours: M-F  
  8:00AM-5:00PM  
  Website: N/A

EMERGENCY MEDICINE  
CHEN, ALICE  
Provider ID: 287430  
Board Certified Specialty: No  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1427476597

- Provider English Spoken: Y  
  Provider Language(s) Spoken: Mandarin  
  Cultural Competency: N  
  Hospital Affiliation: UCSD  
  MEDICAL CTR, UCSD LA JOLLA  
  JOHN SALLY THORNTON  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\999  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Hours: M-F  
  8:00AM-5:00PM  
  Website: N/A
EMERGENCY MEDICINE

CHEN, ALICE
Provider ID: 287428
Board Certified Specialty: No
 reinstall ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1427476597
 Provider English Spoken: Y
 Provider Language(s) Spoken: Mandarin
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

EMERGENCY MEDICINE

COYNE, CHRISTOPHER
Provider ID: 303036
Board Certified Specialty: No
 reinstall ARBOR DR
SAN DIEGO, CA 92103
 Phone: (619) 543-7051
Fax: (619) 543-3115
After Hours Phone: (619) 543-7051
Provider Gender: Male
NPI: 1043590169
 Provider English Spoken: Y
 Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON, Rady CHILDRENS HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

EMERGENCY MEDICINE

COLLINS, CATHEEEN
Provider ID: 285133
Board Certified Specialty: No
 reinstall CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1205128089
 Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation: LUCILE SALTER PACKARD CHILDRENS HOSP, Stanford Health Care, Rady CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

EMERGENCY MEDICINE

GUITTARD, JESSE
Provider ID: 239879
Board Certified Specialty: No
 reinstall ARBOR DR
SAN DIEGO, CA 92103
 Phone: (619) 543-6400
After Hours Phone: (619) 543-6400
Provider Gender: Male
NPI: 1770979890
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

EMERGENCY MEDICINE

HERNANDEZ, CRISTINA
Provider ID: 242544
Board Certified Specialty: No
 reinstall ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1164765046
 Provider English Spoken: Y
 Provider Language(s)
D3. 专科提供者名录

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

EMERGENCY MEDICINE
HOGUE, BRENNA  
Provider ID: 301711  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1043705296  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

EMERGENCY MEDICINE
KUTZ, CRAIG  
Provider ID: 283845  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1598295925  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, TRI CITY MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-8:00PM  
Website: N/A

EMERGENCY MEDICINE
LIOTTA, BENJAMIN  
Provider ID: 285630  
Board Certified Specialty: No  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1396270278  
Provider English Spoken: Y  
Provider Language(s) Spoken: Chinese  
Cultural Competency: N  
Hospital Affiliation: SHARP CHULA VISTA MED CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-8:00PM  
Website: N/A

EMERGENCY MEDICINE
D3. 专科提供者名录

MCDANIEL, MICHELE
Provider ID: 246901
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1366761959
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL,
SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL,
RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

EMERGENCY MEDICINE
NOSTE, ERIN
Provider ID: 239798
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (858) 605-4441
Provider Gender: Female
NPI: 1871732214
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 8:00AM-10:00PM M-F 8:00AM-5:00PM SA 8:00AM-10:00PM
Website: N/A

EMERGENCY MEDICINE
MUELLER, MATTHEW
Provider ID: 280657
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (619) 543-6400
After Hours Phone: (619) 543-6400
Provider Gender: Male
NPI: 1003355629
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

EMERGENCY MEDICINE
NOSTE, ERIN
Provider ID: 239797
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (619) 543-6400
After Hours Phone: (619) 543-6400
Provider Gender: Female
NPI: 1871732214
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 8:00AM-10:00PM M-F 8:00AM-5:00PM SA 8:00AM-10:00PM
Website: N/A

EMERGENCY MEDICINE
PARK, JAY
Provider ID: 285607
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1366478372
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

EMERGENCY MEDICINE
PHAM, LILY
Provider ID: 304933
Board Certified Specialty: No
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

EMERGENCY MEDICINE
PHAM, LILY
Provider ID: 304937
Board Certified Specialty: No
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

EMERGENCY MEDICINE
RUDOLF, FRANCES
Provider ID: 240159
Board Certified Specialty: No
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Specialty</th>
<th>Gender</th>
<th>NPI</th>
<th>Hours</th>
<th>Website</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Address</th>
<th>Med-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language</th>
<th>Accessibility</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>209518</td>
<td>SLOANE, CHRISTIAN</td>
<td>EMERGENCY MEDICINE</td>
<td>Male</td>
<td>1841233145</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
<td>(800) 926-8273</td>
<td></td>
<td>16950 VIA TAZON</td>
<td></td>
<td></td>
<td></td>
<td>CONTACT</td>
<td>Yes</td>
<td>N</td>
</tr>
<tr>
<td>240124</td>
<td>TANAKA, HIDEAKI</td>
<td>EMERGENCY MEDICINE</td>
<td>Male</td>
<td>1124280730</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
<td>(800) 926-8273</td>
<td></td>
<td>16950 VIA TAZON</td>
<td></td>
<td></td>
<td></td>
<td>CONTACT</td>
<td>Yes</td>
<td>N</td>
</tr>
<tr>
<td>269936</td>
<td>YOU, ALAN</td>
<td>EMERGENCY MEDICINE</td>
<td>Male</td>
<td>1528564150</td>
<td>SU 8:00AM-8:00PM, M-F 8:00AM-5:00PM, SA 8:00AM-8:00PM</td>
<td>N/A</td>
<td>(800) 926-8273</td>
<td></td>
<td>200 W ARBOR DR</td>
<td></td>
<td></td>
<td></td>
<td>CONTACT</td>
<td>Yes</td>
<td>N</td>
</tr>
<tr>
<td>301708</td>
<td>YU, ELAINE</td>
<td>EMERGENCY MEDICINE</td>
<td>Female</td>
<td>1225425697</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
<td>(800) 926-8273</td>
<td></td>
<td>200 W ARBOR DR</td>
<td></td>
<td></td>
<td></td>
<td>CONTACT</td>
<td>Yes</td>
<td>N</td>
</tr>
<tr>
<td>255611</td>
<td>BOEDER, SCHAFER</td>
<td>ENDOCRINOLOGY METABOLISM</td>
<td>Male</td>
<td>1477808285</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
<td>(800) 926-8273</td>
<td></td>
<td>4168 FRONT ST</td>
<td></td>
<td></td>
<td></td>
<td>CONTACT</td>
<td>Yes</td>
<td>Spanish</td>
</tr>
</tbody>
</table>
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

ENDOCRINOLOGY
METABOLISM DIABETES
EKANAYAKE, PREETHIKA
Provider ID: 284812
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1083922462
Provider English Spoken: Y
Provider Language(s) Spoken: Sinhala, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

ENDOCRINOLOGY
METABOLISM DIABETES
GUERIN, CHRIS
Provider ID: 284646
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1275648875
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR, UCSD MEDICAL
CTR, UCSD LA JOLLA JOHN
SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

ENDOCRINOLOGY
METABOLISM DIABETES
JUANG, PATRICIA
Provider ID: 255605
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (858) 657-7298
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1265695795
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
1976
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A  

ENDOCRINOLOGY  
METABOLISM DIABETES  
KULASA, KRISTEN  
Provider ID: 255622  
Board Certified Specialty: No  
4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (619) 543-6500  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1932324175  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A  

ENDOCRINOLOGY  
METABOLISM DIABETES  
NAGELBERG, JODI  
Provider ID: 287781  
Board Certified Specialty: No  
4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1720474141  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A  

ENDOCRINOLOGY  
METABOLISM DIABETES  
NAGELBERG, JODI  
Provider ID: 287782  
Board Certified Specialty: No  
9909 MIRA MESA BLVD STE 200  
SAN DIEGO, CA 92131  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1720474141  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A  

ENDOCRINOLOGY  
METABOLISM DIABETES  
NAGELBERG, JODI  
Provider ID: 287779  
Board Certified Specialty: No  
8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  

D3. 专科提供者名录

**METABOLISM DIABETES**

**TANTISIRA, LALITA**

Provider ID: 286323
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N

Provider Gender: Female
NPI: 1518163799

Provider English Spoken: Y
Provider Language(s) Spoken: Thai
Cultural Competency: N

**4303 LA JOLLA VILLAGE DR STE 2110 SAN DIEGO, CA 92122**
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**SANTOS CAVAIOLA, TRICIA**

Provider ID: 256091
Board Certified Specialty: No

1468 FRONT ST SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (858) 657-7298

After Hours Phone: (800) 926-8273

Provider Gender: Female
NPI: 1518163799

Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N

**MEDICAL CTR**

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

**10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126**
Phone: (844) 200-2426
Fax: (858) 578-4417

After Hours Phone: (844) 200-2426

Provider Gender: Female
NPI: 1629480272

Provider Language(s)
  Spoken: Spanish, Tagalog
Cultural Competency: N

**Hospital Affiliation: TWIN CITIES COMMUNITY HOSPITAL, SIERRA VISTA REGIONAL MED CTR, PARADISE VALLEY HOSPITAL**

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**TANTISIRA, LALITA**

Provider ID: 286323
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N

Provider Gender: Female
NPI: 1508874298

Provider English Spoken: Y
Provider Language(s) Spoken: Thai
Cultural Competency: N

**4303 LA JOLLA VILLAGE DR STE 2110 SAN DIEGO, CA 92122**
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**VALDEZ, KRYSTAL**

Provider ID: 299743
Board Certified Specialty: No

10737 CAMINO RUIZ STE 255 SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (858) 578-4417

After Hours Phone: (844) 200-2426

Provider Gender: Female
NPI: 1629480272

Provider English Spoken: Y
Provider Language(s)
  Spoken: Spanish, Tagalog
Cultural Competency: N

**Hospital Affiliation: TWIN CITIES COMMUNITY HOSPITAL, SIERRA VISTA REGIONAL MED CTR, PARADISE VALLEY HOSPITAL**
D3. 专科提供者名录

Medi-Cal Open Panel: Yes
Min/Max Age: 18-100
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
 Website: N/A

FAMILY PRACTICE
BELLO, TRACY
Provider ID: 304813
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (619) 662-4100
Fax: (619) 595-0258
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1497821318
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 14-999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F
8:30AM-5:30PM
 Website: N/A

FAMILY PRACTICE
BELLO, TRACY
Provider ID: 304814
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Provider Gender: Female
NPI: 1497821318
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-99
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
 Website: N/A

FAMILY PRACTICE
BERNADETT, ALEX
Provider ID: 296740
Board Certified Specialty: No
10505 SORRENTO VALLEY RD STE 200
SAN DIEGO, CA 92121
Phone: (858) 793-7860
Fax: (858) 436-1289
After Hours Phone: (858) 793-7860
Provider Gender: Male
NPI: 1215382841
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-99
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F
8:30AM-5:30PM
 Website: N/A

FAMILY PRACTICE
BERNADETT, ALEX
Provider ID: 296739
Board Certified Specialty: No
6699 ALVARADO RD STE 2100
SAN DIEGO, CA 92120
Phone: (619) 229-3909
Fax: (619) 229-3902
D3. 专科提供者名录

FAMILY PRACTICE
CAMPBELL, BRIANNA
Provider ID: 298950
Board Certified Specialty: No
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
Fax: (619) 662-4158
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1316479892
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

FAMILY PRACTICE
CHEN, ALICE
Provider ID: 207167
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1265810337
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

FAMILY PRACTICE
CHEN, ALICE
Provider ID: 207164
Board Certified Specialty: No
330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1265810337
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

- Provider English Spoken: Y
- Provider Language(s) Spoken: Chinese
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
- JOHN SALLY THORNTON
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM
- Website: N/A

1980
D3. 专科提供者名录

- **HILL, LINDA**
  - Provider ID: 293211
  - Board Certified Specialty: No
  - 7011 LINDA VISTA RD
    - SAN DIEGO, CA 92111
  - Phone: (858) 810-8700
  - Fax: (858) 633-4680
  - After Hours Phone: (858) 810-8700
  - Provider Gender: Female
  - NPI: 1467434811

- **HILL, LINDA**
  - Provider ID: 293210
  - Board Certified Specialty: No
  - 6973 LINDA VISTA RD
    - SAN DIEGO, CA 92111
  - Phone: (858) 279-0925
  - Fax: (858) 633-4680
  - After Hours Phone: (858) 279-0925
  - Provider Gender: Female
  - NPI: 1467434811

- **JOHN, TANNER**
  - Provider ID: 303515
  - Board Certified Specialty: No
  - 3177 OCEAN VIEW BLVD
    - SAN DIEGO, CA 92113
  - Phone: (619) 662-4100
  - Fax: (619) 595-0258
  - After Hours Phone: (619) 662-4100
  - Provider Gender: Male
  - NPI: 1043707326

- **JOLICOEUR, MEGAN**
  - Provider ID: 300058
  - Board Certified Specialty: No
  - 9333 GENESEE AVE
    - SAN DIEGO, CA 92121
  - Phone: (800) 926-8273
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1114366192

- **JOLICOEUR, MEGAN**
  - Provider ID: 300059
  - Board Certified Specialty: No
  - 9909 MIRA MESA BLVD
    - STE 200
    - SAN DIEGO, CA 92131
  - Phone: (800) 926-8273
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Female
  - NPI: 1114366192

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>FAMILY PRACTICE</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>NPI</th>
<th>Provider Gender</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOLICOEUR, MEGAN</td>
<td>(858) 249-6890</td>
<td>(858) 249-6890</td>
<td>1114366192</td>
<td>Female</td>
<td>Yes</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>N/A</td>
</tr>
<tr>
<td>PROVIDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
</tr>
<tr>
<td>JOLICOEUR, MEGAN</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>1205848363</td>
<td>Male</td>
<td>Yes</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>N/A</td>
</tr>
<tr>
<td>PROVIDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
</tr>
<tr>
<td>MCLAUGHLIN, ERIK</td>
<td>(619) 234-2158</td>
<td>(619) 234-2158</td>
<td>1861637217</td>
<td>Male</td>
<td>Yes</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>N/A</td>
</tr>
<tr>
<td>PROVIDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
</tr>
<tr>
<td>PERESS, LILIA</td>
<td>(858) 810-8700</td>
<td>(858) 633-4680</td>
<td>1275945446</td>
<td>Female</td>
<td>Yes</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>N/A</td>
</tr>
<tr>
<td>PROVIDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

- Provider Language(s)
  Spoken: Ukrainian
  Cultural Competency: N
  Hospital Affiliation: SHARP MEMORIAL HOSPITAL
  Medi-Cal Open Panel: Yes
  Min/Max Age: 16\999
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: M-F 8:00AM-5:00PM
  Website: N/A

FAMILY PRACTICE

PERESS, LILIA
Provider ID: 304277
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1275945446
Provider English Spoken: Y
Provider Language(s)
  Spoken: Ukrainian
  Cultural Competency: N
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\999
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Website: N/A

FAMILY PRACTICE

RISSE, JOSEPH
Provider ID: 293217
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Provider Gender: Male
NPI: 1952386765
Provider English Spoken: Y
Provider Language(s)
  Spoken: Ukrainian
  Cultural Competency: N
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\999
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Website: N/A

FAMILY PRACTICE

ROSADO, IVAN
Provider ID: 299244
Board Certified Specialty: No
316 25TH ST
SAN DIEGO, CA 92102
Phone: (619) 662-4100
Fax: (619) 238-3807
After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1316479603
Provider English Spoken: Y
Provider Language(s)
  Spoken: Ukrainian
  Cultural Competency: N
  Medi-Cal Open Panel: Yes
  Min/Max Age: 0\999
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Website: N/A

FAMILY PRACTICE

SCOTT, LAGINA
Provider ID: 302648
Board Certified Specialty: No
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Phone: (619) 662-4100
Fax: (619) 263-9601
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1558897009
Provider English Spoken: Y
D3. 专科提供者名录

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

FAMILY PRACTICE
SUMMERS-DAY, COURTNEY
Provider ID: 290976
Board Certified Specialty: Yes
1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
Fax: (619) 628-5550
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1124288873
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

FAMILY PRACTICE
VO, PHU LUONG
Provider ID: 303332
Board Certified Specialty: No
4690 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1043849177
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

FAMILY PRACTICE GERIATRIC MEDICINE
MILLER, SCOTT
Provider ID: 271539
Board Certified Specialty: No
9878 CARMEL MOUNTAIN RD STE B
SAN DIEGO, CA 92129
Phone: (858) 312-1440
Fax: (760) 788-7983
After Hours Phone: (858) 312-1440
Provider Gender: Male
NPI: 1104845536
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

GASTROENTEROLOGY
ANAND, GOBIND
Provider ID: 272837
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (619) 543-2347
Fax: (858) 657-7259
After Hours Phone: (619) 543-2347
Provider Gender: Male
NPI: 1861626814
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

GASTROENTEROLOGY
BAUMAN, LAURA
Provider ID: 260041
Board Certified Specialty: No
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-4003
Fax: (858) 560-6798
After Hours Phone: (858) 966-4003
Provider Gender: Female
NPI: 1255697850
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

GASTROENTEROLOGY
ANAND, GOBIND
Provider ID: 304187
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1861626814
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

GASTROENTEROLOGY
DAVE, SHRavan
Provider ID: 304204
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1588081814
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

GASTROENTEROLOGY
HASAN, AWS
Provider ID: 299951
Board Certified Specialty: No
200 W ARBOR DR
GASTROENTEROLOGY
HILDRETH, AMBER
Provider ID: 280464
Board Certified Specialty: No
Provider Gender: Female
NPI: 1548521511
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

KUMAR, SOMA
Provider ID: 205377
Board Certified Specialty: No
Provider Gender: Female
NPI: 1356502520
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NOVO, MEGAN
Provider ID: 296066
Board Certified Specialty: No
Provider Gender: Female
NPI: 1770961971
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

GASTROENTEROLOGY
POLK, DAVID
Provider ID: 275449
Board Certified Specialty: No
Provider Gender: Male
NPI: 1427140839
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

GASTROENTEROLOGY
REDDY, JOSEPH
Provider ID: 27748
Board Certified Specialty: Yes
6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120
Phone: (619) 588-4074
Fax: (619) 588-4004
After Hours Phone: (619) 588-4074
Provider Gender: Male
NPI: 1245215391
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Spanish, Telugu
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

GASTROENTEROLOGY
REDDY, JOSEPH
Provider ID: 290034
Board Certified Specialty: Yes
6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120
Phone: (619) 588-4074
Fax: (619) 588-4004
After Hours Phone: (619) 588-4074
Provider Gender: Male
NPI: 1245215391
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Spanish, Telugu
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

GASTROENTEROLOGY
SHAH, SHAILJA
Provider ID: 304178
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1073803243
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

GASTROENTEROLOGY
SHAFFER, KATHERINE
Provider ID: 295712
Board Certified Specialty: No
292 EUCLID AVE STE 115
SAN DIEGO, CA 92114
Phone: (619) 266-3332
Fax: (619) 266-6000
After Hours Phone: (619) 266-3332
Provider Gender: Female
NPI: 1336405695
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
SHARP CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

GASTROENTEROLOGY
SHAFFER, KATHERINE
Provider ID: 304178
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1073803243
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
SHARP CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

N  Accessibility: CONTACT PROVIDER
Website: N/A

GASTROENTEROLOGY

SHAH, SHAILJA
Provider ID: 283896
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1073803243
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOULLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

GASTROENTEROLOGY

TSAI, MATTHEW
Provider ID: 304196
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1285051177
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOULLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

GASTROENTEROLOGY

YOUSSEF, FADY
Provider ID: 304186
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1265887723
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

GENERAL PRACTICE

BORRERO, MARCOS
Provider ID: 125077
Board Certified Specialty: No
3490 PALM AVE
SAN DIEGO, CA 92154
Phone: (619) 423-5616
Fax: (619) 423-5684
After Hours Phone: (619) 423-5616
Provider Gender: Male
NPI: 1952312621
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 2\150
American Sign Language (ASL):
D3. 专科提供者名录

N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

GENETICS CLINICAL
REIMERS, REBECCA
Provider ID: 294650
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1801207634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

GENETICS MEDICAL
MARDACH, REBECCA
Provider ID: 241947
Board Certified Specialty: No
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123
Phone: (858) 966-5840
After Hours Phone: (858) 966-5840
Provider Gender: Female
NPI: 1457330607
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Ronald Reagan UCLA Medical CTR, UC Davis Medical CTR, Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

GENETICS MEDICAL
DEL CAMPO CASANELLES, MIGUEL
Provider ID: 206013
Board Certified Specialty: No
7920 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 966-7484
Fax: (858) 966-4064
After Hours Phone: (858) 966-7484
Provider Gender: Male
NPI: 1598141475
Provider English Spoken: Y
Provider Language(s) Spoken: French, Italian, Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego, UCSD Medical CTR, UC San Diego La Jolla John Sally Thornton
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

### Board Certified Specialty: No

#### 7920 FROST ST STE 200
SAN DIEGO, CA 92123

- **Phone:** (858) 966-5840
- **After Hours Phone:** (858) 966-5840

- **Provider Gender:** Female
- **NPI:** 1457330607

- **Provider English Spoken:** Y
- **Cultural Competency:** N

- **Hospital Affiliation:** RONALD REAGAN UCLA MED CTR, UC DAVIS MEDICAL CTR, RADY CHILDREN'S HOSPITAL SAN DIEGO

- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\19

#### American Sign Language (ASL):

- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F 8:00AM-5:00PM
- **Website:** N/A

### Board Certified Specialty: No

#### 6367 ALVARADO CT STE 101
SAN DIEGO, CA 92120

- **Phone:** (619) 583-7002
- **Fax:** (619) 583-9404
- **After Hours Phone:** (619) 583-7002

- **Provider Gender:** Female
- **NPI:** 1063558856

- **Provider English Spoken:** Y
- **Cultural Competency:** N

- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\999

#### American Sign Language (ASL):

- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F 8:00AM-5:00PM
- **Website:** N/A

### Board Certified Specialty: No

#### 9340 CLAIREMONT MESA BLVD STE D
SAN DIEGO, CA 92123

- **Phone:** (858) 278-9911
- **Fax:** (858) 565-7324
- **After Hours Phone:** (858) 278-9911

- **Provider Gender:** Female
- **NPI:** 1902853344

- **Provider English Spoken:** Y
- **Cultural Competency:** N

- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\999

#### American Sign Language (ASL):

- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F 8:30AM-5:00PM
- **Website:** N/A

### HEARING AID DEALER / SUPPLIER

#### ANDERSON, ELAINE

Provider ID: 268691

- **Board Certified Specialty:** No

#### 9340 CLAIREMONT MESA BLVD STE D
SAN DIEGO, CA 92123

- **Phone:** (858) 278-9911
- **Fax:** (858) 565-7324

- **After Hours Phone:** (858) 278-9911

- **Provider Gender:** Female
- **NPI:** 1063558856

- **Provider English Spoken:** Y
- **Cultural Competency:** N

- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\999

#### American Sign Language (ASL):

- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F 8:00AM-5:00PM
- **Website:** N/A

### HEARING AID DEALER / SUPPLIER

#### ANDERSON, ELAINE

Provider ID: 268691

- **Board Certified Specialty:** No

#### 9340 CLAIREMONT MESA BLVD STE D
SAN DIEGO, CA 92123

- **Phone:** (858) 278-9911
- **Fax:** (858) 565-7324

- **After Hours Phone:** (858) 278-9911

- **Provider Gender:** Female
- **NPI:** 1063558856

- **Provider English Spoken:** Y
- **Cultural Competency:** N

- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\999

#### American Sign Language (ASL):

- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F 8:00AM-5:00PM
- **Website:** N/A

### HEARING AID DEALER / SUPPLIER

#### ANDERSON, ELAINE

Provider ID: 268691

- **Board Certified Specialty:** No

#### 9340 CLAIREMONT MESA BLVD STE D
SAN DIEGO, CA 92123

- **Phone:** (858) 278-9911
- **Fax:** (858) 565-7324

- **After Hours Phone:** (858) 278-9911

- **Provider Gender:** Female
- **NPI:** 1063558856

- **Provider English Spoken:** Y
- **Cultural Competency:** N

- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\999

#### American Sign Language (ASL):

- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F 8:30AM-5:00PM
- **Website:** N/A

### HEARING AID DEALER / SUPPLIER

#### DAVIDS, KELLE

Provider ID: 268653

- **Board Certified Specialty:** No

#### 9340 CLAIREMONT MESA BLVD STE D
SAN DIEGO, CA 92123

- **Phone:** (858) 278-9911
- **Fax:** (858) 565-7324

- **After Hours Phone:** (858) 278-9911

- **Provider Gender:** Female
- **NPI:** 1902853344

- **Provider English Spoken:** Y
- **Cultural Competency:** N

- **Medi-Cal Open Panel:** Yes
- **Min/Max Age:** 0\999

#### American Sign Language (ASL):

- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F 8:30AM-5:00PM
- **Website:** N/A
HEMATOLOGY / ONCOLOGY

CHEN, YU-WEI
Provider ID: 303059
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1245694801
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

HEMATOLOGY / ONCOLOGY
NGUYEN, ANTHONY
Provider ID: 301060
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1295153575
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: LOMA LINDA UNIVERSITY MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

HEMATOLOGY / ONCOLOGY
LEE, KAREN
Provider ID: 284165
Board Certified Specialty: No
3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1518352970
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

HEMATOLOGY / ONCOLOGY
PAUL, MEGAN
Provider ID: 274499
Board Certified Specialty: No
3010 CHILDRENS WAY STE 2W
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1427495894
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

HEMATOLOGY / ONCOLOGY
ZHOU, JENNY
Provider ID: 273188
Board Certified Specialty: No
9333 GENESEE AVE STE 310
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1811200652
Provider English Spoken: Y
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INFECTION DISEASE
ALDOUS, JEANNETTE
Provider ID: 290420
Board Certified Specialty: No
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
Fax: (619) 205-6384
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1073650339
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

HOSPICE AND PALLIATIVE MEDICINE
RUBENZIK, TAMARA
Provider ID: 276671
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1811200652
Provider English Spoken: Y
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INFECTION DISEASE
BAMFORD, LAURA
Provider ID: 245573
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (619) 543-6382
After Hours Phone: (619) 543-6382
Provider Gender: Female
NPI: 1598007924
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Fax: (888) 539-8781

After Hours Phone: (619) 543-6382
Provider Gender: Female
NPI: 1750435996
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INFECTIOUS DISEASE
HORTON, LUCY
Provider ID: 240887
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1427324821
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, Stanford Health Care, STANFORD HEALTH CARE TRI-VALLEY
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

INFECTIOUS DISEASE
DEISS, ROBERT
Provider ID: 258330
Board Certified Specialty: No
4168 FRONT ST FL 3
SAN DIEGO, CA 92103
Phone: (619) 543-3995
After Hours Phone: (619) 543-3995
Provider Gender: Male
NPI: 1194977652
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INFECTIOUS DISEASE
KUPPALLI, KRUTIKA
Provider ID: 301058
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1093193583
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
### INFECTIOUS DISEASE

#### MARTIN, THOMAS

- **Provider ID:** 277225
- **Board Certified Specialty:** No
- **Address:** 4168 FRONT ST FL 3 SAN DIEGO, CA 92103
- **Phone:** (619) 543-5890
- **Fax:** (888) 539-8781
- **After Hours Phone:** (619) 543-5890

<table>
<thead>
<tr>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1093193583</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### MOODLEY, AMARAN

- **Provider ID:** 208558
- **Board Certified Specialty:** No
- **Address:** 3030 CHILDRENS WAY FL 2 SAN DIEGO, CA 92123
- **Phone:** (885) 966-7785
- **Fax:** (858) 966-8658
- **After Hours Phone:** (885) 966-7785

<table>
<thead>
<tr>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1093193583</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### PANNARAJ, PIA

- **Provider ID:** 301026
- **Board Certified Specialty:** No
- **Address:** 3030 CHILDRENS WAY FL 2 SAN DIEGO, CA 92123
- **Phone:** (858) 966-7785
- **Fax:** (858) 966-8658
- **After Hours Phone:** (858) 966-7785

<table>
<thead>
<tr>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1306280607</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### RAJAGOPAL, AMUTHA

- **Provider ID:** 221088
- **Board Certified Specialty:** No
- **Address:** 4168 FRONT ST FL 3 SAN DIEGO, CA 92103
- **Phone:** (800) 926-8273

<table>
<thead>
<tr>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1306280607</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

INFECTIOUS DISEASE
RAMIREZ SANCHEZ, CLAUDIA
Provider ID: 299946
Board Certified Specialty: No
Provider Gender: Female
NPI: 1659720555
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

INFECTIOUS DISEASE
TOVAR PADUA, LEIDY
Provider ID: 265093
Board Certified Specialty: No
Provider Gender: Female
NPI: 1033491311
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, LONG BEACH MEMORIAL MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

INFECTIOUS DISEASE
TOVAR PADUA, LEIDY
Provider ID: 205357
Board Certified Specialty: No
Provider Gender: Female
NPI: 1033491311
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, LONG BEACH MEMORIAL MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
ARUTYUNOV, BORIS
Provider ID: 201910
Board Certified Specialty: No
Provider Gender: Male
NPI: 1144562703
Provider English Spoken: Y
Provider Language(s) Spoken: Russian
Cultural Competency: N
Hospital Affiliation: GOOD SAMARITAN HOSPITAL, PIH HEALTH GOOD SAMARITAN HOSPITAL, SUTTER MEDICAL CENTER SACRAMENTO, UCSD
D3. 专科提供者名录

LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
BALL, SHELDON
Provider ID: 294137
Board Certified Specialty: No
☒ 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
☑ Phone: (858) 279-0925
Fax: (858) 633-4680
☑ After Hours Phone: (858) 279-0925
Provider Gender: Male
NPI: 1689646275
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9:00AM-4:00PM
Website: N/A

INTERNAL MEDICINE
BORDIN-WOSK, TALYA
Provider ID: 273983
Board Certified Specialty: No
☒ 200 W ARBOR DR
SAN DIEGO, CA 92103
☑ Phone: (760) 471-9186
Fax: (619) 543-8255
☑ After Hours Phone: (760) 471-9186
Provider Gender: Female
NPI: 1801184973
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
DJEKIC, KRISTINA
Provider ID: 286668
Board Certified Specialty: No
☒ 200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1417343732
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
GRUNVALD, EDUARDO
Provider ID: 286344
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1497791339
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
HASTIE, ELIZABETH
Provider ID: 291431
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1104004258
Provider English Spoken: Y
Provider Language(s) Spoken: Russian
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, HOAG MEMORIAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
GRUNVALD, EDUARDO
Provider ID: 286343
Board Certified Specialty: No
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1497791339
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
HASTIE, ELIZABETH
Provider ID: 291431
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
D3. 专科提供者名录

NPI: 1154818797
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

INTERNAL MEDICINE
HOGARTH, MICHAEL
Provider ID: 214386  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1225019193  
Provider English Spoken: Y  
Provider Language(s) Spoken: Portuguese, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

INTERNAL MEDICINE
JABBOUR, MOUSSA
Provider ID: 256659  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1255741633  
Provider English Spoken: Y  
Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

INTERNAL MEDICINE
JIANG, JUN
Provider ID: 291415  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (619) 543-6222  
Fax: (888) 539-8781  
After Hours Phone: (619) 543-6222  
Provider Gender: Male  
NPI: 1447792172  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

INTERNAL MEDICINE
KATZ, YISRAEL
Provider ID: 272936  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1730507872  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

INTERNAL MEDICINE
KVIATKOVSKY, MILLA
Provider ID: 274003  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (619) 543-6222  
After Hours Phone: (619) 543-6222  
Provider Gender: Female  
NPI: 1366855355

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. 
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. 
To access a listing of mental health providers online, visit blueshieldca.com/fad.
INTERNAL MEDICINE
LAGO HERNANDEZ, CARLOS
Provider ID: 238622
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Provider Gender: Male
NPI: 1558756270
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
LAM, MICHAEL
Provider ID: 274411
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1578974259
Provider English Spoken: Y
Provider Language(s)
Spoken: Mandarin
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
LEVERONE, NICHOLAS
Provider ID: 272692
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1407388564
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
JOHN SALLY THORNTON
THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D3. 专科提供者名录

- **INTERNAL MEDICINE**
  - MAJITHIA, AMIT
    - Provider ID: 255882
    - Board Certified Specialty: No
    - 4168 FRONT ST
      SAN DIEGO, CA 92103
    - Phone: (800) 926-8273
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Male
    - NPI: 1801091459
    - Provider English Spoken: Y
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 18\999
    - American Sign Language (ASL): N
  
- **INTERNAL MEDICINE**
  - MUNCE, DANIELLE
    - Provider ID: 272577
    - Board Certified Specialty: No
    - 200 W ARBOR DR
      SAN DIEGO, CA 92103
    - Phone: (800) 926-8273
    - Fax: (888) 539-8781
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Female
    - NPI: 1740644509
    - Provider English Spoken: Y
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 18\999
    - American Sign Language (ASL): N
  
- **INTERNAL MEDICINE**
  - MARTINEZ, ARMANDO
    - Provider ID: 291421
    - Board Certified Specialty: No
    - 200 W ARBOR DR
      SAN DIEGO, CA 92103
    - Phone: (800) 926-8273
    - Fax: (888) 539-8781
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Male
    - NPI: 1740644509
    - Provider English Spoken: Y
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 18\999
    - American Sign Language (ASL): N
  
- **INTERNAL MEDICINE**
  - NAIDZIONAK, ULADZISLAU
    - Provider ID: 290567
    - Board Certified Specialty: No
    - 7930 FROST ST STE 405
      SAN DIEGO, CA 92123
    - Phone: (858) 237-0572
    - After Hours Phone: (858) 237-0572
    - Provider Gender: Male
    - NPI: 1023246212
    - Provider English Spoken: Y
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 18\999
    - American Sign Language (ASL): N
  
- **INTERNAL MEDICINE**
  - NOKES, BRANDON
    - Provider ID: 287582
    - Board Certified Specialty: No
    - 200 W ARBOR DR
      SAN DIEGO, CA 92103
    - Phone: (800) 926-8273
    - Fax: (888) 539-8781
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Male

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

NPI: 1487040051
☑ Provider English Spoken: Y
☑ Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA
JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
☐ Accessibility: CONTACT PROVIDER
☐ Hours: M-F
  8:00AM-5:00PM
☐ Website: N/A

INTERNAL MEDICINE
SHAHATTO, LOBNA
Provider ID: 201324
Board Certified Specialty: No
☐ 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (858) 657-7000
☎ After Hours Phone: (858) 657-7000
Provider Gender: Female
NPI: 1477879906
☑ Provider English Spoken: Y
☑ Provider Language(s)
Spoken: Spanish
☑ Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
☐ Accessibility: CONTACT PROVIDER
☐ Hours: M-F
  8:00AM-5:00PM
☐ Website: N/A

INTERNAL MEDICINE
TANTISIRA, LALITA
Provider ID: 275926
Board Certified Specialty: No
☒ 4520 EXECUTIVE DR
SAN DIEGO, CA 92121
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
☎ After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1508874298
☑ Provider English Spoken: Y
☑ Provider Language(s)
Spoken: Thai
☐ Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
☐ Accessibility: CONTACT PROVIDER
☐ Hours: M-F
  8:00AM-5:00PM
☐ Website: N/A
John Sally Thornton
Medi-Cal Open Panel: Yes
Min/Max Age: 18-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Theresa, Robert
Board Certified Specialty: Yes
200 W Arbor DR
San Diego, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Medi-Cal Open Panel: Yes
Min/Max Age: 18-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Wang, Angela
Medi-Cal Open Panel: Yes
Min/Max Age: 18-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

American Sign Language (ASL): N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

Website: N/A

INTERNAL MEDICINE

WEBSTER, LUKE
Provider ID: 272681
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1235660887
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER

Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE

YANG, JENNY
Provider ID: 283027
Board Certified Specialty: No
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1346636453
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER

Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE

ZHANG, SHERRY
Provider ID: 272657
Board Certified Specialty: No
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1588198147
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER

Hours: M-F
8:00AM-5:00PM
Website: N/A

2003
D3. 专科提供者名录

8:00AM-5:00PM
Website: N/A

INTERNAL MEDICINE
GERIATRIC MEDICINE
AGNIHOTRI, PARAG
Provider ID: 247292
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1447351085
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

INTERVENTIONAL CARDIOLOGY
CRUZ RODRIGUEZ, JOSE
Provider ID: 300061
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1457770240
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

INTERVENTIONAL CARDIOLOGY
KINGDON, TYLER
Provider ID: 301814
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Male
NPI: 1477084283
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Swahili
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, Adventist Health and Rideout
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

INTERVENTIONAL CARDIOLOGY
MOHAMEDALI, BURHAN
Provider ID: 245577
Board Certified Specialty: No
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Phone: (619) 616-2100
Fax: (619) 616-2104
After Hours Phone: (619) 616-2100
Provider Gender: Male
NPI: 1831393289
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

INTERVENTIONAL CARDIOLOGY
SHEREV, DIMITRI
Provider ID: 301306
Board Certified Specialty: No
6402 EL CAJON BLVD STE 100
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: MERCY GENERAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Gender</th>
<th>NPI</th>
<th>Hospital Affiliation</th>
<th>American Sign Language (ASL)</th>
<th>Min/Max Age</th>
<th>Medi-Cal Open Panel</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>302987</td>
<td>SHEREV, DIMITRI</td>
<td>Male</td>
<td>1154323996</td>
<td>SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, ALVARADO COMMUNITY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, Sharp Grossmont Hospital</td>
<td>N</td>
<td>18\999</td>
<td>Yes</td>
<td>CONTACT PROVIDER</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>296050</td>
<td>SUDHAKAR, DEEPTHI</td>
<td>Female</td>
<td>1811307051</td>
<td>Sharp Grossmont Hospital, SHARP CHULA VISTA MED CTR</td>
<td>N</td>
<td>15\99</td>
<td>Yes</td>
<td>CONTACT PROVIDER</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>295844</td>
<td>SUDHAKAR, DEEPTHI</td>
<td>Female</td>
<td>1811307051</td>
<td>Sharp Grossmont Hospital, SHARP CHULA VISTA MED CTR</td>
<td>N</td>
<td>15\99</td>
<td>Yes</td>
<td>CONTACT PROVIDER</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**INTERVENTIONAL CARDIOLOGY**

**SUDHAKAR, DEEPTHI**

Provider ID: 296050
Board Certified Specialty: No

SAN DIEGO, CA 92115
Phone: (619) 582-4490
Fax: (619) 582-4737
After Hours Phone: (619) 582-4490
Provider Gender: Male
NPI: 1154323996
Provider English Spoken: Y
Provider Language(s) Spoken: Bulgarian, Russian, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, ALVARADO COMMUNITY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

**CHULA VISTA MED CTR**
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**LICENSED PROFESSIONAL CLINICAL COUNSELOR**
GARCIA, JENNI
Provider ID: 299310
Board Certified Specialty: No
3025 BEYER BLVD
SAN DIEGO, CA 92154
Phone: (619) 662-4100
Fax: (619) 662-4119
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1437775863
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**LICENSED PROFESSIONAL CLINICAL COUNSELOR**
NAKAMURA, TIFFANY
Provider ID: 239584
Board Certified Specialty: No
4510 EXECUTIVE DR STE 315
SAN DIEGO, CA 92121
Phone: (858) 534-8019
After Hours Phone: (858) 534-8019
Provider Gender: Female
NPI: 1356846349
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**MATERNAL AND FETAL MEDICINE**
ADAMI, REBECCA
Provider ID: 272670
Board Certified Specialty: No
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1992149447
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**LICENSED PROFESSIONAL CLINICAL COUNSELOR**
MATERNAL AND FETAL MEDICINE
ADAMI, REBECCA
D3. 专科提供者名录

MEDICINE
EMERUWA, UKACHI
Provider ID: 300010
Board Certified Specialty: No
吞
200 W ARBOR DR
SAN DIEGO, CA 92103
吞
Phone: (800) 926-8273
Fax: (888) 539-8781
吞
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1245627421
吞
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
吞
Accessibility: CONTACT PROVIDER
Website: N/A

MATERNAL AND FETAL
MEDICINE
EMERUWA, UKACHI
Provider ID: 300011
Board Certified Specialty: No
吞
4168 FRONT ST
SAN DIEGO, CA 92127
吞
Phone: (800) 926-8273
Fax: (888) 539-8781
吞
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1245627421
吞
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
吞
Accessibility: CONTACT PROVIDER
Website: N/A

MATERNAL AND FETAL
MEDICINE
MCCULLOUGH, DEIRDRE
Provider ID: 210034
Board Certified Specialty: No
吞
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123
吞
Phone: (858) 966-6710
Fax: (858) 939-4102
吞
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1639153018
吞
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

2007
### American Sign Language (ASL):

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melber, Dora</td>
<td>296998</td>
<td>No</td>
<td>Female</td>
<td>1124413026</td>
<td>UCSD La Jolla John Sally, UCSD Medical Ctr, Rady Childrens Hospital San Diego</td>
</tr>
<tr>
<td>Melber, Dora</td>
<td>296990</td>
<td>No</td>
<td>Female</td>
<td>1124413026</td>
<td>UCSD La Jolla John Sally, UCSD Medical Ctr, Rady Childrens Hospital San Diego</td>
</tr>
<tr>
<td>Melber, Dora</td>
<td>296990</td>
<td>No</td>
<td>Female</td>
<td>1124413026</td>
<td>UCSD La Jolla John Sally, UCSD Medical Ctr, Rady Childrens Hospital San Diego</td>
</tr>
<tr>
<td>Melber, Dora</td>
<td>296990</td>
<td>No</td>
<td>Female</td>
<td>1124413026</td>
<td>UCSD La Jolla John Sally, UCSD Medical Ctr, Rady Childrens Hospital San Diego</td>
</tr>
</tbody>
</table>

**MATERNAL AND FETAL MEDICINE**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>McCullough, Deirdre</td>
<td>277260</td>
<td>No</td>
<td>Sharp Mary Birch Hosp for Women and Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego</td>
</tr>
<tr>
<td>Melber, Dora</td>
<td>296990</td>
<td>No</td>
<td>UCSD La Jolla John Sally, UCSD Medical Ctr, Rady Childrens Hospital San Diego</td>
</tr>
<tr>
<td>Melber, Dora</td>
<td>296990</td>
<td>No</td>
<td>UCSD La Jolla John Sally, UCSD Medical Ctr, Rady Childrens Hospital San Diego</td>
</tr>
<tr>
<td>Melber, Dora</td>
<td>296990</td>
<td>No</td>
<td>UCSD La Jolla John Sally, UCSD Medical Ctr, Rady Childrens Hospital San Diego</td>
</tr>
</tbody>
</table>

**MATERNAL AND FETAL MEDICINE**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melber, Dora</td>
<td>296990</td>
<td>UCSD La Jolla John Sally, UCSD Medical Ctr, Rady Childrens Hospital San Diego</td>
</tr>
<tr>
<td>Melber, Dora</td>
<td>296990</td>
<td>UCSD La Jolla John Sally, UCSD Medical Ctr, Rady Childrens Hospital San Diego</td>
</tr>
<tr>
<td>Melber, Dora</td>
<td>296990</td>
<td>UCSD La Jolla John Sally, UCSD Medical Ctr, Rady Childrens Hospital San Diego</td>
</tr>
<tr>
<td>Melber, Dora</td>
<td>296990</td>
<td>UCSD La Jolla John Sally, UCSD Medical Ctr, Rady Childrens Hospital San Diego</td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
 8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE
MELBER, DORA
Provider ID: 296994
Board Certified Specialty: No
Phone: (858) 966-6710
Fax: (858) 939-4102
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1124413026
Provider English Spoken: Y
Provider Language(s): Hungarian, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
 8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE
MOORE, THOMAS
Provider ID: 208643
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1184682379
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
 8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE
REIMERS, REBECCA
Provider ID: 294648
Board Certified Specialty: No
7910 FROST ST STE 220
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1801207634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
 8:00AM-5:00PM
Website: N/A

2009
MATERNAL AND FETAL MEDICINE
REIMERS, REBECCA
Provider ID: 294647
Board Certified Specialty: No
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 939-4102
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1801207634
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE
RICHARDSON, ALVIE
Provider ID: 277314
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Male
NPI: 1477563302
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORN, TRI CITY MEDICAL CTR, Sharp Grossmont Hospital, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
D3. 专科提供者名录

MATERNAL AND FETAL MEDICINE

SCHWENDEMANN, WADE
Provider ID: 277307
Board Certified Specialty: No
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Male
NPI: 1477563302
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp for Women and Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

SHANNON, KELLI
Provider ID: 208474
Board Certified Specialty: No
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 939-4102
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1922156397
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Memorial Hospital, Sharp Mary Birch Hosp for Women and Newborns
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

WESTERMANN, MELISSA
Provider ID: 287084
Board Certified Specialty: No
7910 FROST ST STE 220
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1760730758
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Mary Birch Hosp for Women and Newborns, Earl and Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

WESTERMANN, MELISSA
Provider ID: 277353
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1760730758
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Mary Birch Hosp for Women and Newborns, Earl and Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

SHANNON, KELLI
Provider ID: 208474
Board Certified Specialty: No
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1922156397
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Memorial Hospital, Sharp Mary Birch Hosp for Women and Newborns
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

WESTERMANN, MELISSA
Provider ID: 287084
Board Certified Specialty: No
7910 FROST ST STE 220
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1760730758
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Mary Birch Hosp for Women and Newborns, Earl and Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

WESTERMANN, MELISSA
Provider ID: 277353
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1760730758
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Mary Birch Hosp for Women and Newborns, Earl and Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

SHANNON, KELLI
Provider ID: 208474
Board Certified Specialty: No
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1922156397
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Memorial Hospital, Sharp Mary Birch Hosp for Women and Newborns
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

WESTERMANN, MELISSA
Provider ID: 287084
Board Certified Specialty: No
7910 FROST ST STE 220
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1760730758
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Mary Birch Hosp for Women and Newborns, Earl and Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

WESTERMANN, MELISSA
Provider ID: 277353
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1760730758
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Mary Birch Hosp for Women and Newborns, Earl and Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

SHANNON, KELLI
Provider ID: 208474
Board Certified Specialty: No
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1922156397
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Memorial Hospital, Sharp Mary Birch Hosp for Women and Newborns
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

WESTERMANN, MELISSA
Provider ID: 287084
Board Certified Specialty: No
7910 FROST ST STE 220
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1760730758
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Mary Birch Hosp for Women and Newborns, Earl and Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

BEACH MEMORIAL MED CTR, UNIVERSITY OF CALIFORNIA IRVINE MED CTR, SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, Sharp Grossmont Hospital, Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

WESTERMANN, MELISSA
Provider ID: 242522
Board Certified Specialty: No
3003 HEALTH CENTER DR SAN DIEGO, CA 92123
Phone: (858) 939-4102
Fax: (858) 966-6710
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1760730758

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, EARL AND LORRAINE MILLER CHILDRENS HSP, LONG BEACH MEMORIAL MED CTR, UNIVERSITY OF CALIFORNIA IRVINE MED CTR, SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, Sharp Grossmont Hospital, Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

MATERNAL AND FETAL MEDICINE

WILLIAMS, KRISTIN
Provider ID: 277387
Board Certified Specialty: No
3003 HEALTH CENTER DR SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 1992847131

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Stanford Health Care, LUCILE Salter Packard Childrens Hosp, San Mateo Medical CTR, Sharp Memorial Hospital, Sharp Mary Birch Hosp for Women and Newborns, Tri City Medical CTR, California Pacific Med CTR, California Pacific Med CTR, Rady Childrens Hospital San Diego

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): 2012
MATERNAL AND FETAL MEDICINE

WOLF, RICHARD
Provider ID: 209253
Board Certified Specialty: No
4910 DIRECTORS PL STE 200
SAN DIEGO, CA 92121
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1497713846
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON,
UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE

BAI-TONG, SHIYU
Provider ID: 283285
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-5818
After Hours Phone: (858) 966-5818
Provider Gender: Female
NPI: 1528454188
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDREN HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE

CARROLL, JEANNE
Provider ID: 205727
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-5818
Fax: (858) 966-7483
After Hours Phone: (858) 966-5818
Provider Gender: Female
NPI: 1386928224
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDREN HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

DEL ROSARIO, PAMELA
Provider ID: 295000
Board Certified Specialty: No
3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123
Phone: (858) 966-5888
After Hours Phone: (858) 966-5888
Provider Gender: Female
NPI: 1952691941
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, Rady CHILDREN HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE
FLEMING, SARAH
Provider ID: 205645
Board Certified Specialty: No
4077 5TH AVE
SAN DIEGO, CA 92103
Phone: (619) 260-7046
Fax: (619) 686-3843
After Hours Phone: (619) 260-7046
Provider Gender: Female
NPI: 1679809826
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE
GLENN, TARA
Provider ID: 283159
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5818
Fax: (858) 249-5839
After Hours Phone: (858) 966-5818
Provider Gender: Female
NPI: 1245617489
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE
HIETALATI, SAMANTHA
Provider ID: 294251
Board Certified Specialty: No
3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123
Phone: (858) 966-5888
Fax: (858) 249-5839
After Hours Phone: (858) 966-5888
Provider Gender: Female
NPI: 1245617489
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE
HONOLD, JOSE
Provider ID: 205941
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5818
Fax: (858) 966-7483
After Hours Phone: (858) 966-5818
Provider Gender: Male
NPI: 1093886855
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

**NEONATAL / PERINATAL MEDICINE**

**HONOLD, JOSE**

- Provider ID: 242881
- Board Certified Specialty: No
- Phone: (619) 691-7000
- After Hours Phone: (619) 691-7000
- Provider Gender: Male
- NPI: 1093886855
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PIONEERS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
- 8:00AM-5:00PM
- Website: N/A

**NEONATAL / PERINATAL MEDICINE**

**LANE, BRIAN**

- Provider ID: 205707
- Board Certified Specialty: No
- Phone: (858) 966-5818
- After Hours Phone: (858) 966-5818
- Provider Gender: Male
- NPI: 1427129287
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
- 8:00AM-5:00PM
- Website: N/A

**LE, CRYSTAL**

- Provider ID: 205630
- Board Certified Specialty: No
- Phone: (858) 966-5818
- After Hours Phone: (858) 966-5818
- Provider Gender: Female
- NPI: 1003028416
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
- 8:00AM-5:00PM
- Website: N/A

**NEONATAL / PERINATAL MEDICINE**

**MARC AURELE, KRISHELLE**

- Provider ID: 206208
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
- 8:00AM-5:00PM
- Website: N/A
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>3020 CHILDRENS WAY</td>
<td>206210</td>
<td>No</td>
<td>(858) 966-5818</td>
<td>(858) 966-7483</td>
<td>(858) 966-5818</td>
<td>Female</td>
<td>1952503435</td>
<td>RACY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>200 W ARBOR DR</td>
<td>297974</td>
<td>No</td>
<td>(800) 926-8273</td>
<td>(619) 543-3812</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1952503435</td>
<td>RACY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>3010 CHILDRENS WAY FL</td>
<td>206206</td>
<td>No</td>
<td>(858) 966-8022</td>
<td>(858) 966-8457</td>
<td>(858) 966-8022</td>
<td>Female</td>
<td>1952503435</td>
<td>RACY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

MATOBA, NANA
Provider ID: 299894
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5888
Fax: (858) 966-7483
After Hours Phone: (858) 966-5888
Provider Gender: Female
NPI: 1801952197
Provider Language(s)
Spoken: Japanese
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE
MCCULLEY, DAVID
Provider ID: 277177
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5818
Fax: (858) 966-7483
After Hours Phone: (858) 966-5818
Provider Gender: Male
NPI: 1235304155
Provider Language(s)
Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE
MESTAN, KAREN
Provider ID: 285932
Board Certified Specialty: No
3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123
Phone: (858) 966-5888
After Hours Phone: (858) 966-5888
Provider Gender: Female
NPI: 1942253356
Provider Language(s)
Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE
MATTI, ANNA-KAISA
Provider ID: 262157
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5818
Fax: (858) 966-7483
After Hours Phone: (858) 966-5818
Provider Gender: Female
NPI: 1497941397
Provider Language(s)
Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

2017
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE

NYMAN, KATHERINE
Provider ID: 301822
Board Certified Specialty: No
Address: 4077 5TH AVE
SAN DIEGO, CA 92103
Phone: (619) 260-7107
Fax: (619) 686-3843
After Hours Phone: (619) 260-7046
Provider Gender: Female
NPI: 1003260951
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CHILDERNS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NYMAN, KATHERINE
Provider ID: 301819
Board Certified Specialty: No
Address: 3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123
Phone: (858) 966-5888
Fax: (858) 966-5839
After Hours Phone: (858) 966-5888
Provider Gender: Female
NPI: 1003260951
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE

ODONNELL, F JANE
Provider ID: 205578
Board Certified Specialty: No
Address: 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5818
Fax: (858) 966-7483
After Hours Phone: (858) 966-5818
Provider Gender: Female
NPI: 1477625325
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL,
UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND,
SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL,
SCRIPPS MERCY HOSPITAL CHULA VISTA, Rady
CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

2018
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL):</th>
</tr>
</thead>
<tbody>
<tr>
<td>206060</td>
<td>No</td>
<td>UCSD</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
</tr>
<tr>
<td>206171</td>
<td>No</td>
<td>UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, RADY CHILDREN'S HOSPITAL SAN DIEGO</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
</tr>
<tr>
<td>303906</td>
<td>No</td>
<td>SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE SAN DIEGO</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
</tr>
</tbody>
</table>

**American Sign Language (ASL): N**
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

**NEONATAL / PERINATAL MEDICINE**

**SAJTI, ENIKO**
Provider ID: 206171
Board Certified Specialty: No

- 200 W ARBOR DR
  SAN DIEGO, CA 92103
- Phone: (619) 543-3759
  Fax: (619) 543-3812
- After Hours Phone: (619) 543-3759

Provider Gender: Female
NPI: 1649433103
- Provider English Spoken: Y
- Cultural Competency: N

**NEONATAL / PERINATAL MEDICINE**

**SAUER, CHARLES**
Provider ID: 303904
Board Certified Specialty: No

- 4077 5TH AVE
  SAN DIEGO, CA 92103
- Phone: (858) 260-7046
  Fax: (858) 249-5839
- After Hours Phone: (858) 966-5888

Provider Gender: Male
NPI: 1538388988
- Provider English Spoken: Y
- Cultural Competency: N

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Provider Gender: Male  
NPI: 1538388988

- Provider English Spoken: Y  
- Cultural Competency: N

Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

- Hours: M-F  
  8:00AM-5:00PM
- Website: N/A

NEONATAL / PERINATAL MEDICINE

SONG, RICHARD

Provider ID: 206143

- Board Certified Specialty: No

3020 CHILDREN'S WAY SAN DIEGO, CA 92123

- Phone: (858) 966-5818
- Fax: (858) 966-7483

- After Hours Phone: (858) 966-5818

Provider Gender: Male

NPI: 1881893477

- Provider English Spoken: Y  
- Cultural Competency: N

Hospital Affiliation: RADY

CHILDREN'S HOSPITAL SAN DIEGO, PALOMAR HEALTH, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

- Hours: M-F  
  8:00AM-5:00PM
- Website: N/A

NEONATAL / PERINATAL MEDICINE

SPEZIALE, MARK

Provider ID: 206126

- Board Certified Specialty: No

3020 CHILDREN'S WAY SAN DIEGO, CA 92123

- Phone: (858) 966-5818
- Fax: (858) 966-7483

- After Hours Phone: (858) 966-5818

Provider Gender: Male

NPI: 1801978143

- Provider English Spoken: Y  
- Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDREN'S HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL, UCSD MEDICAL CTR, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS

Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

- Hours: M-F  
  8:00AM-5:00PM
- Website: N/A

NEONATAL / PERINATAL MEDICINE

SUTTNER, DENISE

Provider ID: 265085

- Board Certified Specialty: No

3020 CHILDREN'S WAY SAN DIEGO, CA 92123

- Phone: (858) 966-5818
- Fax: (858) 966-7483

- After Hours Phone: (858) 966-5818

Provider Gender: Female

NPI: 1457433799

- Provider English Spoken: Y  
- Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NEONATAL / PERINATAL MEDICINE
SWEENEY, NATHALY
Provider ID: 206182
Board Certified Specialty: No

3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5818
Fax: (858) 966-7483
After Hours Phone: (858) 966-5818
Provider Gender: Female
NPI: 1164572632
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, RODY

NEONATAL / PERINATAL MEDICINE
VOLLER, STEPHANNE
Provider ID: 303806
Board Certified Specialty: No

3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5888
Fax: (858) 249-5839
After Hours Phone: (858) 966-5888
Provider Gender: Female
NPI: 1417121971
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY

NEONATAL / PERINATAL MEDICINE
VOLLER, STEPHANNNIE
Provider ID: 303808
Board Certified Specialty: No

3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123
Phone: (858) 966-5888
Fax: (858) 249-5839
After Hours Phone: (858) 966-5888
Provider Gender: Female
NPI: 1417121971
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY

NEONATAL / PERINATAL MEDICINE
VOLLER, STEPHANNE
Provider ID: 303807
Board Certified Specialty: No

8001 FROST ST
SAN DIEGO, CA 92123
Phone: (858) 966-8052
Fax: (858) 966-7789
After Hours Phone: (858) 966-8052
Provider Gender: Female
NPI: 1417121971
D3. 专科提供者名录

- **Provider English Spoken:** Y  
  **Cultural Competency:** N  
  **Hospital Affiliation:** Rady Childrens Hospital San Diego  
  **Medi-Cal Open Panel:** Yes  
  **Min/Max Age:** 0\19  
  **American Sign Language (ASL):** N  
  **Accessibility:** CONTACT PROVIDER  
  **Hours:** M-F  
  **Website:** N/A

### NEONATAL / PERINATAL MEDICINE

#### WEST, JULIE  
**Provider ID:** 297073  
**Board Certified Specialty:** No  
**Address:** 3010 Childrens Way Fl 3  
**Phone:** (858) 966-5888  
**Fax:** (858) 249-5839  
**After Hours Phone:** (858) 966-5888  
**Provider Gender:** Female  
**NPI:** 1811151848  
**Website:** N/A

#### WEISS, KATHERINE  
**Provider ID:** 264677  
**Board Certified Specialty:** No  
**Address:** 3020 Childrens Way  
**Phone:** (858) 966-5818  
**Fax:** (858) 966-7483  
**After Hours Phone:** (858) 966-5818  
**Provider Gender:** Female  
**NPI:** 1053541862  
**Website:** N/A

- **Provider English Spoken:** Y  
  **Cultural Competency:** N  
  **Hospital Affiliation:** Rady Childrens Hospital San Diego  
  **Medi-Cal Open Panel:** Yes  
  **Min/Max Age:** 0\19  
  **American Sign Language (ASL):** N  
  **Accessibility:** CONTACT PROVIDER  
  **Hours:** M-F  
  **Website:** N/A

### NEPHROLOGY

#### QUEVEDO, JUAN  
**Provider ID:** 269998  
**Board Certified Specialty:** No  
**Address:** 995 Gateway Center Way Ste 207  
**Phone:** (619) 263-9729  
**Fax:** (619) 263-9730  
**After Hours Phone:** (619) 263-9729  
**Provider Gender:** Male  
**NPI:** 1093902496  
**Website:** N/A

- **Provider Language(s)**  
  **Spoken:** Spanish  
  **Cultural Competency:** N  
  **Hospital Affiliation:** Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
  **Medi-Cal Open Panel:** Yes  
  **Min/Max Age:** 0\999  
  **American Sign Language (ASL):** N  
  **Accessibility:** CONTACT PROVIDER  
  **Hours:** M-F  
  **Website:** N/A

#### SHAH, MITA  
**Provider ID:** 262230  
**Board Certified Specialty:** No  
**Address:** 8010 Frost St Ste 510  
**Phone:** (858) 637-4700  
**Fax:** (858) 637-4701  
**After Hours Phone:** (858) 637-4700  
**Provider Gender:** Female  
**NPI:** 1194773010  
**Website:** N/A

- **Provider English Spoken:** Y  
  **Cultural Competency:** N  
  **Hospital Affiliation:** UCSD Medical Ctr  
  **Medi-Cal Open Panel:** Yes  
  **Min/Max Age:** 0\999  
  **American Sign Language (ASL):** N  
  **Accessibility:** CONTACT PROVIDER  
  **Website:** N/A

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

NEPHROLOGY
THOMAS, THEODORE
Provider ID: 262359
Board Certified Specialty: No
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Phone: (619) 299-2350
Fax: (619) 297-8379
After Hours Phone: (619) 299-2350
Provider Gender: Male
NPI: 1669477113
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, KINDRED
HOSPITAL SAN DIEGO, SELECT
SPECIALTY HOSPITAL SAN
DIEGO, SCRIPPS MERCY
HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM
Website: N/A

NEPHROLOGY
ZHONG, YAN
Provider ID: 296053
Board Certified Specialty: No
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Phone: (619) 299-2350
Fax: (619) 297-8379
After Hours Phone: (619) 299-2350
Provider Gender: Female
NPI: 1669477113
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, KINDRED
HOSPITAL SAN DIEGO, SELECT
SPECIALTY HOSPITAL SAN
DIEGO, SCRIPPS MERCY
HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM
Website: N/A

NEPHROLOGY
ZHONG, YAN
Provider ID: 296054
Board Certified Specialty: No
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Phone: (619) 299-2350
Fax: (619) 297-8379
After Hours Phone: (619) 299-2350
Provider Gender: Female
NPI: 1467683540
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Mandarin
Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR, LAC RANCHO
LOS AMIGOS NATIONAL
REHAB CENTER, SCRIPPS
MERCY HOSPITAL, SHARP
CORONADO HOSP AND
HEALTHCARE CTR, KECK
HOSPITAL OF USC, Los Angeles
General Medical Center,
SELECT SPECIALTY HOSPITAL
SAN DIEGO, SELECT
SPECIALTY HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

NEUROLOGY
BEVINS, ELIZABETH
Provider ID: 241943
Board Certified Specialty: No
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1013395151

2023
D3. 专科提供者名录

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
- JOHN SALLY THORNTON
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N

**NEUROLOGY**

**BUI, JONATHAN**

Provider ID: 206005
- Board Certified Specialty: No
- 8001 FROST ST
  SAN DIEGO, CA 92123
- Phone: (858) 966-5999
- Fax: (858) 966-4930
- After Hours Phone: (858) 966-5999
- Provider Gender: Male
- NPI: 1730247974

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM
- Website: N/A

**COUGHLIN, DAVID**

Provider ID: 240951
- Board Certified Specialty: No
- 200 W ARBOR DR
  SAN DIEGO, CA 92103
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1740543784

- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

**COUGHLIN, DAVID**

Provider ID: 240949
- Board Certified Specialty: Yes
- 4510 EXECUTIVE DR STE 325
  SAN DIEGO, CA 92121
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Provider Gender: Male

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

**NEUROLOGY**

**DOVE, KATHERINE**
Provider ID: 302784
Board Certified Specialty: No
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123
Phone: (858) 966-5819
Fax: (858) 576-8412
Provider Gender: Female
NPI: 1033642574
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**DUNN-PIRIO, ANASTASIE**
Provider ID: 203235
Board Certified Specialty: No
200 W ARBOR DR FL 1
SAN DIEGO, CA 92103
Phone: (619) 543-3500
Fax: (888) 539-8781
After Hours Phone: (619) 543-3500
Provider Gender: Female
NPI: 1700177136
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**GOLD, JEFFREY**
Provider ID: 303287
Board Certified Specialty: No
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123
Phone: (858) 966-5819
Fax: (858) 576-8412
After Hours Phone: (858) 966-5819
Provider Gender: Female
NPI: 1548657992
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**FREDERICK, ALIYA**
Provider ID: 283152
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5999
Fax: (858) 576-8412
After Hours Phone: (858) 966-5999
Provider Gender: Female
NPI: 1548657992
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
<table>
<thead>
<tr>
<th>D3. 专科提供者目录</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEUROLOGY</strong></td>
</tr>
<tr>
<td><strong>GUNDOGDU, MELEK</strong></td>
</tr>
<tr>
<td>Provider ID: 201623</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>200 W ARBOR DR FL 1</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>Phone: (619) 543-3500</td>
</tr>
<tr>
<td>After Hours Phone: (619) 543-3500</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>NPI: 1437253671</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s): Turkish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA</td>
</tr>
<tr>
<td>JOHN SALLY THORNTON</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
<tr>
<td><strong>NEUROLOGY</strong></td>
</tr>
<tr>
<td><strong>GUIDO-ESTRADA, NATALIE</strong></td>
</tr>
<tr>
<td>Provider ID: 303271</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>3030 CHILDRENS WAY FL 4</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>Phone: (858) 966-5999</td>
</tr>
<tr>
<td>Fax: (858) 576-8412</td>
</tr>
<tr>
<td>After Hours Phone: (858) 966-5999</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>NPI: 1528353521</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s): English</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: Rady CHILDREN'S HOSPITAL SAN DIEGO</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\19</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
<tr>
<td><strong>NEUROLOGY</strong></td>
</tr>
<tr>
<td><strong>HANNAWI, ANDREW</strong></td>
</tr>
<tr>
<td>Provider ID: 283335</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>3020 CHILDRENS WAY</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>Phone: (858) 966-5999</td>
</tr>
<tr>
<td>Fax: (858) 576-8412</td>
</tr>
<tr>
<td>After Hours Phone: (858) 966-5999</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td>NPI: 1568773984</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s): English</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: Rady CHILDREN'S HOSPITAL SAN DIEGO</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\19</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

**Spoken:** Arabic  
**Cultural Competency:** N  
**Hospital Affiliation:** Rady Children's Hospital San Diego, UCSD Medical CTR  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0-19  
**American Sign Language (ASL):** N  

**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A

### NEUROLOGY

**IRAGUIMADOZ, VICENTE**  
**Provider ID:** 304154  
**Board Certified Specialty:** No  
**Hospital Affiliation:** Alvarado Hospital LLC  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0-999  
**American Sign Language (ASL):** N  

**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A

**KHAMISHON, BORIS**  
**Provider ID:** 269923  
**Board Certified Specialty:** No  
**Hospital Affiliation:** Alvarado Hospital LLC  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0-19  
**American Sign Language (ASL):** N  

**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A

**KIM MCMANUS, OLIVIA**  
**Provider ID:** 303229  
**Board Certified Specialty:** No  
**Hospital Affiliation:** University of California Irvine Med Ctr, Childrens Hospital of Orange County, Rady Children's Hospital San Diego  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0-19  
**American Sign Language (ASL):** N  

**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A

**LAVERY, CHAMINDRA**  
**Provider ID:** 303258  
**Board Certified Specialty:** No  
**Hospital Affiliation:** Rady Children's Hospital San Diego, UCSD Medical CTR  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0-19  
**American Sign Language (ASL):** N  

**Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

NEUROLOGY
LEE, DAVID
Provider ID: 246263
Board Certified Specialty: No
200 W ARBOR DR FL 1
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1871884130
Provider English Spoken: Y
Provider Language(s) Spoken: Korean
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

NEUROLOGY
LEGER, GABRIEL
Provider ID: 304176
Board Certified Specialty: No
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121
Phone: (858) 543-8540
After Hours Phone: (858) 543-8540
Provider Gender: Male
NPI: 1720367899
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

NEUROLOGY
LONGARDNER, KATHERINE
Provider ID: 268346
Board Certified Specialty: No
4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
D3. 专科提供者名录

NEUROLOGY
QAYOUMI, WALI
Provider ID: 304161
Board Certified Specialty: No
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Provider Language(s)
  Spoken: French
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

NEUROLOGY
LONGARDNER, KATHERINE
Provider ID: 304197
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1801215926

Provider Language(s)
  Spoken: French
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

NEUROLOGY
QAYOUMI, WALI
Provider ID: 285968
Board Certified Specialty: No
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1568655264

Provider Language(s)
  Spoken: Russian
Cultural Competency: N
Hospital Affiliation: MEDICAL CTR AT UCSF
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

NEUROLOGY
RIGGINS, NINA
Provider ID: 285968
Board Certified Specialty: No
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1568655264

Provider Language(s)
  Spoken: Russian
Cultural Competency: N
Hospital Affiliation: MEDICAL CTR AT UCSF
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

【NEUROLOGY】

**RIGGINS, NINA**
Provider ID: 304200
Board Certified Specialty: No

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1568655264

Provider English Spoken: Y

Provider Language(s) Spoken: Russian

Cultural Competency: N

Hospital Affiliation: MEDICAL CTR AT UCSF

Medi-Cal Open Panel: Yes

Min/Max Age: 0-999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

【NEUROLOGY】

**SCHORR, EMILY**
Provider ID: 305023
Board Certified Specialty: No

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273
Fax: (858) 966-4930

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1255862041

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0-999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

【NEUROLOGY】

**SWEAT, MARIE**
Provider ID: 303831
Board Certified Specialty: No

3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123

Phone: (858) 966-5819
Fax: (858) 966-4930

After Hours Phone: (858) 966-5819

Provider Gender: Female

NPI: 1861929036

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0-18

American Sign Language (ASL): N

Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO

Accessibility: CONTACT PROVIDER

Website: N/A

【NEUROLOGY】

**YANG, JENNIFER**
Provider ID: 301593
Board Certified Specialty: No

4510 EXECUTIVE DR
SAN DIEGO, CA 92121

Phone: (800) 926-8273
Fax: (858) 966-4930

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1255862041

Provider English Spoken: Y

Medi-Cal Open Panel: Yes

Min/Max Age: 0-999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A
Neurology

Zimbrick, Michael
Provider ID: 303284
Board Certified Specialty: No
Provider Gender: Male
NPI: 1487819546
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Hospital Affiliation: UCSF Medical Center at Mission Bay, UCSF Medical Center at Mount Zion, Medical Ctr At UCSF, UCSD Medical Ctr, UCSD La Jolla, John Sally Thornton, Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Neurology

Guido-Estrada, Natalie
Provider ID: 205825
Board Certified Specialty: No
Provider Gender: Female
NPI: 1992849863
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Hospital Affiliation: UCSF Medical Center At Mission Bay, UCSF Medical Center At Mount Zion, Medical Ctr At UCSF, UCSD Medical Ctr, UCSD La Jolla, John Sally Thornton, Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

8001 FROST ST
SAN DIEGO, CA 92123
Phone: (858) 966-5999
Fax: (858) 966-4930
After Hours Phone: (858) 966-5999
Provider Gender: Female
NPI: 1528353521
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OBSTETRICS / GYNECOLOGY
BLAKE, GARY
Provider ID: 290731
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Male
NPI: 1497738439
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH
9:00AM-4:00PM
Website: N/A
Email: JOSHUACOHENMD@YAHOO.COM

OBSTETRICS / GYNECOLOGY
DELCORE, LAURA
Provider ID: 291330
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1790128759
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.


D3. 专科提供者名录

N
 Accessibility: CONTACT PROVIDER
 Website: N/A

OBSTETRICS / GYNECOLOGY
DELCORE, LAURA
Provider ID: 291327
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1790128759
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 16\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

OBSTETRICS / GYNECOLOGY
DELCORE, LAURA
Provider ID: 291328
Board Certified Specialty: No
6030 VILLAGE WAY
SAN DIEGO, CA 92130
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1790128759
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 16\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

OBSTETRICS / GYNECOLOGY
DELCORE, LAURA
Provider ID: 291329
Board Certified Specialty: No
3750 CONVOY ST STE 312
SAN DIEGO, CA 92111
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1790128759
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 16\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

OBSTETRICS / GYNECOLOGY
DRIEBE, AMY
Provider ID: 291339
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1730507567
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 16\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. Velocity providers directory

OBSTETRICS / GYNECOLOGY
DRIEBE, AMY
Provider ID: 291338
Board Certified Specialty: No
6030 VILLAGE WAY
SAN DIEGO, CA 92130
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1730507567
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OBSTETRICS / GYNECOLOGY
DRIEBE, AMY
Provider ID: 291340
Board Certified Specialty: No
330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1730507567
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OBSTETRICS / GYNECOLOGY
GROGAN, BRIAN
Provider ID: 296002
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4682
After Hours Phone: (858) 279-0925
Provider Gender: Male
NPI: 1235218439
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OBSTETRICS / GYNECOLOGY
FRUGONI, GINA
Provider ID: 270056
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (619) 400-5074
After Hours Phone: (619) 400-5074
Provider Gender: Female

Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Provider Gender: Male
NPI: 1235218439
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OBSTETRICS / GYNECOLOGY
GUPTA, PRATIMA
Provider ID: 257547
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1891749842
Provider English Spoken: Y
Provider Language(s)
Spoken: Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

HARVEY, SCOTT
Provider ID: 278917
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1457662868
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D3. 专科提供者名录

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Hours: M-F 8:00AM-5:00PM</th>
<th>Website: N/A</th>
</tr>
</thead>
</table>

**OBSTETRICS / GYNECOLOGY**

**HOANG, MAI**
Provider ID: 208294
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1104143593
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

**OBSTETRICS / GYNECOLOGY**

**HOM-TEDLA, MARIANNE**
Provider ID: 242751
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1104143593
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**OBSTETRICS / GYNECOLOGY**

**KLEIN, DAVID**
Provider ID: 271560
Board Certified Specialty: No
6030 VILLAGE WAY
SAN DIEGO, CA 92130
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1780073635
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**OBSTETRICS / GYNECOLOGY**

**KLEIN, DAVID**
Provider ID: 271561
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1780073635
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**OBSTETRICS / GYNECOLOGY**

**KOHTATSU, KAREN**
Provider ID: 205481
Board Certified Specialty: No
11939 RANCHO BERNARDO RD STE 110
SAN DIEGO, CA 92128

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

#### OBSTETRICS / GYNECOLOGY

**MANI, PARVIN**

Provider ID: 242345
Board Certified Specialty: No
5555 RESERVOIR DR STE 208
SAN DIEGO, CA 92120
Phone: (619) 583-7555
Fax: (619) 583-0555
- After Hours Phone: (619) 583-7555
Provider Gender: Female
NPI: 1518925015
- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: Farsi
- Cultural Competency: N
Hospital Affiliation:
- GROSSMONT HOSPITAL,
- ALVARADO HOSPITAL LLC,
- SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  - 9:00AM-5:00PM
- Website: N/A

**MEADOWS, AUDRA**

Provider ID: 285741
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1467585521
- Provider English Spoken: Y
- Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  - 8:00AM-5:00PM
- Website: N/A

#### OBSTETRICS / GYNECOLOGY

**MELENDEZ, ARIANA**

Provider ID: 299922
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1295232973
- Provider English Spoken: Y
- Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  - 8:00AM-5:00PM
- Website: N/A
D3. 专科提供者名录

Website: N/A

OBSTETRICS / GYNECOLOGY
MELENDEZ, ARIANA
Provider ID: 299921
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1295232973
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OBSTETRICS / GYNECOLOGY
PICKETT, CHARLOTTE
Provider ID: 299982
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1447530696
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OBSTETRICS / GYNECOLOGY
PICKETT, CHARLOTTE
Provider ID: 299979
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1447530696
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OBSTETRICS / GYNECOLOGY
PICKETT, CHARLOTTE
Provider ID: 299978
Board Certified Specialty: No
3750 CONVOY ST STE 312
SAN DIEGO, CA 92111
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1447530696
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OBSTETRICS / GYNECOLOGY
PICKETT, CHARLOTTE
Provider ID: 299981
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1447530696
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 16\999  
**American Sign Language (ASL):** N  

**Accessibility:** CONTACT PROVIDER  
**Website:** N/A  

**OBSTETRICS / GYNECOLOGY**  
**PINSON, KELSEY**  
Provider ID: 284286  
Board Certified Specialty: No  
American Sign Language (ASL): N  
Provider English Spoken: Y  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA  
**CONTACT PROVIDER**  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A  
**PINSON, KELSEY**  
Provider ID: 284288  
Board Certified Specialty: No  
American Sign Language (ASL): N  
Provider English Spoken: Y  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA  
**CONTACT PROVIDER**  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A  
**PINSON, KELSEY**  
Provider ID: 284287  
Board Certified Specialty: No  
American Sign Language (ASL): N  
Provider English Spoken: Y  
Hospital Affiliation: UCSD  
**CONTACT PROVIDER**  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A  

**RIVAS, RENEE**  
Provider ID: 284298  
Board Certified Specialty: No  
American Sign Language (ASL): N  
Provider English Spoken: Y  
Hospital Affiliation: UCSD LA JOLLA  
**CONTACT PROVIDER**  
**Hours:** M-F 8:00AM-5:00PM  
**Website:** N/A
OBSTETRICS / GYNECOLOGY
SHAH, NEMI
Provider ID: 272580
Board Certified Specialty: No
📍 4168 FRONT ST
SAN DIEGO, CA 92103
📞 Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1245590124
栟 Provider English Spoken: Y
栟 Provider Language(s) Spoken: Spanish
栟 Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, TEMECULA VALLEY HOSPITAL INC, LOMA LINDA UNIVERSITY MED CTR MURRIETA
栟 Medi-Cal Open Panel: Yes
栟 Min/Max Age: 16\999
栟 American Sign Language (ASL): N
栟 Accessibility: CONTACT PROVIDER
栟 Website: N/A

OBSTETRICS / GYNECOLOGY
SUYAMA, JULIE
Provider ID: 284290
Board Certified Specialty: No
📍 4520 EXECUTIVE DR STE 360
SAN DIEGO, CA 92121
📞 Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1306372800
栟 Provider English Spoken: Y
栟 Provider Language(s) Spoken: Spanish
栟 Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
栟 Medi-Cal Open Panel: Yes
栟 Min/Max Age: 16\999
栟 American Sign Language (ASL): N
栟 Accessibility: CONTACT PROVIDER
栟 Website: N/A

OBSTETRICS / GYNECOLOGY
SUYAMA, JULIE
Provider ID: 290708
Board Certified Specialty: No
📍 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
📞 Phone: (858) 279-0925
Fax: (858) 633-4680
📞 After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1245590124
栟 Provider English Spoken: Y
栟 Provider Language(s) Spoken: Spanish
栟 Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
栟 Medi-Cal Open Panel: Yes
栟 Min/Max Age: 16\999
栟 American Sign Language (ASL): N
栟 Accessibility: CONTACT PROVIDER
栟 Website: N/A

OBSTETRICS / GYNECOLOGY
THOMSON, SAMANTHA
Provider ID: 284291
Board Certified Specialty: No
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
📞 Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1306372800
栟 Provider English Spoken: Y
栟 Provider Language(s) Spoken: Spanish
栟 Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
栟 Medi-Cal Open Panel: Yes
栟 Min/Max Age: 16\999
栟 American Sign Language (ASL): N
栟 Accessibility: CONTACT PROVIDER
栟 Website: N/A
D3. 专科提供者名录

Provider ID: 285174
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1689013468
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CEDARS SINAI MEDICAL CENTER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

OBSTETRICS / GYNECOLOGY
THOMSON, SAMANTHA
Provider ID: 285176
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1689013468
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CEDARS SINAI MEDICAL CENTER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

OCCUPATIONAL THERAPIST
BOND, KIMBERLEE
Provider ID: 206548
Board Certified Specialty: No
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1669770939
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

OCCUPATIONAL THERAPIST
BOND, KIMBERLEE
Provider ID: 206549
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1669770939
Provider English Spoken: Y
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\1999  
American Sign Language (ASL): N  

Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

OCCUPATIONAL THERAPIST  
LARSEN, JULIE  
Provider ID: 258359  
Board Certified Specialty: No  
8929 UNIVERSITY CENTER LN STE 200  
SAN DIEGO, CA 92122  
Phone: (858) 543-0333  
Fax: (858) 657-1809  
After Hours Phone: (858) 543-0333  
Provider Gender: Female  
NPI: 1497009179  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\1999  
American Sign Language (ASL): N  

Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

OPHTHALMOLOGY  
BAXTER, SALLY  
Provider ID: 272789  
Board Certified Specialty: No  
200 W ARBOR DR STE 101  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1912325184  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\1999  
American Sign Language (ASL): N  

Accessibility: CONTACT PROVIDER
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>NPI</th>
<th>Provider Gender</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>272788</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>NPI: 1942662168</td>
<td>Female</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>4060 4TH AVE STE 610 SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>272803</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>NPI: 1326300377</td>
<td>Male</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, RODY CHILDRENS HOSPITAL SAN DIEGO</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>9710 FROST ST STE 200 SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>240636</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>NPI: 1104237353</td>
<td>Female</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, RODY CHILDRENS HOSPITAL SAN DIEGO</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>7910 FROST ST STE 200 SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>252313</td>
<td>Yes</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>NPI: 1242662168</td>
<td>Male</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>3969 4TH AVE STE 300 SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>260020</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>NPI: 1326300377</td>
<td>Male</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, RODY CHILDRENS HOSPITAL SAN DIEGO</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>9710 FROST ST STE 200 SAN DIEGO, CA 92123</td>
</tr>
</tbody>
</table>

**OPHTHALMOLOGY BAXTER, SALLY**  
Provider ID: 272788  
Board Certified Specialty: No  
4060 4TH AVE STE 610 SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1912325184  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A  

**OPHTHALMOLOGY BEAZER, ALEX**  
Provider ID: 272803  
Board Certified Specialty: No  
200 W ARBOR DR SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1942662168  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A  

**OPHTHALMOLOGY CAMP, ANDREW**  
Provider ID: 260020  
Board Certified Specialty: No  
7910 FROST ST STE 200 SAN DIEGO, CA 92123  
Phone: (858) 309-7702  
Fax: (858) 966-7403  
After Hours Phone: (858) 309-7702  
Provider Gender: Male  
NPI: 1326300377  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, RODY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A  

**OPHTHALMOLOGY BHATIA, SHAGUN**  
Provider ID: 240636  
Board Certified Specialty: No  
7910 FROST ST STE 200 SAN DIEGO, CA 92123  
Phone: (858) 309-7702  
Fax: (858) 966-7403  
After Hours Phone: (858) 309-7702  
Provider Gender: Female  
NPI: 1104237353  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RODY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A  

**OPHTHALMOLOGY GUALTIERI, CHRISTOPHER**  
Provider ID: 252313  
Board Certified Specialty: Yes  
3969 4TH AVE STE 300 SAN DIEGO, CA 92103  
Phone: (619) 688-2648  
Fax: (619) 688-2626  
After Hours Phone: (619)  

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Specialty</th>
<th>Gender</th>
<th>NPI</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>297009</td>
<td>Hennein, Lauren</td>
<td>Ophthalmology</td>
<td>Female</td>
<td>1699216010</td>
<td>Rady Children's Hospital San Diego</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>N</td>
<td>(858) 309-7702</td>
<td>(858) 966-7403</td>
<td>(858) 309-7702</td>
<td>N/A</td>
<td><a href="mailto:doctorpaul@sbcglobal.net">doctorpaul@sbcglobal.net</a></td>
</tr>
<tr>
<td>295645</td>
<td>Huynh, Paul</td>
<td>Ophthalmology</td>
<td>Male</td>
<td>1871577056</td>
<td>Sharp Memorial Hospital, Scripps Memorial Hopsital</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>N</td>
<td>(619) 283-1303</td>
<td>(619) 283-1666</td>
<td>(619) 283-1303</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

- **Provider English Spoken**: Y
- **Provider Language(s)**: Spanish, Tagalog, Vietnamese
- **Cultural Competency**: N
- **Hospital Affiliation**: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\999
- **American Sign Language (ASL)**: N
- **Accessibility**: CONTACT PROVIDER
- **Hours**: M-F 8:00AM-5:00PM
- **Website**: N/A

**OPHTHALMOLOGY**

**JACOBS, BRADLEY**

- Provider ID: 302869
- Board Certified Specialty: No
- **7695 CARDINAL CT STE 100 SAN DIEGO, CA 92123**
- **Phone**: (858) 609-7100
- **Fax**: (858) 609-7106
- **After Hours Phone**: (858) 609-7100
- **Provider Gender**: Male
- **NPI**: 1760845184

- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Hospital Affiliation**: TRI CITY MEDICAL CTR
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\999

**KHATIB, NORA**

- Provider ID: 305375
- Board Certified Specialty: No
- **4060 4TH AVE STE 640 SAN DIEGO, CA 92103**
- **Phone**: (619) 642-2240
- **Fax**: (619) 642-2245
- **After Hours Phone**: (619) 642-2240
- **Provider Gender**: Female
- **NPI**: 1538487756

- **Provider English Spoken**: Y
- **Accessibility**: CONTACT PROVIDER

**OPHTHALMOLOGY**

**KLINE, LANNING**

- Provider ID: 239915
- Board Certified Specialty: No
- **4060 4TH AVE STE 610 SAN DIEGO, CA 92103**
- **Phone**: (800) 926-8273
- **After Hours Phone**: (800) 926-8273
- **Provider Gender**: Male
- **NPI**: 1841227477

- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Hospital Affiliation**: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\999

**OPHTHALMOLOGY**

**JIN, MAN**

- Provider ID: 299955
- Board Certified Specialty: No
- **200 W ARBOR DR SAN DIEGO, CA 92103**
- **Phone**: (800) 926-8273
- **Fax**: (888) 539-8781
- **After Hours Phone**: (800) 926-8273
- **Provider Gender**: Female
- **NPI**: 1073010120

- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 18\999

**AMERICAN SIGN LANGUAGE (ASL)**

- **Accessibility**: CONTACT PROVIDER
- **Hours**: M-F 8:00AM-5:00PM
- **Website**: N/A

**OPHTHALMOLOGY**

**KLINE, LANNING**

- Provider ID: 239915
- Board Certified Specialty: No
- **4060 4TH AVE STE 610 SAN DIEGO, CA 92103**
- **Phone**: (800) 926-8273
- **After Hours Phone**: (800) 926-8273
- **Provider Gender**: Male
- **NPI**: 1841227477

- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Hospital Affiliation**: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\999

**American Sign Language (ASL)**

- **Accessibility**: CONTACT PROVIDER
D3. 专科提供者名录

**OPHTHALMOLOGY**

**LI, ALEXANDRIA**
Provider ID: 272833
Board Certified Specialty: No
200 W ARBOR DR
SANDIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1841652864
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**OPHTHALMOLOGY**

**LIU, YUNXIANG**
Provider ID: 210803
Board Certified Specialty: No
7910 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 309-7702
Fax: (858) 966-7403
After Hours Phone: (858) 309-7702
Provider Gender: Male
NPI: 1861648602
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, UCSF Benioff Children’s Hospital Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

7910 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 309-7702
Fax: (858) 966-7403
After Hours Phone: (858) 309-7702
Provider Gender: Male
NPI: 1235287947
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
PHAN, RYAN
Provider ID: 287883
Board Certified Specialty: No
10737 CAMINO RUIZ
SAN DIEGO, CA 92126
Phone: (858) 549-3200
Fax: (858) 549-3207
After Hours Phone: (858) 549-3200
Provider Gender: Male
NPI: 1588027213
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, UCSD
LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, GROSSMONT HOSPITAL,
SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
PHAN, RYAN
Provider ID: 295647
Board Certified Specialty: No
4844 UNIVERSITY AVE STE A
SAN DIEGO, CA 92105
Phone: (619) 283-1303
Fax: (619) 283-1666
After Hours Phone: (619) 283-1303
Provider Gender: Male
NPI: 1588027213
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, UCSD
LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, GROSSMONT HOSPITAL,
SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

OPHTHALMOLOGY
PHAN, RYAN
Provider ID: 295646
Board Certified Specialty: No
10737 CAMINO RUIZ
SAN DIEGO, CA 92126
Phone: (858) 549-3200
Fax: (858) 549-3207
After Hours Phone: (858) 549-3200
Provider Gender: Male
NPI: 1588027213
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, UCSD
LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPHTHALMOLOGY
PUIG LLANO, MANUEL
Provider ID: 299964
Board Certified Specialty: No
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1427102979
Provider English Spoken: Y
Provider Language(s) Spoken: French, German, Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPHTHALMOLOGY
RAHMATNEJAD, KAMRAN
Provider ID: 300040
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1699268292
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPHTHALMOLOGY
SATTERFIELD, KELLIE
Provider ID: 305302
2049
Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Board Certified Specialty: No
5330 CARROLL CANYON RD STE 210
SAN DIEGO, CA 92121
Phone: (800) 765-2737
Fax: (619) 291-6577
After Hours Phone: (800) 765-2737
Provider Gender: Female
NPI: 1629509336
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
SHEILS, CATHARINE
Provider ID: 305305
Board Certified Specialty: No
5330 CARROLL CANYON RD STE 210
SAN DIEGO, CA 92121
Phone: (800) 765-2737
Fax: (619) 291-6577
After Hours Phone: (800) 765-2737
Provider Gender: Female
NPI: 1629509336
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
SHEILS, CATHARINE
Provider ID: 305305
Board Certified Specialty: No
5330 CARROLL CANYON RD STE 210
SAN DIEGO, CA 92121
Phone: (800) 765-2737
Fax: (619) 291-6577
After Hours Phone: (800) 765-2737
Provider Gender: Female
NPI: 1629509336
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
SHEILS, CATHARINE
Provider ID: 305305
Board Certified Specialty: No
5330 CARROLL CANYON RD STE 210
SAN DIEGO, CA 92121
Phone: (800) 765-2737
Fax: (619) 291-6577
After Hours Phone: (800) 765-2737
Provider Gender: Female
NPI: 1629509336
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
SONG, DELU
Provider ID: 302872
Board Certified Specialty: No
7695 CARDINAL CT STE 100
SAN DIEGO, CA 92123
Phone: (858) 609-7100
Fax: (858) 609-7106
After Hours Phone: (858) 609-7100
Provider Gender: Male
NPI: 1437689536
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Mandarin
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, UCSD MEDICAL CTR, RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): 2050
D3. 专科提供者名录

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
YAMADA, KENTARO
Provider ID: 295848
Board Certified Specialty: No
1040 UNIVERSITY AVE STE B209A
SAN DIEGO, CA 92103
Phone: (619) 299-1100
Fax: (619) 299-7156
After Hours Phone: (619) 299-1100
Provider Gender: Male
NPI: 1629047188
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

OPTOMETRIST
AOTO, KIM
Provider ID: 268723
Board Certified Specialty: No
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Phone: (800) 898-2020
Fax: (844) 897-3788
After Hours Phone: (800) 898-2020
Provider Gender: Female
NPI: 1780935650
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

OPTOMETRIST
AOTO, KIM
Provider ID: 296795
Board Certified Specialty: No
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Phone: (800) 898-2020
Fax: (844) 897-3788
After Hours Phone: (800) 898-2020
Provider Gender: Female
NPI: 1780935650
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

OPTOMETRIST
JOMOC, CAITLIN
Provider ID: 304156
Board Certified Specialty: No
2051
D3. 专科提供者名录

OPTOMETRIST
JOMOC, CAITLIN
Provider ID: 304155
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1861164642
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPTOMETRIST
SCHWAB, GARY
Provider ID: 290410
Board Certified Specialty: No
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Phone: (800) 926-8372
Fax: (888) 539-8781
After Hours Phone: (800) 926-8372
Provider Gender: Male
NPI: 1376929034
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPTOMETRIST
SCHWAB, GARY
Provider ID: 290410
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Male
NPI: 1740274372
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPTOMETRIST
VO, ANDREW
Provider ID: 201312
Board Certified Specialty: No
200 W ARBOR DR STE 101
SAN DIEGO, CA 92103
Phone: (619) 543-7907
Fax: (858) 543-7907
After Hours Phone: (619) 543-7907
Provider Gender: Male
NPI: 1790291565
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

OPTOMETRIST
VO, ANDREW
Provider ID: 304147
Board Certified Specialty: No
Provider Gender: Male
NPI: 1790291565
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0-999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

OPTOMETRIST
YU, CAROL
Provider ID: 301680
Board Certified Specialty: No
Provider Gender: Female
NPI: 1639697451
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0-999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

OPTOMETRIST
YU, CAROL
Provider ID: 301683
Board Certified Specialty: No
Provider Gender: Female
NPI: 1639697451
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0-999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

OPTOMETRIST
YU, CAROL
Provider ID: 301684
Board Certified Specialty: No
Provider Gender: Male
NPI: 1790291565
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0-999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

ORAL MAXILLOFACIAL SURGEON
DENTICO-OLIN, MARC
Provider ID: 304727
Board Certified Specialty: No
Provider Gender: Male
NPI: 1629205174
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: Rady Children's Hospital San Diego, Scripps Mercy Hospital, Scripps Green Hospital, Scripps Mercy Hospital Chula Vista
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0-19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### ORAL MAXILLOFACIAL SURGEON

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>273663</td>
<td>No</td>
<td>Rady, Childrens Hospital San Diego</td>
<td>501 Washington St Ste 710, San Diego, CA 92103</td>
<td>(619) 295-6774</td>
<td>(619) 295-6776</td>
<td>(619) 295-6774</td>
<td>Male</td>
<td>1629205174</td>
<td>Y</td>
<td>N</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

### OTOLARYNGOLOGY

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>299634</td>
<td>No</td>
<td>UCSD Medical Center, UCSD La Jolla</td>
<td>16950 Via Tazon, San Diego, CA 92127</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1033193669</td>
<td>Y</td>
<td>N</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>299635</td>
<td>No</td>
<td>UCSD Medical Center, UCSD La Jolla</td>
<td>8899 University Center Ln, San Diego, CA 92122</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1033193669</td>
<td>Y</td>
<td>N</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>273663</td>
<td>No</td>
<td>UCSD Medical Center, UCSD La Jolla</td>
<td>16950 Via Tazon, San Diego, CA 92127</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Male</td>
<td>1033193669</td>
<td>Y</td>
<td>N</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Provider Name</td>
<td>Provider ID</td>
<td>NPI</td>
<td>English Spoken</td>
<td>Cultural Competency</td>
<td>Medi-Cal Open Panel</td>
<td>Min/Max Age</td>
<td>American Sign Language</td>
<td>Accessibility</td>
<td>Website</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>-------------</td>
<td>------------------------</td>
<td>---------------</td>
<td>----------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAETANO, VINCENT</td>
<td>299406</td>
<td>1881652972</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0-999</td>
<td>N</td>
<td>CONTACT</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAETANO, VINCENT</td>
<td>299406</td>
<td>1881652972</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0-999</td>
<td>N</td>
<td>CONTACT</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAETANO, VINCENT</td>
<td>299406</td>
<td>1881652972</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0-999</td>
<td>N</td>
<td>CONTACT</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAETANO, VINCENT</td>
<td>299406</td>
<td>1881652972</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0-999</td>
<td>N</td>
<td>CONTACT</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAETANO, VINCENT</td>
<td>299406</td>
<td>1881652972</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0-999</td>
<td>N</td>
<td>CONTACT</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTOLARYNGOLOGY**

**CALIFANO, JOSEPH**
Provider ID: 299462
Board Certified Specialty: No
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1881652972
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

**OTOLARYNGOLOGY**

**CALIFANO, JOSEPH**
Provider ID: 299462
Board Certified Specialty: No
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1881652972
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

**OTOLARYNGOLOGY**

**CALIFANO, JOSEPH**
Provider ID: 299462
Board Certified Specialty: No
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1881652972
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

**OTOLARYNGOLOGY**

**CARVALHO, DANIELA**
Provider ID: 205628
Board Certified Specialty: No
Phone: (858) 309-7702
Fax: (858) 966-8038
After Hours Phone: (858) 309-7702
Provider Gender: Female
NPI: 1154492916
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

**OTOLARYNGOLOGY**

**COFFEY, CHARLES**
Provider ID: 299579
Board Certified Specialty: No
Phone: (619) 543-6631
Fax: (619) 471-0656
200 W ARBOR DR
SAN DIEGO, CA 92103
After Hours Phone: (619) 543-6631
Provider Gender: Male
NPI: 1881652972
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

8:00AM-5:00PM
OTOLARYNGOLOGY
COFFEY, CHARLES
Provider ID: 299582
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1932297330
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
DECONDE, ADAM
Provider ID: 299568
Board Certified Specialty: No
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1932297330
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
DECONDE, ADAM
Provider ID: 299567
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1588988919
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1588988919
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
FRIEDMAN, RICK
Provider ID: 299532
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982708558
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIH HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSPITAL OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
FRIEDMAN, RICK
Provider ID: 299531
Board Certified Specialty: No
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982708558
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIH HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSPITAL OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
FRIEDMAN, RICK
Provider ID: 299530
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982708558
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIH HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSPITAL OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, UCSD MEDICAL CTR, UCSD LA JOLLA, JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

2057
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>THORNTON, UCSD MEDICAL CTR</td>
<td>272604</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>(858) 309-7701</td>
<td>(858) 966-8038</td>
<td>(858) 309-7701</td>
<td>Female</td>
<td>1952740177</td>
</tr>
<tr>
<td>FRIESEN, TZYYNONG</td>
<td>299560</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1003825571</td>
</tr>
<tr>
<td>GILANI, SAPIDEH</td>
<td>299559</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1003825571</td>
</tr>
<tr>
<td>GILANI, SAPIDEH</td>
<td>299561</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1144583931</td>
</tr>
<tr>
<td>GREENE, JACQUELINE</td>
<td>298397</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1144583931</td>
</tr>
</tbody>
</table>
### OTOLARYNGOLOGY

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Website</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greene, Jacqueline</td>
<td>298396</td>
<td>No</td>
<td>SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\1999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>Female</td>
<td>1144583931</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>Greene, Jacqueline</td>
<td>272959</td>
<td>No</td>
<td>SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\1999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>Male</td>
<td>1144583931</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>Harris, Jeffrey</td>
<td>299576</td>
<td>No</td>
<td>UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\1999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>Male</td>
<td>1417988783</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>N</td>
<td>N</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
HOM, DAVID
Provider ID: 299515
Board Certified Specialty: No
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1659305027
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

OTOLARYNGOLOGY
HUSSEMAN, JACOB
Provider ID: 301052
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1124034053
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
HOM, DAVID
Provider ID: 299511
Board Certified Specialty: No
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1659305027
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
JIANG, WEN
Provider ID: 272660
Board Certified Specialty: Yes
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123
Phone: (858) 309-7701
Fax: (858) 966-8038
OTOLARYNGOLOGY
KARI, ELINA
Provider ID: 299446
Board Certified Specialty: No
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

OTOLARYNGOLOGY
KARI, ELINA
Provider ID: 299445
Board Certified Specialty: No
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Otolaryngology
KARI, ELINA
Provider ID: 299443
Board Certified Specialty: No
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH
HOSPITAL - WHITTIER, UCSD
LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Otolaryngology
LEUIN, SHELBY
Provider ID: 272637
Board Certified Specialty: No
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH
HOSPITAL - WHITTIER, UCSD
LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Provider Gender: Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPI: 1124230909</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: Rady Children's Hospital San Diego, UCSF Benioff Children's Hospital Oakland</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\19</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

#### OTOLARYNGOLOGY

**MAGIT, ANTHONY**

- Provider ID: 299481
- Board Certified Specialty: No
- 8899 University Center Ln
  - San Diego, CA 92122
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1891858379
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: Rady Children's Hospital San Diego, UCSD Medical Ctr
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

#### OTOLARYNGOLOGY

**MAGIT, ANTHONY**

- Provider ID: 299480
- Board Certified Specialty: No
- 16950 Via Tazon
  - San Diego, CA 92127
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1891858379
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: Rady Children's Hospital San Diego, UCSD Medical Ctr
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

#### OTOLARYNGOLOGY

**MAGIT, ANTHONY**

- Provider ID: 272767
- Board Certified Specialty: Yes
- 3030 Children's Way Fl 1
  - San Diego, CA 92123
  - Phone: (855) 309-7701
  - Fax: (858) 966-4062
  - After Hours Phone: (855) 309-7701
- Provider Gender: Male
- NPI: 1891858379
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: Rady Children's Hospital San Diego, UCSD Medical Ctr
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

#### OTOLARYNGOLOGY

**MATSUOKA, AKIHIRO**

- Provider ID: 299482
- Board Certified Specialty: No
- 2062
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Provider Gender: Female
- NPI: 1124230909
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: Rady Children's Hospital San Diego, UCSF Benioff Children's Hospital Oakland
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A
OTOLARYNGOLOGY

MATSUOKA, AKIHIRO
Provider ID: 299592
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1669630653
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY

NGUYEN, QUYEN
Provider ID: 299607
Board Certified Specialty: No
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1477524452
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY

NGUYEN, QUYEN
Provider ID: 299603
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (619) 543-6631
Fax: (619) 543-6532
After Hours Phone: (619) 543-6631
Provider Gender: Female
NPI: 1477524452
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

**OTOLARYNGOLOGY**

**VAHABZADEH-HAGH, ANDREW**

Provider ID: 299508
Board Certified Specialty: No
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

**OTOLARYNGOLOGY**

**PATEL, VIJAY**

Provider ID: 297037
Board Certified Specialty: No
Hospital Affiliation: UCSD CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

**OTOLARYNGOLOGY**

**VAHABZADEH-HAGH, ANDREW**

Provider ID: 299509
Board Certified Specialty: No
Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

**OTOLARYNGOLOGY**

**VAHABZADEH-HAGH, ANDREW**

Provider ID: 299507
Board Certified Specialty: No
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

- **Provider English Spoken**: Y
- **Cultural Competency**: N
- **Hospital Affiliation**: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\-999
- **American Sign Language (ASL)**: N
- **Accessibility**: CONTACT PROVIDER
- **Website**: N/A

**OTOLARYNGOLOGY**  
**WATSON, DEBORAH**  
Provider ID: 299641  
Board Certified Specialty: No  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1346270816  
**Accessibility**: CONTACT PROVIDER
- **American Sign Language (ASL)**: N
- **Hospital Affiliation**: SCRIPPS GREEN HOSPITAL
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\-999

**OTOLARYNGOLOGY**  
**WATSON, DEBORAH**  
Provider ID: 299641  
Board Certified Specialty: No  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1346270816  
**Accessibility**: CONTACT PROVIDER
- **American Sign Language (ASL)**: N
- **Hospital Affiliation**: SCRIPPS GREEN HOSPITAL
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\-999

**OTOLARYNGOLOGY**  
**WATSON, DEBORAH**  
Provider ID: 299641  
Board Certified Specialty: No  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1346270816  
**Accessibility**: CONTACT PROVIDER
- **American Sign Language (ASL)**: N
- **Hospital Affiliation**: SCRIPPS GREEN HOSPITAL
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\-999

**OTOLARYNGOLOGY**  
**WEISSBROD, PHILIP**  
Provider ID: 299610  
Board Certified Specialty: No  
Phone: (858) 657-8590  
After Hours Phone: (858) 657-8590  
Provider Gender: Male  
NPI: 1366590853  
**Accessibility**: CONTACT PROVIDER
- **American Sign Language (ASL)**: N
- **Hospital Affiliation**: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\-999

**OTOLARYNGOLOGY**  
**WEISSBROD, PHILIP**  
Provider ID: 299614  
Board Certified Specialty: No  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1366590853  
**Accessibility**: CONTACT PROVIDER
- **American Sign Language (ASL)**: N
- **Hospital Affiliation**: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
- **Medi-Cal Open Panel**: Yes
- **Min/Max Age**: 0\-999

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
OTOLARYNGOLOGY
YAN, CAROL
Provider ID: 298413
Board Certified Specialty: No
Provider Gender: Male
NPI: 1366590853
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
WEISSBROD, PHILIP
Provider ID: 299615
Board Certified Specialty: No
Provider Gender: Male
NPI: 1366590853
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OTOLARYNGOLOGY
YAN, CAROL
Provider ID: 298414
Board Certified Specialty: No
Provider Gender: Female
NPI: 1619237260
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese
Cultural Competency: N
Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

PATHOLOGY ANATOMIC CLINICAL
ALLEN, ELIZABETH
Provider ID: 275756
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1174814065
 Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

PATHOLOGY ANATOMIC CLINICAL
BROOME, HELEN
Provider ID: 275720
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1184674145
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

PATHOLOGY ANATOMIC CLINICAL
BROOME, HELEN
Provider ID: 275721
Board Certified Specialty: No
10300 CAMPUS POINT DR
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1184674145
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

PATHOLOGY ANATOMIC CLINICAL
BUI, JACK
Provider ID: 247581
Board Certified Specialty: No
10300 CAMPUS POINT DR
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1942529821
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
PATHOLOGY ANATOMIC

CLINICAL

BUI, JACK

Provider ID: 247580
Board Certified Specialty: No

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1942529821
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PATHOLOGY ANATOMIC

CLINICAL

QUINTANA, PAULINA

Provider ID: 296765
Board Certified Specialty: No

292 EUCLID AVE STE 115
SAN DIEGO, CA 92114
Phone: (619) 266-3332
Fax: (619) 266-6000

After Hours Phone: (619) 266-3332
Provider Gender: Female
NPI: 1164482477
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL

Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PATHOLOGY ANATOMIC

CLINICAL

ROMA, ANDRES

Provider ID: 275826
Board Certified Specialty: No

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1295912657
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

PATHOLOGY ANATOMIC
CLINICAL
SONG, WEI
Provider ID: 300001
Board Certified Specialty: No
10300 CAMPUS POINT DR
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1306164157
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Website: N/A

PATHOLOGY ANATOMIC
CLINICAL
VAVINSKAYA, VERA
Provider ID: 275789
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1174757181
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PATHOLOGY ANATOMIC
CLINICAL
STEPHENS, LAURA
Provider ID: 300042
Board Certified Specialty: No
10300 CAMPUS POINT DR
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1942561212
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Website: N/A

PATHOLOGY ANATOMIC
CLINICAL
ALKATIB, RHONDA
Provider ID: 291226
Board Certified Specialty: No
2655 CAMINO DEL RIO N
STE 425
SAN DIEGO, CA 92108
Phone: (619) 286-6687
Fax: (619) 286-6695
After Hours Phone: (619) 286-6687
Provider Gender: Female
NPI: 1417363086
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: ALVARADO HOSP MED CTR, ALVARADO HOSPITAL LLC

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC ALLERGY / IMMUNOLOGY
COLLINS, CATHLEEN
Provider ID: 206083
Board Certified Specialty: No
3030 CHILDRENS WAY STE 2
SAN DIEGO, CA 92123
Phone: (858) 966-5961
After Hours Phone: (858) 966-5961
Provider Gender: Female
NPI: 1205128089
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: LUCILE SALTER PACKARD CHILDRENS HOSP, Stanford Health Care, RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC ALLERGY / IMMUNOLOGY
GENG, BOB
Provider ID: 205823
Board Certified Specialty: No
5776 RUFFIN RD
SAN DIEGO, CA 92123
Phone: (858) 292-1144
After Hours Phone: (858) 292-1144
Provider Gender: Male
NPI: 1356570758
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC ALLERGY / IMMUNOLOGY
GREINER, ALEXANDER
Provider ID: 205697
Board Certified Specialty: No
5776 RUFFIN RD
SAN DIEGO, CA 92123
Phone: (858) 966-4900
After Hours Phone: (858) 966-4900
Provider Gender: Male
NPI: 1609801299
Provider English Spoken: Y
Provider Language(s) Spoken: French, German, Spanish
Cultural Competency: N
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D3. 专科提供者名录

LEIBEL, SYDNEY
Provider ID: 205725
Board Certified Specialty: No
3030 CHILDRENS WAY FL 2 NORTH
SAN DIEGO, CA 92123
Phone: (858) 966-5961
After Hours Phone: (858) 966-5961
Provider Gender: Male
NPI: 1861666919
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

LEIBEL, SYDNEY
Provider ID: 205724
Board Certified Specialty: No
5776 RUFFIN RD
SAN DIEGO, CA 92123
Phone: (858) 292-1144
After Hours Phone: (858) 292-1144
Provider Gender: Male
NPI: 1861666919
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

LEIBEL, SYDNEY
Provider ID: 205724
Board Certified Specialty: No
5776 RUFFIN RD
SAN DIEGO, CA 92123
Phone: (858) 292-1144
After Hours Phone: (858) 292-1144
Provider Gender: Male
NPI: 1861666919
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC CARDIOLOGY
BORQUEZ, ALEJANDRO
Provider ID: 284120
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Female
NPI: 1114277787
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: Rady
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC CARDIOLOGY
BOCK, MATTHEW
Provider ID: 280463
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Male
NPI: 1356514624
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Loma Linda University Med Ctr, Loma Linda University
CHILDRENS HOSPITAL, Rady
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC CARDIOLOGY
CHAU, PETER
Provider ID: 271427
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Male
NPI: 1407146947
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: LOMA LINDA UNIVERSITY
CHILDRENS HOSPITAL, LOMA LINDA UNIVERSITY MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC CARDIOLOGY

DAVIS, CHRISTOPHER
Provider ID: N/A
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Male
NPI: 1760691950
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSPITAL OF ORANGE COUNTY
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

DO, THOMAS
Provider ID: 206162
Board Certified Specialty: No
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123
Phone: (858) 366-5855
Fax: (858) 966-7423
After Hours Phone: (858) 366-5855
Provider Gender: Male
NPI: 1053545376
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

GOLDING, IAN
Provider ID: 210823
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Male
NPI: 1962974956
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

Website: N/A

PEDiatric Cardiology

Gordon, Brent

Provider ID: 295391
Board Certified Specialty: No
3020 Childrens Way
San Diego, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Male
NPI: 1669480083
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Pomona Valley Hosp Med Ctr, Santa Monica UCLA Med Ctr, San Antonio Comm Hosp, Loma Linda University Childrens Hospital, Loma Linda University Med Ctr
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

Website: N/A

Haley, Jessica

Provider ID: 205687
Board Certified Specialty: No
3020 Childrens Way
San Diego, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Female
NPI: 1023329885
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

Website: N/A

Lehnert Schuchardt, Eleanor

Provider ID: 262250
Board Certified Specialty: No
3020 Childrens Way
San Diego, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Female
NPI: 1760707210
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

Website: N/A

D3. 专科提供者名录
D3. 专科提供者名录

PEDIATRIC CARDIOLOGY
MCCANDLESS, RACHEL  
Provider ID: 206147  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-4912  
Fax: (858) 966-7903  
After Hours Phone: (858) 966-4912  
Provider Gender: Female  
NPI: 1487821815  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

PEDIATRIC CARDIOLOGY
MUELLER, DANA  
Provider ID: 245535  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-5855  
Fax: (858) 966-7903  
After Hours Phone: (858) 966-5855  
Provider Gender: Male  
NPI: 1376705707  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

PEDIATRIC CARDIOLOGY
NARAYAN, HARI  
Provider ID: 205349  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-5855  
Fax: (858) 966-7903  
After Hours Phone: (858) 966-5855  
Provider Gender: Male  
NPI: 1376705707  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

PEDIATRIC CARDIOLOGY
RAO, ROHIT  
Provider ID: 206122  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-5855  
Fax: (858) 966-7903  
After Hours Phone: (858) 966-5855  
Provider Gender: Male  
NPI: 1063452779  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

PEDIATRIC CARDIOLOGY
SAH, SERENA  
Provider ID: 206215  
Board Certified Specialty: No  
3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
Phone: (858) 966-5855  
Fax: (858) 966-7423  
After Hours Phone: (858) 966-5855  
Provider Gender: Female  
NPI: 1295042653  
Provider English Spoken: Y  
Provider Language(s) Spoken: Chinese, Mandarin  
Cultural Competency: N
D3. 专科提供者名录

Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0/19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

PEDiatric Cardiology

STEINBERG, LEONARD
Provider ID: 248208
Board Certified Specialty: No
3020 Childrens Way
San Diego, CA 92123
Phone: (858) 966-5855
After Hours Phone: (858) 966-5855
Provider Gender: Male
NPI: 1538279484
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
Min/Max Age: 0/19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

VAUGHN, GABRIELLE
Provider ID: 205643
Board Certified Specialty: No
3020 Childrens Way
San Diego, CA 92123
Phone: (858) 576-1700
Fax: (858) 966-7423
After Hours Phone: (858) 576-1700
Provider Gender: Female
NPI: 1891004461
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: Rady Childrens Hospital San Diego, UCSF Benioff Childrens Hospital Oakland
 Medi-Cal Open Panel: Yes
Min/Max Age: 0/19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 9:00AM-5:00PM
 Website: N/A

PEDiatric Cardiology

STRINGER, JESSE
Provider ID: 206296
Board Certified Specialty: No
3020 Childrens Way
San Diego, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Male
NPI: 1972745388
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: Rady Childrens Hospital San Diego
 Medi-Cal Open Panel: Yes
Min/Max Age: 0/19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

PEDiatric Cardiology

VELLORE GOVARDHAN, SHILPA
Provider ID: 271454
Board Certified Specialty: No
3020 Childrens Way
San Diego, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Male
NPI: 1417222472
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: Rady Childrens Hospital San Diego
 Medi-Cal Open Panel: Yes
Min/Max Age: 0/19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

2075
PEDIATRIC CARDIOLOGY
WERHO, DAVID
Provider ID: 206316
Board Certified Specialty: No
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Male
NPI: 1235391863
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC CARDIOLOGY
YOUNOSZAI, ADEL
Provider ID: 303133
Board Certified Specialty: No
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Male
NPI: 1952493819
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC DERMATOLOGY
BOIKO, SUSAN
Provider ID: 303684
Board Certified Specialty: No
Phone: (858) 966-6795
Fax: (858) 966-7479
After Hours Phone: (858) 966-6795
Provider Gender: Female
NPI: 1053488981
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
D3. 专科提供者名录

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

PEDIATRIC DERMATOLOGY
ECHENFIELD, DAWN
Provider ID: 283142
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-6795
Fax: (858) 966-7479
After Hours Phone: (858) 966-6795
Provider Gender: Female
NPI: 1295198091
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RAYD CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

PEDIATRIC EMERGENCY MEDICINE
AGHILI, ROXANA
Provider ID: 303780
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2905
Fax: (619) 283-1614
After Hours Phone: (619) 280-2905
Provider Gender: Female
NPI: 1851927883
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO, RAYD CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

PEDIATRIC DERMATOLOGY
ECHENFIELD, DAWN
Provider ID: 303679
Board Certified Specialty: No
7910 FROST ST STE 120
SAN DIEGO, CA 92123
Phone: (858) 966-6795
Fax: (858) 966-7479

After Hours Phone: (858) 966-6795
Provider Gender: Female
NPI: 1295198091
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RAYD CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

PEDIATRIC EMERGENCY MEDICINE
AMIRNOVIN, RAMBOD
Provider ID: 297673
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
Fax: (858) 966-7479
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1851927883
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO, RAYD CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
Board Certified Specialty: No

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800
After Hours Phone: (858) 966-8800

Provider Gender: Male
NPI: 1629104492

Provider English Spoken: Y
Provider Language(s)
Spoken: Farsi, Spanish
Cultural Competency: N

Hospital Affiliation:
CHILDRENS HOSP OF LOS ANGELES, LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL, LOMA LINDA UNIVERSITY MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, LONG BEACH MEMORIAL MED CTR, EARL AND LORRAINE MILLER CHILDRENS HSP

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRIC EMERGENCY MEDICINE

AUSTIN PAGE, LUKAS
Provider ID: 205589

Board Certified Specialty: No

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800
After Hours Phone: (858) 966-8800

Provider Gender: Male
NPI: 1326301862

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:
CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Website: N/A

PEDIATRIC EMERGENCY MEDICINE

BELLOMO, THOMAS
Provider ID: 205601

Board Certified Specialty: No

4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105

Phone: (619) 280-2905
Fax: (619) 283-1614
After Hours Phone: (619) 280-2905

Provider Gender: Male
NPI: 1700926698

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Website: N/A

PEDIATRIC EMERGENCY MEDICINE

BETTY, MARYANN
Provider ID: 245754

Board Certified Specialty: No

4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105

Phone: (619) 280-2905
Fax: (619) 283-1614
After Hours Phone: (619) 280-2905

Provider Gender: Female
NPI: 1285014498

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Website: N/A

PEDIATRIC EMERGENCY MEDICINE
# D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Provider Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETTY, MARYANN</td>
<td>257396</td>
<td>No</td>
<td>No</td>
<td>3020 CHILDRENS WAY SAN DIEGO, CA 92123</td>
<td>(858) 966-8800</td>
<td>(858) 966-8800</td>
<td>Female</td>
<td>1285014498</td>
<td>Rady Children's Hospital San Diego&lt;br&gt;Medi-Cal Open Panel: Yes&lt;br&gt;Min/Max Age: 0\19&lt;br&gt;American Sign Language (ASL): N&lt;br&gt;Accessibility: CONTACT PROVIDER&lt;br&gt;Website: N/A</td>
</tr>
<tr>
<td>CHULA VISTA, Rady</td>
<td></td>
<td></td>
<td>No</td>
<td>3020 CHILDRENS WAY SAN DIEGO, CA 92123</td>
<td>(858) 966-8800</td>
<td>(858) 966-8800</td>
<td>Female</td>
<td>1497079487</td>
<td>SOUTHWEST Healthcare Children's Hospital&lt;br&gt;UCSF Benioff Children's Hospital Oakland&lt;br&gt;Southwest Healthcare Rancho Springs Hospital&lt;br&gt;Rady Children's Hospital San Diego&lt;br&gt;Medi-Cal Open Panel: Yes&lt;br&gt;Min/Max Age: 0\19&lt;br&gt;American Sign Language (ASL): N&lt;br&gt;Accessibility: CONTACT PROVIDER&lt;br&gt;Website: N/A</td>
</tr>
<tr>
<td>CAMPBELL, SARA</td>
<td>206335</td>
<td>No</td>
<td>No</td>
<td>3020 CHILDRENS WAY SAN DIEGO, CA 92123</td>
<td>(858) 966-8800</td>
<td>(858) 966-8800</td>
<td>Female</td>
<td>1841687563</td>
<td>Sharp&lt;br&gt;Children's Hospital Of Los Angeles&lt;br&gt;Rady Children's Hospital San Diego&lt;br&gt;Medi-Cal Open Panel: Yes&lt;br&gt;Min/Max Age: 0\19&lt;br&gt;American Sign Language (ASL): N&lt;br&gt;Accessibility: CONTACT PROVIDER&lt;br&gt;Website: N/A</td>
</tr>
<tr>
<td>CHOO, SUN</td>
<td>296535</td>
<td>No</td>
<td>No</td>
<td>3020 CHILDRENS WAY SAN DIEGO, CA 92123</td>
<td>(858) 966-8800</td>
<td>(858) 966-8800</td>
<td>Male</td>
<td>1609281450</td>
<td>Sharp&lt;br&gt;Children's Hospital Of Los Angeles&lt;br&gt;Rady Children's Hospital San Diego&lt;br&gt;Medi-Cal Open Panel: Yes&lt;br&gt;Min/Max Age: 0\19&lt;br&gt;American Sign Language (ASL): N&lt;br&gt;Accessibility: CONTACT PROVIDER&lt;br&gt;Website: N/A</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

- After Hours Phone: (858) 966-8800
  Provider Gender: Female
  NPI: 1700047628
  Provider English Spoken: Y
  Cultural Competency: N
  Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
  Medi-Cal Open Panel: No
  Min/Max Age: 0\19
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Hours: SU 1:00PM-10:00PM
  M-F 4:00PM-10:00PM
  SA 1:00PM-10:00PM
  Website: N/A

PEDIATRIC EMERGENCY MEDICINE

CONRAD, HEATHER
Provider ID: 205960
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1205813409
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND, SOUTHWEST HEALTHCARE ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE

DEVERA, GEMMIE
Provider ID: 288572
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1275761371
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
966-8800
Provider Gender: Female
NPI: 1366622078
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**DONOFRIO-ODMANN, JOY**
Provider ID: 205375
Board Certified Specialty: No
3020 Children's Way
San Diego, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1740571165
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Valley Children's Hospital, Southwest Healthcare Inland Valley Hospital, Southwest Healthcare Rancho Springs Hospital, Rady Children's Hospital San Diego, UCSF Benioff Children's Hospital Oakland
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

**DORWART, ELIZABETH**
Provider ID: 294260
Board Certified Specialty: No
3020 Children's Way
San Diego, CA 92123
Phone: (858) 966-8800
Provider Gender: Female
NPI: 1609132034
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Lucile Packard Children's Hospital, Stanford Health Care, Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

**EKPENYONG, ATIM**
Provider ID: 205722
Board Certified Specialty: No
3020 Children's Way
San Diego, CA 92123
Phone: (858) 576-1700
After Hours Phone: (858) 576-1700
Provider Gender: Female
NPI: 1932318565
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego, Southwest Healthcare Inland Valley
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

PEDIATRIC EMERGENCY MEDICINE
FISHER, JAY
Provider ID: 295690
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1629118518
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Hospital Competency: N
 Hospital Affiliation: RAY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

GIBONEY, JENNIFER
Provider ID: 205925
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1275895849
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Hospital Competency: N
 Hospital Affiliation: RAY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

GAHM, CLAIRE
Provider ID: 301305
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1750709077
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Hospital Competency: N
 Hospital Affiliation: RAY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

GORHAM, LAURA
Provider ID: 275784
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058
Provider Gender: Female
NPI: 1316162324
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Hospital Competency: N
 Hospital Affiliation: RAY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

GROSS, MATTHEW
Provider ID: 297172
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058
Provider Gender: Female
NPI: 1433293987
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Hospital Competency: N
 Hospital Affiliation: RAY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

PEDIATRIC EMERGENCY MEDICINE
GIBONEY, JENNIFER
Provider ID: 205925
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1275895849
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Hospital Competency: N
 Hospital Affiliation: RAY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

PEDIATRIC EMERGENCY MEDICINE
GAHM, CLAIRE
Provider ID: 301305
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1750709077
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Hospital Competency: N
 Hospital Affiliation: RAY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

PEDIATRIC EMERGENCY MEDICINE
GORHAM, LAURA
Provider ID: 275784
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058
Provider Gender: Female
NPI: 1316162324
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Hospital Competency: N
 Hospital Affiliation: RAY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

PEDIATRIC EMERGENCY MEDICINE
GROSS, MATTHEW
Provider ID: 297172
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058
Provider Gender: Female
NPI: 1433293987
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Hospital Competency: N
 Hospital Affiliation: RAY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
D3. 专科提供者名录

Board Certified Specialty: No
4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
Phone: (619) 280-2905
Fax: (619) 283-1614
After Hours Phone: (619) 280-2905
Provider Gender: Male
NPI: 1942223664
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
HERSKOVITZ, SCOTT
Provider ID: 261045
Board Certified Specialty: Yes
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1225393499
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
GROSS, MATTHEW
Provider ID: 297174
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1942223664
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
INDRA, SEAN
Provider ID: 302625
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1427349091
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
HUNTER, WENDY
Provider ID: 206278
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1053515551
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
PEDIATRIC EMERGENCY MEDICINE
ISHIMINE, PAUL
Provider ID: 206236
Board Certified Specialty: No
☒ 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☒ Phone: (858) 966-8800
☒ After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1437184421
☒ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER
☐ Hours: M-F
8:00AM-5:00PM
☒ Website: N/A

JACKSON, TAYLOR
Provider ID: 302127
Board Certified Specialty: No
☒ 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☒ Phone: (858) 966-5999
Fax: (858) 966-8519
☒ After Hours Phone: (858) 966-5999
Provider Gender: Male
NPI: 1326543752
☒ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER
☐ Hours: M-F
8:00AM-5:00PM
☒ Website: N/A

JOSHI, WEENA
Provider ID: 262234
Board Certified Specialty: No
☒ 4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
☒ Phone: (619) 280-2905
Fax: (619) 283-1614
☒ After Hours Phone: (619) 280-2905
Provider Gender: Female
NPI: 1376862177
☒ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
☒ Accessibility: CONTACT PROVIDER
☐ Hours: M-F
8:00AM-5:00PM
☒ Website: N/A

Khan, Shahnawaz
Provider ID: 294094
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1013361815
Provider English Spoken: Y
Provider Language(s):
Spoken: Hindi, Urdu
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
LOVEJOY, AMY
Provider ID: 206107
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2905
Fax: (619) 283-1614
After Hours Phone: (619) 280-2905
Provider Gender: Female
NPI: 1790856557
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSPITAL OF ORANGE COUNTY
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
MCDANIEL, MICHELE
Provider ID: 248071
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1609495399
Provider English Spoken: Y
Provider Language(s):
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
Website: N/A

2085
D3. 专科提供者名录

NPI: 1366761959
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL,
 SOUTHWEST HEALTHCARE
 INLAND VALLEY HOSPITAL,
 SOUTHWEST HEALTHCARE
 RANCHO SPRINGS HOSPITAL,
 RODY CHILDRENS HOSPITAL
 SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Website: N/A

PEDIATRIC EMERGENCY
 MEDICINE
 MENDES, CHANTAL
 Provider ID: 295668
 Board Certified Specialty: No
 4305 UNIVERSITY AVE STE
 150
 SAN DIEGO, CA 92105
 Phone: (619) 280-2905
 Fax: (619) 283-1614
 After Hours Phone: (619) 280-2905
 Provider Gender: Female
 NPI: 1134681265
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RODY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

PEDIATRIC EMERGENCY
 MEDICINE
 MESSWALA, ADNAN
 Provider ID: 275654
 Board Certified Specialty: No
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858) 966-8800
 Provider Gender: Male
 NPI: 1528483955
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RODY
 CHILDRENS HOSPITAL SAN
 DIEGO, SOUTHWEST
 HEALTHCARE INLAND VALLEY
 HOSPITAL, SOUTHWEST
 HEALTHCARE RANCHO
 SPRINGS HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

PEDIATRIC EMERGENCY
 MEDICINE
 METCALF, ASHLEY
 Provider ID: 205348
 Board Certified Specialty: No
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858) 966-8800
 Provider Gender: Female
 NPI: 1073740205
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RODY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

**MEDICINE**

**MINKA, GENEVIEVE**

Provider ID: 205334

Board Certified Specialty: No

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1689646689

Provider English Spoken: Y

Provider Language(s): French

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**MISHRA-OCCHINO, SEEMA**

Provider ID: 205404

Board Certified Specialty: No

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 576-1700

After Hours Phone: (858) 576-1700

Provider Gender: Female

NPI: 1689612830

Provider English Spoken: Y

Provider Language(s): French

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**MINKA, GENEVIEVE**

Provider ID: 205334

Board Certified Specialty: No

8110 BIRMINGHAM WAY FL 1
SAN DIEGO, CA 92123

Phone: (858) 966-7785

After Hours Phone: (858) 966-7785

Provider Gender: Female

NPI: 1689646689

Provider English Spoken: Y

Provider Language(s): French

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

**PEDIATRIC EMERGENCY MEDICINE**

**MISHRA-OCCHINO, SEEMA**

Provider ID: 205404

Board Certified Specialty: No

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 576-1700

After Hours Phone: (858) 576-1700

Provider Gender: Female

NPI: 1689612830

Provider English Spoken: Y

Provider Language(s): French

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM
Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**MONTBLEAU, KARA**

Provider ID: 299240
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1164981197

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: Rady Children's Hospital San Diego
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM
- Website: N/A

**NGUYEN, MYLINH**

Provider ID: 262299
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1730428053

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: Rady Children's Hospital San Diego
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM
- Website: N/A

**MURRAY, MATTHEW**

Provider ID: 205759
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1215103023

- Provider English Spoken: Y

**OZAKI, YOSHIHIRO**

Provider ID: 241926
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2905
Fax: (619) 283-1614

Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**NGUYEN, MARGARET**

Provider ID: 270705
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1942485248

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: Rady Children's Hospital San Diego, UCSF Benioff Children's Hospital Oakland
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM
- Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**JOHN SALLY THORNTON, RADY CHILDRENS HOSPITAL SAN DIEGO**

Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**MONTBLEAU, KARA**

Provider ID: 299240
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1164981197

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Hospital Affiliation: Rady Children's Hospital San Diego
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM
- Website: N/A

**NGUYEN, MYLINH**

Provider ID: 262299
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1730428053

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: Rady Children's Hospital San Diego
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM
- Website: N/A

**MURRAY, MATTHEW**

Provider ID: 205759
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1215103023

- Provider English Spoken: Y

**OZAKI, YOSHIHIRO**

Provider ID: 241926
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2905
Fax: (619) 283-1614

Website: N/A
D3. 专科提供者名录

- **Ozcan, Ali**
  - Provider ID: 287923
  - Board Certified Specialty: No
  - 3020 CHILDRENS WAY
  - SAN DIEGO, CA 92123
  - Phone: (858) 966-8800
  - After Hours Phone: (858) 966-8800
  - Provider Gender: Male
  - NPI: 1265867683
  - Provider English Spoken: Y
  - Provider Language(s): Turkish
  - Cultural Competency: N
  - Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\19
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
  - 8:00AM-5:00PM
  - Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

- **Park, Kathryn**
  - Provider ID: 262411
  - Board Certified Specialty: No
  - 3020 CHILDRENS WAY
  - SAN DIEGO, CA 92123
  - Phone: (858) 966-8800
  - After Hours Phone: (858) 966-8800
  - Provider Gender: Female
  - NPI: 1215375183
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, RADY CHILDRENS HOSPITAL
  - SAN DIEGO
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\19
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

- **Park, Ronald**
  - Provider ID: 295457
  - Board Certified Specialty: No
  - 4305 UNIVERSITY AVE STE 150
  - SAN DIEGO, CA 92105
  - Phone: (619) 280-2905
  - Fax: (619) 283-1614
  - After Hours Phone: (619) 280-2905
  - Provider Gender: Male
  - NPI: 1881695914
  - Provider English Spoken: Y
  - Provider Language(s): Spanish
  - Cultural Competency: N
  - Hospital Affiliation: TRI CITY 2089
PEDIATRIC EMERGENCY MEDICINE

PARKER, SHERINE

Provider ID: 205784
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1477626513
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GLENDALE ADVENTIST MED CTR,
GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY MEDICAL CTR, RACY
CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRIC EMERGENCY MEDICINE

QUINONES-PEREZ, BIANCA

Provider ID: 206947
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1124360565
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RACY
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRIC EMERGENCY MEDICINE

QUINONES-PEREZ, BIANCA

Provider ID: 206949
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2905
After Hours Phone: (619) 280-2905
Fax: (619) 283-1614
Provider Gender: Female
NPI: 1740468057
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RACY
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRIC EMERGENCY MEDICINE

RANASURIYA, DUNISHA

Provider ID: 216970
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1740468057
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RACY
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

<table>
<thead>
<tr>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

PEDIATRIC EMERGENCY MEDICINE

RATNAYAKE, KRISTIN
Provider ID: 206034
Board Certified Specialty: No
3020 CHILDRENS WAY MC 5075
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1679716658
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RUIZ, MONICA
Provider ID: 305340
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1982059689
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RUSSELL, SAMUEL
Provider ID: 301249
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1215564265
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RUSSELL, SAMUEL
Provider ID: 301250
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2905
Fax: (619) 283-1614
After Hours Phone: (619) 280-2905
Provider Gender: Male
NPI: 1215564265
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRIC EMERGENCY MEDICINE

2091
SALEH, FAREED  
Provider ID: 206216  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-8800  
After Hours Phone: (858) 966-8800  
Provider Gender: Male  
NPI: 1366691115  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  

PEDiATRIC EMERGENCY MEDiCINE  
SANACORA, RACHEL  
Provider ID: 297729  
Board Certified Specialty: No  
4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
Phone: (619) 280-2905  
Fax: (619) 283-1614  
After Hours Phone: (619) 280-2905  
Provider Gender: Female  
NPI: 1548987985  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A  

PEDiATRIC EMERGENCY MEDiCINE  
SCHROTER, STEPHANIE  
Provider ID: 243830  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-8800  
After Hours Phone: (858) 966-8800  
Provider Gender: Female  
NPI: 1073951828  
Provider English Spoken: N  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE
### D3. 专科提供者名录

**INLAND VALLEY HOSPITAL, UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL**

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N

**PEDIATRIC EMERGENCY MEDICINE**

**SHETH, SARIKA**  
Provider ID: 248171  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-8800  
After Hours Phone: (858) 966-8800  
Provider Gender: Female  
NPI: 1336503234  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Website: N/A

**SOUDER, CHRISTOPHER**  
Provider ID: 301635  
Board Certified Specialty: No  
3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123  
Phone: (858) 966-6789  
Fax: (858) 966-6706  
After Hours Phone: (858) 966-6789  
Provider Gender: Male  
NPI: 1851540199  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Website: N/A

**TAMAS, VANESSA**  
Provider ID: 206212  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 576-1700  
Website: N/A

---

**INLAND VALLEY HOSPITAL, UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL**

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N

**PEDIATRIC EMERGENCY MEDICINE**

**SOUDER, CHRISTOPHER**  
Provider ID: 301636  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-8800  
After Hours Phone: (858) 966-8800  
Provider Gender: Male  
NPI: 1851540199  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Website: N/A

---

**TAMAS, VANESSA**  
Provider ID: 206212  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 576-1700  
Website: N/A

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

- **After Hours Phone: (858) 576-1700**
  - Provider Gender: Female
  - NPI: 1326225368
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: RAYD CHILDREN'S HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, CHILDREN'S HOSPITAL OF LOS ANGELES, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\19
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

- **TRAN, THERESA**
  - Provider ID: 301834
  - Board Certified Specialty: No
  - 3020 CHILDREN'S WAY
    - SAN DIEGO, CA 92123
  - Phone: (858) 966-8800
  - After Hours Phone: (858) 966-8800
  - Provider Gender: Female
  - NPI: 1417496985
  - Provider English Spoken: Y
  - Provider Language(s) Spoken: Spanish, Vietnamese
  - Cultural Competency: N
  - Hospital Affiliation: RAYD CHILDREN'S HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\19
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

- **TODD, SARAH**
  - Provider ID: 302800
  - Board Certified Specialty: No
  - 4305 UNIVERSITY AVE STE 150
    - SAN DIEGO, CA 92105
  - Phone: (619) 280-2905
    - Fax: (619) 283-1614
  - After Hours Phone: (619) 280-2905
  - Provider Gender: Female
  - NPI: 1407299787
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, RAYD CHILDREN'S HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\19
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

- **TRAUT, JOEL**
  - Provider ID: 205475
  - Board Certified Specialty: No
  - 3020 CHILDREN'S WAY
    - SAN DIEGO, CA 92123
  - Phone: (858) 576-1700
  - After Hours Phone: (858) 576-1700
  - Provider Gender: Male
  - NPI: 1184071516
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: RAYD CHILDREN'S HOSPITAL SAN DIEGO
D3. 专科提供者名录

NPI: 1982792065
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
VAIDYA, KAMALA
Provider ID: 205809
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1083840920
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
ULRICH, STACEY
Provider ID: 205847
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8036
After Hours Phone: (858) 966-8036
Provider Gender: Female
NPI: 1619049236
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
VAIDYA, KAMALA
Provider ID: 205811
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2905
Fax: (619) 283-1614
After Hours Phone: (619) 280-2905
Provider Gender: Female
NPI: 1083840920
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
## D3. 专科提供者名录

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PEDIATRIC EMERGENCY MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td>VANE, JACKSON</td>
<td>Provider ID: 205883</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td>3020 CHILDRENS WAY SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>Phone: (858) 966-8800</td>
<td>After Hours Phone: (858) 966-8800</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
<td>NPI: 1952608580</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: RASY CHILDRENS HOSPITAL SAN DIEGO</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\19</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PEDIATRIC EMERGENCY MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td>VARGAS, JACLYN</td>
<td>Provider ID: 296486</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td>4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105</td>
</tr>
<tr>
<td>Phone: (619) 280-2905</td>
<td>After Hours Phone: (619) 280-2905</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td>NPI: 1619359718</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: RASY CHILDRENS HOSPITAL SAN DIEGO</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\19</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: SU 1:00PM-10:00PM M-F 4:00PM-10:00PM SA 1:00PM-10:00PM</td>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Website: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PEDIATRIC EMERGENCY MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td>VAYNGORTIN, TATYANA</td>
<td>Provider ID: 263012</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td>3020 CHILDRENS WAY SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>Phone: (858) 966-8800</td>
<td>After Hours Phone: (858) 966-8800</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td>NPI: 1619359718</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: RASY CHILDRENS HOSPITAL SAN DIEGO</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Min/Max Age: 0\19</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1578967907
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND, CHILDREN’S HOSPITAL LOS ANGELES, RADIY CHILDREN’S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
WANG, EMILY
Provider ID: 265954
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1427142363
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADIY CHILDREN’S HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC EMERGENCY MEDICINE
YAPHOCKUN, KAREN
Provider ID: 206184
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 576-1700
Fax: (619) 283-1614
After Hours Phone: (619) 280-2905
Provider Gender: Female
NPI: 1710321278
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND, CHILDREN’S HOSPITAL LOS ANGELES, RADIY CHILDREN’S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
After Hours Phone: (858) 576-1700
Provider Gender: Female
NPI: 1861880817
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC ENDOCRINOLOGY
PATTERSON, MARY
Provider ID: 206059
Board Certified Specialty: No
3030 Childrens Way FL 4 NORTH
San Diego, CA 92123
Phone: (858) 966-4032
Fax: (858) 966-6227
After Hours Phone: (858) 966-4032
Provider Gender: Female
NPI: 1912112020
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC ENDOCRINOLOGY
SINGH, PUJA
Provider ID: 302818
Board Certified Specialty: No
3030 Childrens Way FL 4
San Diego, CA 92123
Phone: (858) 966-4032
Fax: (858) 966-6227
After Hours Phone: (858) 966-4032
Provider Gender: Female
NPI: 1841721172
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC ENDOCRINOLOGY
VARGAS TRUJILLO, MARCELA
Provider ID: 205605
Board Certified Specialty: No
3030 Childrens Way FL 4
San Diego, CA 92123
Phone: (858) 966-4032
Fax: (858) 966-4032
After Hours Phone: (858) 966-4032
Provider Gender: Female
NPI: 1952534091
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD Medical Ctr, Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
D3. 专科提供者名录

American Sign Language (ASL): N

GOYAL, NIDHI
Provider ID: 205598
Board Certified Specialty: No
3030 CHILDRENS WAY FL 2 SOUTH
SAN DIEGO, CA 92123
Phone: (858) 966-4003
Fax: (858) 560-6798
After Hours Phone: (858) 966-4003
Provider Gender: Female
NPI: 1598029332
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC
GASTROENTEROLOGY
HARTMANN, PHILLIPP
Provider ID: 294228
Board Certified Specialty: No
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-4003
Fax: (858) 560-6798
After Hours Phone: (858) 966-4003
Provider Gender: Male
NPI: 1356796536
Provider English Spoken: Y
Provider Language(s)
Spoken: French, German
Cultural Competency: N
Hospital Affiliation: Rady CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC
GASTROENTEROLOGY
LIN, TOM
Provider ID: 297707
Board Certified Specialty: No
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-4003
Fax: (858) 560-6798
After Hours Phone: (858) 966-4003
Provider Gender: Male
NPI: 1114136934
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blue shieldca.com/fad.
D3. 专科提供者名录

_PATHAK, SAGAR_
Provider ID: 301825
Board Certified Specialty: No
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-4003
Fax: (858) 560-6798
After Hours Phone: (858) 966-4003
Provider Gender: Male
NPI: 1700318292
Provider English Spoken: Y
Provider Language(s) Spoken: Gujarati, Spanish
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): N

_YOUNG, JOCELYN_
Provider ID: 294675
Board Certified Specialty: No
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-4003
Fax: (858) 560-6798
After Hours Phone: (858) 966-4003
Provider Gender: Female
NPI: 1306227491
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UC Davis Medical Ctr, Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): N

BRIGGS, BENJAMIN
Provider ID: 274689
Board Certified Specialty: No
3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Male
NPI: 1952695777
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego, Naval Medical CTR SD RBE
Medi-Cal Open Panel: Yes
Min/Max Age: 0-19
American Sign Language (ASL): N

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
Website: N/A

PEDIATRIC HEMATOLOGY / ONCOLOGY
BUSH, KELLY
Provider ID: 274408
Board Certified Specialty: No
3010 CHILDRENS WAY STE 2
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1073831079
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC HEMATOLOGY / ONCOLOGY
CHOO, SUN
Provider ID: 206115
Board Certified Specialty: No
3010 CHILDRENS WAY STE 2-WEST
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1707831079
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC HEMATOLOGY / ONCOLOGY
DING, HILDA
Provider ID: 206173
Board Certified Specialty: No
3010 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1780813923
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC HEMATOLOGY / ONCOLOGY
ELSTER, JENNIFER
Provider ID: 205769
Board Certified Specialty: No
3010 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1588866115
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRIC HEMATOLOGY / ONCOLOGY
GANESAN, ANUSHA
Provider ID: 205882
Board Certified Specialty: No
3010 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>After Hours Phone</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider Language(s)</th>
<th>Cultural Competency</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAFFRAY, JULIE</td>
<td>296760</td>
<td>No</td>
<td>CHILDRENS HOSPITAL SAN DIEGO</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>(858) 966-5811</td>
<td>(858) 966-5811</td>
<td></td>
<td>(858) 966-8035</td>
<td>Female</td>
<td>1396942470</td>
<td>N</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>KUO, DENNIS</td>
<td>205433</td>
<td>No</td>
<td>RADY CHILDRENS HOSPITAL SAN DIEGO</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>(858) 966-5811</td>
<td>(858) 966-5811</td>
<td></td>
<td>(858) 966-8035</td>
<td>Male</td>
<td>1750492146</td>
<td>N</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>WONG, VICTOR</td>
<td>206149</td>
<td>No</td>
<td>RADY CHILDRENS HOSPITAL SAN DIEGO</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>(858) 966-5811</td>
<td>(858) 966-5811</td>
<td></td>
<td>(858) 966-8035</td>
<td>Male</td>
<td>1154692473</td>
<td>N</td>
<td>N</td>
<td>N/A</td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC HEMATOLOGY / ONCOLOGY
YU, HELENA
Provider ID: 301583
Board Certified Specialty: No
3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1881127736
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

YU, JENNIFER
Provider ID: 206148
Board Certified Specialty: No
3010 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1326315599
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC HEMATOLOGY / ONCOLOGY
ZAGE, PETER
Provider ID: 206315
Board Certified Specialty: No
3010 CHILDRENS WAY STE 2W
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Male
NPI: 1912003161
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

PEDIATRIC INFECTIOUS DISEASES
MILDEN, EDMUND
Provider ID: 289138
Board Certified Specialty: No
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-7785
Fax: (858) 966-8658
After Hours Phone: (858) 966-7785
Provider Gender: Male
NPI: 1760460026
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
D3. 专科提供者名录

Website: N/A

PEDIATRIC NEPHROLOGY  
CARTER, CAITLIN  
Provider ID: 302777  
Board Certified Specialty: No  
8110 BIRMINGHAM WAY FL 1  
SAN DIEGO, CA 92123  
Phone: (858) 966-8052  
Fax: (858) 966-7789  
After Hours Phone: (858) 966-8052  
Provider Gender: Female  
NPI: 1811919244  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

PEDIATRIC NEPHROLOGY  
INGULLI, ELIZABETH  
Provider ID: 302778  
Board Certified Specialty: No  
8110 BIRMINGHAM WAY STE 28  
SAN DIEGO, CA 92123  
Phone: (858) 966-8052  
Fax: (858) 966-7789  
After Hours Phone: (858) 966-8052  
Provider Gender: Female  
NPI: 1255514618  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

PEDIATRIC NEPHROLOGY  
MAK, ROBERT  
Provider ID: 302776  
Board Certified Specialty: No  
8110 BIRMINGHAM WAY FL 1  
SAN DIEGO, CA 92123  
Phone: (858) 966-8052  
Fax: (858) 966-7789  
After Hours Phone: (858) 966-8052  
Provider Gender: Male  
NPI: 1740295252  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, MEDICAL CTR AT UCSF, SHARP MEMORIAL HOSPITAL, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

RODY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

PEDIATRIC NEPHROLOGY  
PERENS, ELLIOT  
Provider ID: 302765  
Board Certified Specialty: No  
8110 BIRMINGHAM WAY FL 1  
SAN DIEGO, CA 92123  
Phone: (858) 966-8052  
Fax: (858) 966-7789  
After Hours Phone: (858) 966-8052  
Provider Gender: Male  
NPI: 1922328947  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
### PEDIATRIC PULMONOLOGY

**AKONG, KATHRYN**  
Provider ID: 205673  
Board Certified Specialty: No  
3030 CHILDRENS WAY STE 2  
SAN DIEGO, CA 92123  
Phone: (858) 966-5846  
Fax: (858) 966-8457  
After Hours Phone: (858) 966-5846  
Provider Gender: Female  
NPI: 1912169061  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Children's Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**BHATTACHARJEE, RAKESH**  
Provider ID: 246060  
Board Certified Specialty: No  
3020 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123  
Phone: (858) 576-1700  
Fax: (858) 576-1700  
After Hours Phone: (858) 576-1700  
Provider Gender: Male  
NPI: 1588781173  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Children's Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**BHATTACHARJEE, RAKESH**  
Provider ID: 243041  
Board Certified Specialty: No  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123  
Phone: (858) 966-5846  
Fax: (858) 966-8457  
After Hours Phone: (858) 966-5846  
Provider Gender: Female  
NPI: 1871752451  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF Benioff Children's Hospital Oakland, Rady Children's Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**CERNELC KOHAN, MATEJKA**  
Provider ID: 243042  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-5846  
Fax: (858) 966-8457  
After Hours Phone: (858) 966-5846  
Provider Gender: Female  
NPI: 1871752451  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF Benioff Children's Hospital Oakland, Rady Children's Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A
D3. 专科提供者名录

NPI: 1871752451
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, Rady CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC PULMONOLOGY
CHENG, EULALIA
Provider ID: 205827
Board Certified Specialty: No
3030 CHILDREN'S WAY STE 2
SAN DIEGO, CA 92123
Phone: (858) 966-5846
Fax: (858) 966-8457
After Hours Phone: (858) 966-5846
Provider Gender: Female
NPI: 1750394862
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDREN'S HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC PULMONOLOGY
FINCH, CHRISTINA
Provider ID: 302581
Board Certified Specialty: No
3030 CHILDREN'S WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5846
Fax: (858) 966-8457
After Hours Phone: (858) 966-5846
Provider Gender: Female
NPI: 1598255325
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC PULMONOLOGY
FIREIZEN, YARON
Provider ID: 302329
Board Certified Specialty: No
3030 CHILDREN'S WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5846
Fax: (858) 966-8457
After Hours Phone: (858) 966-5846
Provider Gender: Male
NPI: 1699123927
Provider English Spoken: Y
Provider Language(s) Spoken: Hebrew
Cultural Competency: N
Hospital Affiliation: Rady CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC PULMONOLOGY
LANDEO GUTIERREZ, JEREMY
Provider ID: 284176
Board Certified Specialty: No
3020 CHILDREN'S WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5846
Fax: (858) 569-9052
After Hours Phone: (858) 966-5846
Provider Gender: Male
NPI: 1255750360
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
D3. 专科提供者名录

PEDIATRIC PULMONOLOGY
LANDEO GUTIERREZ, JEREMY
Provider ID: 284177
Board Certified Specialty: No
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5846
Fax: (858) 966-8457
After Hours Phone: (858) 966-5846
Provider Gender: Male
NPI: 1255750360
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC PULMONOLOGY
LENHART-PENDERGRASS, PATRICIA
Provider ID: 294641
Board Certified Specialty: No
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5846
Fax: (858) 966-8457
After Hours Phone: (858) 966-5846
Provider Gender: Female
NPI: 1144615659
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC PULMONOLOGY
RAO, APARNA
Provider ID: 206124
Board Certified Specialty: No
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5846
Fax: (858) 966-5846
After Hours Phone: (858) 966-5846
Provider Gender: Female
NPI: 1649222340
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRIC PULMONOLOGY
RYU, JULIE
Provider ID: 206218
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5846
Fax: (858) 569-9052
After Hours Phone: (858) 966-5846
Provider Gender: Female
NPI: 1649222340
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
### PEDIATRIC PULMONOLOGY

**TANTISIRA, KELAN**  
Provider ID: 277183  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-5846  
Fax: (858) 569-9052  
After Hours Phone: (858) 966-5846  
Provider Gender: Male  
NPI: 1760420434  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

### PEDIATRIC RHEUMATOLOGY

**CHANG, JOHANNA**  
Provider ID: 246394  
Board Certified Specialty: No  
3030 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-8082  
After Hours Phone: (858) 966-8082  
Provider Gender: Female  
NPI: 1821242199  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-4:30PM  
Website: N/A

**SHEETS, ROBERT**  
Provider ID: 255900  
Board Certified Specialty: No  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
Phone: (858) 966-8082  
Fax: (858) 966-4067  
After Hours Phone: (858) 966-8082  
Provider Gender: Male  
NPI: 1013088772  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0-19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**ALAGIRI, MADHU**  
Provider ID: 206387  
Board Certified Specialty: No  
7920 FROST ST STE 200  
SAN DIEGO, CA 92123  
Phone: (858) 966-7484  
Fax: (858) 966-4064  
After Hours Phone: (858) 966-7484  
Provider Gender: Male  
NPI: 1619083961  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

**Accessibility:** CONTACT PROVIDER
**Hours:** M-F
8:00AM-5:00PM
**Website:** N/A

**PEDIATRICS**

**ALLSUP, VICTORIA**
Provider ID: 302345
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111

- Phone: (858) 810-8700
- Fax: (858) 633-4680
- After Hours Phone: (858) 810-8700

Provider Gender: Female
NPI: 1437786944

- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\18
- American Sign Language (ASL): N
- Provider Gender: Contact PROVIDER
- Hours: M-F
8:00AM-5:00PM
- Website: N/A

**PEDIATRICS**

**ANDREE, GREGOR**
Provider ID: 293220
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111

- Phone: (858) 810-8700
- Fax: (858) 633-4680
- After Hours Phone: (858) 810-8700

Provider Gender: Male
NPI: 1467436063

- Provider English Spoken: Y
- Provider Language(s)
  Spoken: German, Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\18
- American Sign Language (ASL): N
- Provider Gender: Contact PROVIDER
- Website: N/A

**PEDIATRICS**

**BEAUCHAMP WALTERS, JULIA**
Provider ID: 270063
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123

- Phone: (858) 966-5841
- Fax: (858) 966-6728
- After Hours Phone: (858) 966-5841

Provider Gender: Female
NPI: 1457420713

- Provider English Spoken: Y
- Provider Language(s)
  Spoken: German, Spanish
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\18
- American Sign Language (ASL): N
- Provider Gender: Contact PROVIDER
- Website: N/A

**PEDIATRICS**

**ALLSUP, VICTORIA**
Provider ID: 302344
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111

- Phone: (858) 279-0925
- Fax: (858) 633-4680
- After Hours Phone: (858) 279-0925

Provider Gender: Female
NPI: 1437786944

- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\18
- American Sign Language (ASL): N
- Provider Gender: Contact PROVIDER
- Hours: M-F
8:00AM-5:00PM
- Website: N/A

**PEDIATRICS**

**ANDREE, GREGOR**
Provider ID: 293219

- Provider English Spoken: Y
- Provider Language(s)
  Spoken: German, Spanish
- Cultural Competency: N
- Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Provider Gender: Contact PROVIDER
- Website: N/A
D3. 专科提供者名录

N

Accessibility: CONTACT PROVIDER

Website: N/A

PEDIATRICS

Cameron, Melissa
Provider ID: 205965
Board Certified Specialty: No

3020 Childrens Way
San Diego, CA 92123

Phone: (858) 966-5841
Fax: (858) 966-6728

After Hours Phone: (858) 966-5841

Provider Gender: Female
NPI: 1902983752

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Rady Childrens Hospital San Diego

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

Website: N/A

PEDIATRICS

Cantu, Alicia
Provider ID: 205753
Board Certified Specialty: No

3030 Childrens Way Ste 300
San Diego, CA 92123

Phone: (858) 966-8974
Fax: (858) 966-6721

After Hours Phone: (858) 966-8974

Provider Gender: Female
NPI: 1922179688

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Rady Childrens Hospital San Diego

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

Website: N/A

PEDIATRICS

Cantu, Alicia
Provider ID: 205752
Board Certified Specialty: No

3020 Childrens Way
San Diego, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858) 966-8800

Provider Gender: Female
NPI: 1922179688

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Rady Childrens Hospital San Diego

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

Website: N/A

PEDIATRICS

Chong, Amy
Provider ID: 259993
Board Certified Specialty: No

3020 Childrens Way
San Diego, CA 92123

Phone: (858) 966-5803
Fax: (858) 966-5992

After Hours Phone: (858) 966-5803

Provider Gender: Female
NPI: 1720423288

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Rady Childrens Hospital San Diego

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

Website: N/A

PEDIATRICS

Doan Stephens, Crystal
Provider ID: 293275
Board Certified Specialty: No

7011 Linda Vista Rd
San Diego, CA 92111

Phone: (858) 810-8700
Fax: (858) 633-4680

After Hours Phone: (858) 810-8700

Provider Gender: Female
D3. 专科提供者名录

NPI: 1730570144
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRICS
DOAN STEPHENS, CRYSTAL
Provider ID: 293274
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058
Provider Gender: Female
NPI: 1730570144
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRICS
GIBONEY, JENNIFER
Provider ID: 296242
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Provider Gender: Female
NPI: 1275895849
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

PEDIATRICS
GIBONEY, JENNIFER
Provider ID: 296241
Board Certified Specialty: No
่า
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
📞 Phone: (619) 280-2058
Fax: (858) 633-4682
⏰ After Hours Phone: (619) 280-2058
Provider Gender: Female
NPI: 1275895849
_provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
.beginPath(): CONTACT PROVIDER
⏰ Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM
_website: N/A

PEDIATRICS
HUANG, MARIA
Provider ID: 205974
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
📞 Phone: (858) 966-5841
Fax: (858) 966-6728
⏰ After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1770841140
_provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
.beginPath(): CONTACT PROVIDER
⏰ Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRICS
GRAY, SARAH
Provider ID: 284224
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
📞 Phone: (858) 966-5841
Fax: (858) 966-6728
⏰ After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1508210311
_provider English Spoken: Y

PEDIATRICS
JIMENEZ BACARDI, ADRIA
Provider ID: 294640
Board Certified Specialty: No
3020 CHILDRENS WAY SAN DIEGO, CA 92123
📞 Phone: (858) 966-5841
Fax: (858) 966-6728
⏰ After Hours Phone: (858) 966-5841
Provider Gender: Male
NPI: 1467847293
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: ST MARYS HOSPITAL AND MEDICAL CENTER, RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
.beginPath(): CONTACT PROVIDER
⏰ Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRICS
JINDAL, ANUJA
Provider ID: 303285
Board Certified Specialty: No
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123
📞 Phone: (858) 966-5819
Fax: (858) 966-4930
⏰ After Hours Phone: (858) 966-5819
Provider Gender: Female
D3. 专科提供者名录

NPI: 1194046581
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: Rady Children's Hospital San Diego
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

**PEDIATRICS**

**KARMAKAR, KANKA**

Provider ID: 213847
- Board Certified Specialty: No
- 10737 Camino Ruiz Ste 235
  - San Diego, CA 92126
- Phone: (844) 200-2426
- Fax: (858) 578-4417
- After Hours Phone: (844) 200-2426
- Provider Gender: Female
- NPI: 1972536654
- Provider English Spoken: Y
- Provider Language(s) Spoken: Bengali, Hindi, Polish, Spanish, Tagalog
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

**LEE, BEGEM**

Provider ID: 205923
- Board Certified Specialty: No
- 3020 Childrens Way
  - San Diego, CA 92123
- Phone: (858) 966-5841
- Fax: (858) 966-6728
- After Hours Phone: (858) 966-5841
- Provider Gender: Female
- NPI: 1053672444
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSF Benioff Children's Hospital Oakland, Rady Children's Hospital San Diego
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

**PEDIATRICS**

**KHARE, MANASWITHA**

Provider ID: 206289
- Board Certified Specialty: No
- 3020 Childrens Way
  - San Diego, CA 92123
- Phone: (858) 966-5841
- Fax: (858) 966-6728
- After Hours Phone: (858) 966-5841
- Provider Gender: Female
- NPI: 1912345307
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: Rady Children's Hospital San Diego
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

**LOPEZ, XIMENA**

Provider ID: 302856
- Board Certified Specialty: No
- 3030 Childrens Way Fl 4
  - San Diego, CA 92123
- Phone: (858) 966-4032
- Fax: (858) 966-6227
- After Hours Phone: (858) 966-4032
- Provider Gender: Female
- NPI: 1740316405
- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
PEDIATRICS

MANNINO AVILA, ELIZABETH
Provider ID: 262161
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5841
Fax: (858) 966-6728
After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1164747127
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRICS

MARANO, RACHEL
Provider ID: 302438
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5841
Fax: (858) 966-6728
After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1043673528
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: HOLLYWOOD PRESBYTERIAN MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRICS

NGO, MAI
Provider ID: 302113
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8974
Fax: (858) 966-4051
After Hours Phone: (858) 966-8974
Provider Gender: Female
NPI: 1508910787
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND, MEDICAL CTR AT UCSF, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRICS

NGO, MAI
Provider ID: 302114
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND, MEDICAL CTR AT UCSF, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
PEDIATRICS
POLICH, MICHELLE
Provider ID: 286390
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1780118018
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRICS
PIERCE, HEATHER
Provider ID: 205701
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5841
Fax: (858) 966-6728
After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1699955542
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRICS
RHEE, KYUNG
Provider ID: 206114
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5841
Fax: (858) 966-6728
After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1013996529
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady
CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR,
PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRICS
RIES, DAVID
Provider ID: 206082
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5841
After Hours Phone: (858) 966-5841
Provider Gender: Male
NPI: 1376705483
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICALCTR, RADY CHILDRENSHOSPITALSAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRICS
RUNGVIVATJARUS, TIRANUN
Provider ID: 206319
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5841
After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1407276363
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENSHOSPITALSAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PEDIATRICS
STOVER, LAURIE
Provider ID: 206196
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5841
After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1659442317
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENSHOSPITALSAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRICS
SONG, RICHARD
Provider ID: 301716
Board Certified Specialty: No
7910 FROST ST STE 230
SAN DIEGO, CA 92123
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1881893477
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENSHOSPITALSAN DIEGO, PALOMAR HEALTH, SOUTHWEST HEALTHCARE
D3. 专科提供者名录

8:00AM-5:00PM
Website: N/A

PEDIATRICS
SUTTNER, DENISE
Provider ID: 301721
Board Certified Specialty: No
7910 FROST ST STE 230
SAN DIEGO, CA 92123
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1457433799
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

VEGA, SARAH
Provider ID: 297077
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 576-1700
Fax: (858) 966-6728
After Hours Phone: (858) 576-1700
Provider Gender: Female
NPI: 1154716199
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PEDIATRICS
VEGA, SARAH
Provider ID: 297078
Board Certified Specialty: No
3665 KEARNY VILLA RD
STE 500
SAN DIEGO, CA 92123
Phone: (858) 966-5980
Fax: (858) 966-5992
After Hours Phone: (858) 966-5980
Provider Gender: Female
NPI: 1154716199
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRICS
WEISS, KATHERINE
Provider ID: 301703
Board Certified Specialty: No
7910 FROST ST STE 230
SAN DIEGO, CA 92123
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1053541862
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRICS
VEGA, SARAH
Provider ID: 297078
Board Certified Specialty: No
3665 KEARNY VILLA RD
STE 500
SAN DIEGO, CA 92123
Phone: (858) 966-5980
Fax: (858) 966-5992
After Hours Phone: (858) 966-5980
Provider Gender: Female
NPI: 1154716199
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

**PHYSICAL MEDICINE / REHABILITATION**

**ALGRA, JEFFREY**

Provider ID: 287524  
Board Certified Specialty: No  
7910 FROST ST STE 195  
SAN DIEGO, CA 92123  
Phone: (858) 966-8974  
After Hours Phone: (858) 966-8974  
Provider Gender: Male  
NPI: 1457664518  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Children's Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**PHYSICAL MEDICINE / REHABILITATION**

**BIFFL, SUSAN**

Provider ID: 287453  
Board Certified Specialty: No  
7910 FROST ST STE 195  
SAN DIEGO, CA 92123  
Phone: (858) 966-8974  
Fax: (858) 966-6721  
After Hours Phone: (858) 966-8974  
Provider Gender: Female  
NPI: 1366589640  
Provider English Spoken: Y  
Cultural Competency: N

**PHYSICAL MEDICINE / REHABILITATION**

**DALAL, PRITHA**

Provider ID: 287523  
Board Certified Specialty: No  
7910 FROST ST STE 195  
SAN DIEGO, CA 92123  
Phone: (858) 966-8974  
After Hours Phone: (858) 966-8974  
Provider Gender: Female  
NPI: 1609017532  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Children's Hospital San Diego, UCSF Benioff Children's Hospital Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**PHYSICAL MEDICINE / REHABILITATION**

**LEE, HAEWON**

Provider ID: 256226  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (858) 657-8200  
After Hours Phone: (858) 657-8200  
Provider Gender: Female  
NPI: 1447661657  
Provider English Spoken: Y  
Provider Language(s) Spoken: Korean  
Cultural Competency: N  
Hospital Affiliation: UCSD Medical Center, UCSD La Jolla, John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**PHYSICAL MEDICINE / REHABILITATION**

**RICHARDSON, HENRY**

Provider ID: 295276  
Board Certified Specialty: No  
3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Phone: (619) 325-1161  
Fax: (619) 325-1717  
After Hours Phone: (619) 325-1161  
Provider Gender: Male
D3. 专科提供者名录

NPI: 1407052459
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessible: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICAL MEDICINE / REHABILITATION
SCOTT-WYARD, PHOEBE
Provider ID: 287519
Board Certified Specialty: No
9710 FROST ST STE 195
SAN DIEGO, CA 92123
Phone: (858) 966-8974
After Hours Phone: (858) 966-8974
Provider Gender: Female
NPI: 1336356203
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessible: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICAL MEDICINE / REHABILITATION
RYAN, KYLE
Provider ID: 287520
Board Certified Specialty: No
9710 FROST ST STE 195
SAN DIEGO, CA 92123
Phone: (858) 966-8974
After Hours Phone: (858) 966-8974
Provider Gender: Male
NPI: 1447645742
☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessible: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIAN ASSISTANT
SKALSKY, ANDREW
Provider ID: 287537
Board Certified Specialty: No
9710 FROST ST STE 195
SAN DIEGO, CA 92123
Phone: (858) 966-8974
After Hours Phone: (858) 966-8974
Provider Gender: Male
NPI: 1487635272
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessible: CONTACT PROVIDER
Hours: M-F
Website: N/A

PHYSICIANS ASSISTANT
AINSORTH, DELISSA
Provider ID: 243367
Board Certified Specialty: No
4510 EXECUTIVE DR
SAN DIEGO, CA 92121
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1750734893
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessible: CONTACT PROVIDER
Hours: M-F
PHYSICIANS ASSISTANT
ALBRIGHT, KELSEY
Provider ID: 284763
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 923-8273
Fax: (888) 539-8781
After Hours Phone: (800) 923-8273
Provider Gender: Female
NPI: 1235653148
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
ARMEEEN, GARY
Provider ID: 247035
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1760774863
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
BERGEN, SOPHEA
Provider ID: 295518
Board Certified Specialty: No
6719 ALVARADO RD STE 308
SAN DIEGO, CA 92120
Phone: (619) 265-7912
Fax: (619) 265-7922
After Hours Phone: (619) 265-7912
Provider Gender: Female
NPI: 1558300665
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: ALVARADO HOSPITAL LLC, PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
BOYD, LISA
Provider ID: 217649
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1871859421
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**PHYSICIANS ASSISTANT**

**CASTILLO, PATRICIA**
Provider ID: 257530
Board Certified Specialty: No
Address: 3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Provider Gender: Female
NPI: 1376550657
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:30AM-5:30PM
F 8:30AM-5:00PM
Website: N/A

**PHYSICIANS ASSISTANT**

**BRUECKNER, TAMMIE**
Provider ID: 255558
Board Certified Specialty: No
Address: 200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1407212376
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA**
Provider ID: 301589
Board Certified Specialty: No
Address: 3444 KEARNY VILLA RD STE 201
SAN DIEGO, CA 92123
Phone: (858) 430-1101
Fax: (858) 429-7931
After Hours Phone: (858) 430-1101
Provider Gender: Female
NPI: 1609987619
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
PHYSICIANS ASSISTANT
DOUGHERTY, CLARA
Provider ID: 301588
Board Certified Specialty: No
3444 KEARNY VILLA RD STE 202
SAN DIEGO, CA 92123
Phone: (858) 429-7646
Fax: (858) 429-7646
After Hours Phone: (858) 429-7646
Provider Gender: Female
NPI: 1609987619
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
GUTH, CARA
Provider ID: 299111
Board Certified Specialty: No
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Phone: (858) 455-6460
Fax: (858) 455-5362
After Hours Phone: (858) 455-6460
Provider Gender: Female
NPI: 1992177182
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 21\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
DOUGHERTY, CLARA
Provider ID: 301586
Board Certified Specialty: No
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Phone: (619) 297-4707
Fax: (858) 429-7927
After Hours Phone: (619) 297-4707
Provider Gender: Female
NPI: 1609987619
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
HASEGAWA, CHRIS
Provider ID: 247206
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273

MEDICAL GROUP NAME
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

- **After Hours Phone:** (800) 926-8273
  
  **Provider Gender:** Male
  
  **NPI:** 1225698962
  
  **Provider English Spoken:** Y
  
  **Cultural Competency:** N
  
  **Hospital Affiliation:** UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
  
  **Medi-Cal Open Panel:** Yes
  
  **Min/Max Age:** 0\999
  
  **American Sign Language (ASL):** N
  
  **Accessibility:** CONTACT PROVIDER
  
  **Hours:** M-F
  
  **8:00AM-5:00PM**
  
  **Website:** N/A

- **PHYSICIANS ASSISTANT**
  
  **HIGGINS, JOSHUA**
  
  **Provider ID:** 287133
  
  **Board Certified Specialty:** No
  
  **203 W F ST**
  
  **SAN DIEGO, CA 92101**
  
  **Phone:** (800) 926-8273
  
  **Fax:** (888) 539-8781
  
  **After Hours Phone:** (800) 926-8273
  
  **Provider Gender:** Male
  
  **NPI:** 1861624181
  
  **Provider English Spoken:** Y
  
  **Cultural Competency:** N
  
  **Hospital Affiliation:** UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
  
  **Medi-Cal Open Panel:** Yes
  
  **Min/Max Age:** 0\999
  
  **American Sign Language (ASL):** N
  
  **Accessibility:** CONTACT PROVIDER
  
  **Hours:** M-F
  
  **8:00AM-5:00PM**
  
  **Website:** N/A

- **PHYSICIANS ASSISTANT**
  
  **HUNTER, JACOB**
  
  **Provider ID:** 287449
  
  **Board Certified Specialty:** No
  
  **8899 UNIVERSITY CENTER LN**
  
  **SAN DIEGO, CA 92122**
  
  **Phone:** (800) 926-8273
  
  **Fax:** (888) 539-8781
  
  **After Hours Phone:** (800) 926-8273
  
  **Provider Gender:** Male
  
  **NPI:** 1114459765
  
  **Provider English Spoken:** Y
  
  **Cultural Competency:** N
  
  **Hospital Affiliation:** UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
  
  **Medi-Cal Open Panel:** Yes
  
  **Min/Max Age:** 0\999
  
  **American Sign Language (ASL):** N
  
  **Accessibility:** CONTACT PROVIDER
  
  **Hours:** M-F
  
  **8:00AM-5:00PM**
  
  **Website:** N/A

- **PHYSICIANS ASSISTANT**
  
  **HUNTER, JACOB**
  
  **Provider ID:** 298430
  
  **Board Certified Specialty:** No
  
  **8899 UNIVERSITY CENTER LN**
  
  **SAN DIEGO, CA 92122**
  
  **Phone:** (800) 926-8273
  
  **After Hours Phone:** (800) 926-8273
  
  **Provider Gender:** Male
  
  **NPI:** 1114459765
  
  **Provider English Spoken:** Y
  
  **Cultural Competency:** N
  
  **Hospital Affiliation:** UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
  
  **Medi-Cal Open Panel:** Yes
  
  **Min/Max Age:** 0\999
  
  **American Sign Language (ASL):** N
  
  **Accessibility:** CONTACT PROVIDER
  
  **Website:** N/A

- **PHYSICIANS ASSISTANT**
  
  **HUNTER, JACOB**
  
  **Provider ID:** 298428
  
  **Board Certified Specialty:** No
  
  **2123**
D3. 专科提供者名录

16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1114459765
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
LAM, DAVINA
Provider ID: 295651
Board Certified Specialty: No
6719 ALVARADO RD STE 308
SAN DIEGO, CA 92120
Phone: (619) 265-7912
Fax: (619) 265-7922
After Hours Phone: (619) 265-7912
Provider Gender: Female
NPI: 1245863737
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, ALVARADO HOSP MED CTR, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
KIVIAT, ANNETTE
Provider ID: 302452
Board Certified Specialty: No
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-4003
Fax: (858) 560-6798
After Hours Phone: (858) 966-4003
Provider Gender: Female
NPI: 1205381845
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RACY CHILDREN'S HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: No
Min/Max Age: 0\19

PHYSICIANS ASSISTANT
LINDEMANN, CHRISTINA
Provider ID: 283760
Board Certified Specialty: No
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (858) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1194373514
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

**PHYSICIANS ASSISTANT**

**MARTIN, HALEY**  
Provider ID: 305026  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
📞 Phone: (800) 926-8273  
📞 After Hours Phone: (800) 926-8273  
♀ Provider Gender: Female  
NPI: 1093440836  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
様々 Accessibility: CONTACT PROVIDER  
⏰ Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**MCADAMS, JOSEPH**  
Provider ID: 280611  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
📞 Phone: (800) 926-8273  
📠 Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
♂ Provider Gender: Male  
NPI: 1386032308  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
様々 Accessibility: CONTACT PROVIDER  
⏰ Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**NAKAMITSU, ABIGAIL**  
Provider ID: 268666  
Board Certified Specialty: No  
3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123  
📞 Phone: (858) 966-6789  
📠 Fax: (858) 966-8519  
📞 After Hours Phone: (858) 966-6789  
♀ Provider Gender: Female  
NPI: 1932459179  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
様々 Accessibility: CONTACT PROVIDER  
⏰ Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**PELIO, DARREN**  
Provider ID: 293441  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
📞 Phone: (800) 926-8275  
📠 Fax: (888) 539-8783  
📞 After Hours Phone: (800) 926-8275  
♂ Provider Gender: Male  
NPI: 1386791028  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
様々 Accessibility: CONTACT PROVIDER  
⏰ Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PHYSICIANS ASSISTANT

PERREault, Mark
Provider ID: 283585
Board Certified Specialty: No
4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1356749451
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
Provider Language(s) Spoken: Vietnamese

PHYSICIANS ASSISTANT

PHung, Aivi
Provider ID: 293246
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Provider Gender: Female
NPI: 1639528110
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999

PHYSICIANS ASSISTANT

PRIest, Vivian
Provider ID: 272430
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1386791028
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PHYSICIANS ASSISTANT

PeLio, Darren
Provider ID: 293444
Board Certified Specialty: No
3900 5TH AVE STE 110
SAN DIEGO, CA 92103
Phone: (800) 926-8278
Fax: (888) 539-8786
After Hours Phone: (800) 926-8278
Provider Gender: Male
Provider ID: 283586
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8278
After Hours Phone: (800) 926-8278
Provider Gender: Male
Provider ID: 272430
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Female

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

SAN DIEGO, CA 92103

Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1225581754

Provider English Spoken: Y
Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:30AM-4:00PM
Website: N/A

PHYSICIANS ASSISTANT
ROBERTS, AUDREY
Provider ID: 253253
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (619) 543-7777
After Hours Phone: (619) 543-7777
Provider Gender: Female
NPI: 1265960256

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
PYLE, ALEXANDRA
Provider ID: 297718
Board Certified Specialty: No
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121
Phone: (858) 455-6460
Fax: (858) 455-7197
After Hours Phone: (858) 455-6460
Provider Gender: Female
NPI: 1225416472

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
SCHMITT, EVA
Provider ID: 264176
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1174715106

Provider English Spoken: Y
Provider Language(s)
Spoken: German
Cultural Competency: N
Hospital Affiliation: Rady CHILDREN'S HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
SCHROEDER, JENNIFER
Provider ID: 256639
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (858) 453-1469
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1780851253

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

**SCHROEDER, JENNIFER**
Provider ID: 256640
Board Certified Specialty: No
4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1780851253
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**PHYSICIANS ASSISTANT**

**SCHULZ, STEFAN**
Provider ID: 243419
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1316102163
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**SPEH, BRIAN**
Provider ID: 305009
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1124593926
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**STALLINGS, ANDREA**
Provider ID: 255913
Board Certified Specialty: No
330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (619) 543-7496
After Hours Phone: (619) 543-7496
Provider Gender: Female
NPI: 1972595478
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**TESFAI, HELEN**
Provider ID: 287372
Board Certified Specialty: No
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1942724042
Provider English Spoken: Y

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
**D3. 专科提供者名录**

<table>
<thead>
<tr>
<th>PHYSICIANS ASSISTANT</th>
<th>WAHLIN, TAMARA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 299599</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>8899 UNIVERSITY CENTER LN</td>
<td>800 W ARBOR DR</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92122</td>
<td>SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td>Phone: (800) 926-8273</td>
</tr>
<tr>
<td>Fax: (888) 539-8781</td>
<td>Fax: (888) 539-8781</td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td>After Hours Phone: (800) 926-8273</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>NPI: 1083823322</td>
<td>NPI: 1083823322</td>
</tr>
<tr>
<td>Provider English Spoken: N</td>
<td>Provider English Spoken: N</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Website: N/A</td>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICIANS ASSISTANT</th>
<th>WAHLIN, TAMARA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 299598</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>16950 VIA TAZON</td>
<td>200 W ARBOR DR</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92127</td>
<td>SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td>Phone: (800) 926-8273</td>
</tr>
<tr>
<td>Fax: (888) 539-8781</td>
<td>Fax: (888) 539-8781</td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td>After Hours Phone: (800) 926-8273</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>NPI: 1083823322</td>
<td>NPI: 1083823322</td>
</tr>
<tr>
<td>Provider English Spoken: N</td>
<td>Provider English Spoken: N</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Website: N/A</td>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICIANS ASSISTANT</th>
<th>WEBB, SHANNON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 305285</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>6605 NANCY RIDGE DR</td>
<td>200 W ARBOR DR</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92121</td>
<td>SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>Phone: (858) 750-2983</td>
<td>Phone: (800) 926-8273</td>
</tr>
<tr>
<td>Fax: (888) 539-8784</td>
<td>Fax: (888) 539-8781</td>
</tr>
<tr>
<td>After Hours Phone: (858) 750-2983</td>
<td>After Hours Phone: (800) 926-8273</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>NPI: 1821271685</td>
<td>NPI: 1083823322</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Provider English Spoken: N</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 18\999</td>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Website: N/A</td>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICIANS ASSISTANT</th>
<th>WEIR, JACQUELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 278203</td>
<td></td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td></td>
</tr>
<tr>
<td>9909 MIRA MESA BLVD</td>
<td>8000 Via Tazon</td>
</tr>
<tr>
<td>STE 200</td>
<td>SAN DIEGO, CA 92127</td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td>Phone: (800) 926-8273</td>
</tr>
<tr>
<td>Fax: (888) 539-8781</td>
<td>Fax: (888) 539-8781</td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td>After Hours Phone: (800) 926-8273</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>NPI: 1932494499</td>
<td>NPI: 1083823322</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Provider English Spoken: N</td>
</tr>
<tr>
<td>Language(s): Spanish</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: UCSD</td>
<td>Hospital Affiliation: UCSD</td>
</tr>
<tr>
<td>MEDICAL CTR, UCSD LA JOLLA</td>
<td>MEDICAL CTR, UCSD LA JOLLA</td>
</tr>
<tr>
<td>JOHN SALLY THORNTON</td>
<td>JOHN SALLY THORNTON</td>
</tr>
<tr>
<td>D3. 专科提供者名录</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Medi-Cal Open Panel</strong>: Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Min/Max Age</strong>: 0\999</td>
<td></td>
</tr>
<tr>
<td><strong>American Sign Language (ASL)</strong>: N</td>
<td></td>
</tr>
<tr>
<td><strong>Accessibility</strong>: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td><strong>Hours</strong>: M-F 8:00AM-5:00PM</td>
<td></td>
</tr>
<tr>
<td><strong>Website</strong>: N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICIANS ASSISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WEIR, JACQUELINE</strong></td>
</tr>
<tr>
<td><strong>Provider ID</strong>: 278201</td>
</tr>
<tr>
<td><strong>Board Certified Specialty</strong>: No</td>
</tr>
<tr>
<td><strong>Address</strong>: 330 LEWIS ST SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td><strong>Phone</strong>: (800) 925-8271</td>
</tr>
<tr>
<td><strong>Fax</strong>: (888) 539-8781</td>
</tr>
<tr>
<td><strong>After Hours Phone</strong>: (800) 925-8271</td>
</tr>
<tr>
<td><strong>Provider Gender</strong>: Female</td>
</tr>
<tr>
<td><strong>NPI</strong>: 1932494499</td>
</tr>
<tr>
<td><strong>Provider English Spoken</strong>: Y</td>
</tr>
<tr>
<td><strong>Provider Language(s)</strong>: Spanish</td>
</tr>
<tr>
<td><strong>Cultural Competency</strong>: N</td>
</tr>
<tr>
<td><strong>Hospital Affiliation</strong>: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
</tr>
<tr>
<td><strong>Medi-Cal Open Panel</strong>: Yes</td>
</tr>
<tr>
<td><strong>Min/Max Age</strong>: 0\999</td>
</tr>
<tr>
<td><strong>American Sign Language (ASL)</strong>: N</td>
</tr>
<tr>
<td><strong>Accessibility</strong>: CONTACT PROVIDER</td>
</tr>
<tr>
<td><strong>Hours</strong>: M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td><strong>Website</strong>: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICIANS ASSISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WRIGHT, DEREK</strong></td>
</tr>
<tr>
<td><strong>Provider ID</strong>: 302388</td>
</tr>
<tr>
<td><strong>Board Certified Specialty</strong>: No</td>
</tr>
<tr>
<td><strong>Address</strong>: 3434 MIDWAY DR STE 2001 SAN DIEGO, CA 92110</td>
</tr>
<tr>
<td><strong>Phone</strong>: (619) 325-1161</td>
</tr>
<tr>
<td><strong>Fax</strong>: (619) 325-1717</td>
</tr>
<tr>
<td><strong>After Hours Phone</strong>: (619) 325-1161</td>
</tr>
<tr>
<td><strong>Provider Gender</strong>: Male</td>
</tr>
<tr>
<td><strong>NPI</strong>: 1629674858</td>
</tr>
<tr>
<td><strong>Provider English Spoken</strong>: Y</td>
</tr>
<tr>
<td><strong>Cultural Competency</strong>: N</td>
</tr>
<tr>
<td><strong>Medi-Cal Open Panel</strong>: Yes</td>
</tr>
<tr>
<td><strong>Min/Max Age</strong>: 18\999</td>
</tr>
<tr>
<td><strong>American Sign Language (ASL)</strong>: N</td>
</tr>
<tr>
<td><strong>Accessibility</strong>: CONTACT PROVIDER</td>
</tr>
<tr>
<td><strong>Website</strong>: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PREVENTATIVE MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL</strong></td>
</tr>
<tr>
<td><strong>ROMERO, CAMILA</strong></td>
</tr>
<tr>
<td><strong>Provider ID</strong>: 293289</td>
</tr>
<tr>
<td><strong>Board Certified Specialty</strong>: No</td>
</tr>
<tr>
<td><strong>Address</strong>: 6973 LINDA VISTA RD SAN DIEGO, CA 92111</td>
</tr>
<tr>
<td><strong>Phone</strong>: (858) 279-0925</td>
</tr>
<tr>
<td><strong>Fax</strong>: (858) 633-4680</td>
</tr>
<tr>
<td><strong>After Hours Phone</strong>: (858) 279-0925</td>
</tr>
<tr>
<td><strong>Provider Gender</strong>: Female</td>
</tr>
<tr>
<td><strong>NPI</strong>: 1508912130</td>
</tr>
<tr>
<td><strong>Provider English Spoken</strong>: Y</td>
</tr>
<tr>
<td><strong>Provider Language(s)</strong>: Spanish</td>
</tr>
<tr>
<td><strong>Cultural Competency</strong>: N</td>
</tr>
<tr>
<td><strong>Hospital Affiliation</strong>: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS</td>
</tr>
<tr>
<td><strong>Medi-Cal Open Panel</strong>: Yes</td>
</tr>
<tr>
<td><strong>Min/Max Age</strong>: 0\999</td>
</tr>
<tr>
<td><strong>American Sign Language (ASL)</strong>: N</td>
</tr>
<tr>
<td><strong>Accessibility</strong>: CONTACT PROVIDER</td>
</tr>
<tr>
<td><strong>Website</strong>: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PREVENTATIVE MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL</strong></td>
</tr>
<tr>
<td><strong>ROMERO, CAMILA</strong></td>
</tr>
<tr>
<td><strong>Provider ID</strong>: 293290</td>
</tr>
<tr>
<td><strong>Board Certified Specialty</strong>: No</td>
</tr>
<tr>
<td>Provider</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>Romero, Camila</td>
</tr>
<tr>
<td>Abergrombie, Sheri</td>
</tr>
<tr>
<td>Banks, Sarah</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Specialty</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hospital Affiliation</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bass, Gurgiana</td>
<td>290752</td>
<td>No</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>N/A</td>
</tr>
<tr>
<td>Banks, Sarah</td>
<td>203174</td>
<td>No</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>N/A</td>
</tr>
<tr>
<td>Chesher, Nicholas</td>
<td>273811</td>
<td>No</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>N/A</td>
</tr>
<tr>
<td>Clement, Luis</td>
<td>290745</td>
<td>No</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>N/A</td>
</tr>
<tr>
<td>Del Aguilera, Fabiola</td>
<td>290302</td>
<td>No</td>
<td>N</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

**PSYCHOLOGIST**

**FIRESTONE, MICHELLE**
Provider ID: 290954
Board Certified Specialty: No
- 6973 LINDA VISTA RD
  SAN DIEGO, CA 92111
- Phone: (858) 279-0925
  Fax: (858) 633-4680
- After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1114687803
- Provider English Spoken: Y
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

**PSYCHOLOGIST**

**FIRESTONE, MICHELLE**
Provider ID: 290773
Board Certified Specialty: No
- 7011 LINDA VISTA RD
  SAN DIEGO, CA 92111
- Phone: (858) 810-8700
  Fax: (858) 633-4680
- After Hours Phone: (858) 810-8700
Provider Gender: Female
NPI: 1114687803
- Provider English Spoken: Y
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

**PSYCHOLOGIST**

**FORZANI, CHRISTINA**
Provider ID: 290780
Board Certified Specialty: No
- 4290 POLK AVE
  SAN DIEGO, CA 92103
- Phone: (619) 961-1497
  Fax: (619) 633-4682
- After Hours Phone: (619) 961-1497
Provider Gender: Female
NPI: 1902939630
- Provider English Spoken: Y
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

**PSYCHOLOGIST**

**GIAMONA, KRISTEN**
Provider ID: 294171
Board Certified Specialty: No
- 6973 LINDA VISTA RD
  SAN DIEGO, CA 92111
- Phone: (858) 279-0925
  Fax: (858) 633-4680
- After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1376824383
- Provider English Spoken: Y
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Gender</th>
<th>NPI</th>
<th>English Spoken</th>
<th>Cultural Competency</th>
<th>Open Panel</th>
<th>Age</th>
<th>ASL Accessibility</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>290801</td>
<td>Giamona, Kristen</td>
<td>PSYCHOLOGIST</td>
<td>7011 Linda Vista Rd, San Diego, CA 92111</td>
<td>(858) 810-8787</td>
<td>(858) 987-5825</td>
<td>(858) 810-8787</td>
<td>Female</td>
<td>1376824383</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0-999</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
</tr>
<tr>
<td>291424</td>
<td>Gomez, Juanita</td>
<td>PSYCHOLOGIST</td>
<td>6030 Village Way, San Diego, CA 92130</td>
<td>(800) 926-8372</td>
<td>(888) 539-8781</td>
<td>(800) 926-8372</td>
<td>Female</td>
<td>1790915759</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0-999</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
</tr>
<tr>
<td>296237</td>
<td>Kluempfer, Nicole</td>
<td>PSYCHOLOGIST</td>
<td>6973 Linda Vista Rd, San Diego, CA 92111</td>
<td>(858) 279-0925</td>
<td>(858) 633-4680</td>
<td>(858) 279-0925</td>
<td>Female</td>
<td>1902125818</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0-999</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
</tr>
<tr>
<td>301617</td>
<td>Labib, Michael</td>
<td>PSYCHOLOGIST</td>
<td>1666 Precision Park Ln, San Diego, CA 92173</td>
<td>(619) 662-4100</td>
<td>(619) 785-3384</td>
<td>(619) 662-4100</td>
<td>Male</td>
<td>1609055797</td>
<td>Y</td>
<td>N</td>
<td>Yes</td>
<td>0-999</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
</tr>
<tr>
<td>245225</td>
<td>Levensohn Chialvo, Florencia</td>
<td>PSYCHOLOGIST</td>
<td>7910 Frost St Ste 350, San Diego, CA 92121</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN SALLY THORNTON</td>
<td>273638</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>JOHN SALLY TRONOTON</td>
<td>273638</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>JOHN SALLY TRONOTON</td>
<td>273638</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>JOHN SALLY TRONOTON</td>
<td>273638</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>JOHN SALLY TRONOTON</td>
<td>273638</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>JOHN SALLY TRONOTON</td>
<td>273638</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>JOHN SALLY TRONOTON</td>
<td>273638</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>JOHN SALLY TRONOTON</td>
<td>273638</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>JOHN SALLY TRONOTON</td>
<td>273638</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
<tr>
<td>JOHN SALLY TRONOTON</td>
<td>273638</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Note:** This list includes mental health providers affiliated with UCSD Medical Center or Rady Children's Hospital San Diego. Some services may require prior authorization from Blue Shield for coverage. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 acceso: CONTACT PROVIDER
 🕑 Hours: M-F 8:00AM-5:00PM
 🌐 Website: N/A

PSYCHOLOGIST
MCCULLUM, TIFFANY
Provider ID: 290689
Board Certified Specialty: No
286 EUCLID AVE STE 302
SAN DIEGO, CA 92114
📞 Phone: (619) 662-4100
Fax: (619) 205-1949
谪: After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1528306206
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 acceso: CONTACT PROVIDER
 🕑 Hours: M-F 8:00AM-5:00PM
 🌐 Website: N/A

PSYCHOLOGIST
NING, GRACE
Provider ID: 290742
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
📞 Phone: (858) 810-8700
Fax: (858) 633-4680
谪: After Hours Phone: (858) 810-8700
Provider Gender: Female
NPI: 1598911315
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Mandarin
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 acceso: CONTACT PROVIDER
 🌐 Website: N/A

PSYCHOLOGIST
MONTOYA, JESSICA
Provider ID: 274619
Board Certified Specialty: No
4168 FRONT ST FL 3
SAN DIEGO, CA 92103
📞 Phone: (800) 926-8273
Fax: (888) 539-8781
谪: After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1598911315
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
John Sally Thornton
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 acceso: CONTACT PROVIDER
 🕑 Hours: M-F 8:00AM-5:00PM
 🌐 Website: N/A

PSYCHOLOGIST
NORMAN, MARC
Provider ID: 272916
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
📞 Phone: (619) 543-2827
Fax: (619) 543-2827
谪: After Hours Phone: (619) 543-2827
Provider Gender: Male
NPI: 1922169101
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
PSYCHOLOGIST
NORMAN, MARC
Provider ID: 276869
Board Certified Specialty: No
350 DICKINSON ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1922169101
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA

PSYCHOLOGIST
ORTIZ, MARIA
Provider ID: 290721
Board Certified Specialty: No
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
Fax: (619) 662-4158
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1497980775
Provider English Spoken: Y
Cultural Competency: N

PSYCHOLOGIST
PRINCE, RENEE
Provider ID: 303603
Board Certified Specialty: No
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (619) 474-4008
After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1467737908
Provider English Spoken: Y
PSYCHOLOGIST

RADOJEVIC, NATASHA
Provider ID: 290690
Board Certified Specialty: No

7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 279-0377
After Hours Phone: (858) 810-8700
Provider Gender: Female
NPI: 1821365008
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-6:00PM
Website: N/A

PSYCHOLOGIST

SCHELLINGER, KRISTON
Provider ID: 213751
Board Certified Specialty: No

9909 MIRA MESA BLVD
STE 200
SAN DIEGO, CA 92131
Phone: (858) 246-1979
After Hours Phone: (858) 246-1979
Provider Gender: Female
NPI: 1710234273
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego, UCSD La Jolla John Sally Thornton, UCSD Medical Ctr
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

PSYCHOLOGIST

SCHELLINGER, KRISTON
Provider ID: 213750
Board Certified Specialty: No

9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1710234273
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego, UCSD La Jolla John Sally Thornton, UCSD Medical Ctr
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PSYCHOLOGIST

TARLE, STEPHANIE
Provider ID: 303115
Board Certified Specialty: No

6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (858) 246-1979
After Hours Phone: (858) 246-1979
Provider Gender: Female
NPI: 1710234273
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego, UCSD La Jolla John Sally Thornton, UCSD Medical Ctr
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

VANFOSSEN, BRIAN
Provider ID: 295382
Board Certified Specialty: No
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Male
NPI: 1255696183
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PSYCHOLOGIST
TO, TUAN
Provider ID: 290284
Board Certified Specialty: No
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Provider Gender: Male
NPI: 1255696183
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

VIERLING, SABRINA
Provider ID: 290589
Board Certified Specialty: No
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058
Provider Gender: Female
NPI: 1215288238
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

2139
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>ID Number</th>
<th>Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Gender</th>
<th>NPI</th>
<th>Languages</th>
<th>Competency</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bailey, Jacob</td>
<td>299923</td>
<td>No</td>
<td>200 W Arbor Dr</td>
<td>(800) 926-8273</td>
<td></td>
<td>Male</td>
<td>1598150039</td>
<td>English</td>
<td>Yes</td>
<td>UCSD Medical CTR</td>
</tr>
<tr>
<td>Joshua, Jisha</td>
<td>238061</td>
<td>No</td>
<td>4520 Executive Dr Ste P2</td>
<td>(800) 926-8273</td>
<td>(800) 926-8273</td>
<td>Female</td>
<td>1023436417</td>
<td>Hindi, Malayalam</td>
<td>No</td>
<td>UCSD La Jolla John Sally</td>
</tr>
<tr>
<td>Joshua, Jisha</td>
<td>238062</td>
<td>No</td>
<td>200 W Arbor Dr</td>
<td>(800) 926-8273</td>
<td></td>
<td>Female</td>
<td>1023436417</td>
<td>Hindi, Malayalam</td>
<td>No</td>
<td>UCSD Medical CTR</td>
</tr>
<tr>
<td>Le, Huan</td>
<td>27358</td>
<td>No</td>
<td>5507 El Cajon Blvd Ste C</td>
<td>(619) 582-1448</td>
<td></td>
<td>Male</td>
<td>1780797381</td>
<td>French, Spanish, Vietnamese</td>
<td>No</td>
<td>SCPT</td>
</tr>
</tbody>
</table>

American Sign Language (ASL): ☑

Accessibility: CONTACT PROVIDER
Website: N/A

PULMONARY DISEASES

2140
**D3. 专科提供者名录**

<table>
<thead>
<tr>
<th>医疗机构</th>
<th>专科提供者名录</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR</td>
<td>Le, Huan</td>
</tr>
<tr>
<td></td>
<td>Provider ID: 300636</td>
</tr>
<tr>
<td></td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td></td>
<td>5507 EL CAJON BLVD STE C</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92115</td>
</tr>
<tr>
<td></td>
<td>Phone: (619) 582-1448</td>
</tr>
<tr>
<td></td>
<td>Fax: (619) 582-1081</td>
</tr>
<tr>
<td></td>
<td>After Hours Phone: (619) 582-1448</td>
</tr>
<tr>
<td></td>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td></td>
<td>NPI: 1780797381</td>
</tr>
<tr>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td></td>
<td>Provider Language(s) Spoken: French, Spanish, Vietnamese</td>
</tr>
<tr>
<td></td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td></td>
<td>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR</td>
</tr>
<tr>
<td></td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td></td>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL):</td>
<td>N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Hours: M-W 9:00AM-5:00PM</td>
<td></td>
</tr>
<tr>
<td>TH 8:00AM-1:00PM</td>
<td></td>
</tr>
<tr>
<td>F 9:00AM-6:00PM</td>
<td></td>
</tr>
<tr>
<td>SA 8:00AM-11:00AM</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PULMONARY DISEASES</th>
<th>MCGUIRE, WILLIAM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provider ID: 299986</td>
</tr>
<tr>
<td></td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td></td>
<td>200 W ARBOR DR SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td></td>
<td>Phone: (800) 926-8273</td>
</tr>
<tr>
<td></td>
<td>Fax: (888) 539-8781</td>
</tr>
<tr>
<td></td>
<td>After Hours Phone: (800) 926-8273</td>
</tr>
<tr>
<td></td>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td></td>
<td>NPI: 1841684081</td>
</tr>
<tr>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td></td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td></td>
<td>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR</td>
</tr>
<tr>
<td></td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td></td>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL):</td>
<td>N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RADIATION ONCOLOGY</th>
<th>CARREON, RUBEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provider ID: 303100</td>
</tr>
<tr>
<td></td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td></td>
<td>7901 FROST ST SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td></td>
<td>Phone: (858) 939-5010</td>
</tr>
<tr>
<td></td>
<td>Fax: (619) 740-8499</td>
</tr>
<tr>
<td></td>
<td>After Hours Phone: (858) 939-5010</td>
</tr>
<tr>
<td></td>
<td>Provider Gender: Male</td>
</tr>
<tr>
<td></td>
<td>NPI: 1275929242</td>
</tr>
<tr>
<td></td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td></td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td></td>
<td>Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td></td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td></td>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL):</td>
<td>N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
</tbody>
</table>
RADIATION ONCOLOGY

COLEMAN, LORI
Provider ID: 221091
Board Certified Specialty: No
16918 DOVE CANYON RD
SAN DIEGO, CA 92127
Phone: (858) 649-5100
Fax: (858) 649-5099
After Hours Phone: (858) 649-5100
Provider Gender: Female
NPI: 1467625491
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

RADIATION ONCOLOGY

HATTANGADI GLUTH, JONA
Provider ID: 254496
16918 DOVE CANYON RD
SAN DIEGO, CA 92127
Phone: (858) 649-5100
Fax: (858) 649-5099
After Hours Phone: (858) 649-5100
Provider Gender: Female
NPI: 1467625491
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

RADIATION ONCOLOGY

HOOPES, DAVID
Provider ID: 269725
16918 DOVE CANYON RD
SAN DIEGO, CA 92127
Phone: (858) 649-5100
Fax: (858) 649-5099
After Hours Phone: (858) 649-5100
Provider Gender: Male
NPI: 1962520080
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
John Sally Thornton
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:00PM
Website: N/A

RADIATION ONCOLOGY

HATTANGADI GLUTH, JONA
Provider ID: 262270
D3. 专科提供者名录

HOOPES, DAVID
Provider ID: 262206
Board Certified Specialty: No
16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Phone: (858) 649-5100
Fax: (858) 649-5099
After Hours Phone: (858) 649-5100
Provider Gender: Male
NPI: 1962520080
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIATION ONCOLOGY
WEINSTEIN, GEOFFREY
Provider ID: 220039
Board Certified Specialty: No
3075 HEALTH CENTER DR
SAN DIEGO, CA 92123
Phone: (858) 939-5010
Fax: (858) 939-5021
After Hours Phone: (858) 939-5010
Provider Gender: Male
NPI: 1841233947
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 19\100
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

RADIATION ONCOLOGY
VOLPP, PAUL
Provider ID: 221105
Board Certified Specialty: No
3075 HEALTH CENTER DR
SAN DIEGO, CA 92123
Phone: (858) 939-5010
Fax: (858) 939-5021
After Hours Phone: (858) 939-5010
Provider Gender: Male
NPI: 1225186232
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 19\100
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

RADIATION ONCOLOGY
MURPHY, JAMES
Provider ID: 262401
Board Certified Specialty: No
16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Phone: (559) 447-4949
Fax: (559) 447-4925
After Hours Phone: (559) 447-4949
Provider Gender: Male
NPI: 1730382631
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
BERMAN, ZACHARY
Provider ID: 269318
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Provider Gender: Male
NPI: 1033521190
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
BRANCH, CODY
Provider ID: 283675
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1851770622
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
BERMAN, ZACHARY
Provider ID: 304163
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1033521190
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
BRANCH, CODY
Provider ID: 304199
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1851770622
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
CARSWELL, AIMEE
Provider ID: 304194
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (858) 554-1212
Fax: (858) 795-1195
After Hours Phone: (858) 554-1212
Provider Gender: Female
NPI: 1619156635
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: EISENHOWER MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
CARSWELL, AIMEE
Provider ID: 303054
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1851770622
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

- **RADIOLOGY DIAGNOSTIC**
  - **CHENG, KAREN**
    - Provider ID: 304207
    - Board Certified Specialty: No
    - 6655 ALVARADO RD
      - SAN DIEGO, CA 92120
    - Phone: (800) 926-8273
    - Fax: (888) 539-8781
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Female
    - NPI: 1427430511
    - Provider English Spoken: Y
    - Cultural Competency: N
    - Hospital Affiliation: EISENHOWER MEDICAL CTR
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Website: N/A
  - **RADIOLOGY DIAGNOSTIC**
    - **CHENG, KAREN**
      - Provider ID: 283228
      - Board Certified Specialty: No
      - 330 LEWIS ST STE 202
        - SAN DIEGO, CA 92103
      - Phone: (800) 926-8273
      - Fax: (888) 539-8781
      - After Hours Phone: (800) 926-8273
      - Provider Gender: Female
      - NPI: 1427430511
      - Provider English Spoken: Y
      - Cultural Competency: N
      - Hospital Affiliation: EISENHOWER MEDICAL CTR
      - Medi-Cal Open Panel: Yes
      - Min/Max Age: 0\999
      - American Sign Language (ASL): N
      - Accessibility: CONTACT PROVIDER
      - Website: N/A
  - **RADIOLOGY DIAGNOSTIC**
    - **CHENG, KAREN**
      - Provider ID: 303055
      - Board Certified Specialty: No
      - 330 LEWIS ST
        - SAN DIEGO, CA 92103
      - Phone: (858) 554-1212
      - Fax: (858) 795-1195
      - After Hours Phone: (858) 554-1212
      - Provider Gender: Female
      - NPI: 1619156635
      - Provider English Spoken: Y
      - Cultural Competency: N
      - Hospital Affiliation: EISENHOWER MEDICAL CTR
      - Medi-Cal Open Panel: Yes
      - Min/Max Age: 0\999
      - American Sign Language (ASL): N
      - Accessibility: CONTACT PROVIDER
      - Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
### D3. 专科提供者名录

#### RADIOLOGY DIAGNOSTIC

**CHEWNING, RUSH**  
Provider ID: 301914  
Board Certified Specialty: No  
Phone: (858) 966-8863  
Fax: (858) 966-8863  
After Hours Phone: (858) 966-8863  
Provider Gender: Male  
NPI: 1083872212  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### RADIOLOGY DIAGNOSTIC

**FAZELI, SOUDABEH**  
Provider ID: 299992  
Board Certified Specialty: No  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1639553613  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### RADIOLOGY DIAGNOSTIC

**FAZELI, SOUDABEH**  
Provider ID: 299992  
Board Certified Specialty: No  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1639553613  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### RADIOLOGY DIAGNOSTIC

**FORCIER, NANCY**  
Provider ID: 286956  
Board Certified Specialty: No  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1497721724  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Providence Mission Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### RADIOLOGY DIAGNOSTIC

**FORCIER, NANCY**  
Provider ID: 286954  
Board Certified Specialty: No  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1639553613  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
気軽 Phone: (800) 926-8273
Provider Gender: Female
NPI: 1497721724
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Providence Mission Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC
GRISOM, MURRAY
Provider ID: 271567
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
気軽 Phone: (800) 926-8273
Provider Gender: Male
NPI: 1720465396
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, Stanford Health Care,
STANFORD HEALTH CARE TRI-VALLEY
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC
FOWLER, KATHRYN
Provider ID: 201289
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
気軽 Phone: (800) 926-8273
Provider Gender: Female
NPI: 1255457941
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA,
SCRIPPS MEMORIAL HOSPITAL ENCINITAS,
SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC
GRISOM, MURRAY
Provider ID: 271569
Board Certified Specialty: No
2147
D3. 专科提供者名录

330 LEWIS ST STE 202
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1720465396
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON,
Stanford Health Care,
STANFORD HEALTH CARE TRI-VALLEY
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC
HANSSUN, GEMMY
Provider ID: 282791
Board Certified Specialty: No
330 LEWIS ST STE 202
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1992120026
Provider English Spoken: Y
Provider Language(s)
  Spoken: Khmer, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC
HORKY, LAURA
Provider ID: 241853
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1598967812
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC
JAFFRAY, PAUL
Provider ID: 299958
Board Certified Specialty: No
330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1275700999
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Los Angeles General Medical Center
D3. 专科提供者名录

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
accessible: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
JAFFRAY, PAUL
Provider ID: 299957
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1275700999
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Los Angeles General Medical Center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
accessible: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
JAZBEH, SAMMER
Provider ID: 304167
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1770825457
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
accessible: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC
JAZBEH, SAMMER
Provider ID: 271126
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1770825457
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
accessible: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC
JAZBEH, SAMMER
Provider ID: 271127
Board Certified Specialty: No
330 LEWIS ST STE 202
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1770825457
D3. 专科提供者名录

- Provider English Spoken: Y
- Provider Language(s) Spoken: Arabic
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
- JOHN SALLY THORNTON
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

**RADIOLOGY DIAGNOSTIC**

**KONDILI, DHIMITER**
- Provider ID: 283143
- Board Certified Specialty: No
- 200 W ARBOR DR
  SAN DIEGO, CA 92103
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1699125450
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: EISENHOWER MEDICAL CTR
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

**MARKS, ROBERT**
- Provider ID: 300065
- Board Certified Specialty: No
- 330 LEWIS ST
  SAN DIEGO, CA 92103
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Provider Gender: Male
- NPI: 1952389934
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: EISENHOWER MEDICAL CTR
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

**RITCHIE, DAVID**
- Provider ID: 300032
- Board Certified Specialty: No
- 330 LEWIS ST
  SAN DIEGO, CA 92103
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- Provider Gender: Male
- NPI: 1952389934
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: ST MARY MEDICAL CENTER
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Af er Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1407201916
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

RADIOLOGY DIAGNOSTIC
RITCHIE, DAVID
Provider ID: 300031
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1407201916
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

RADIOLOGY DIAGNOSTIC
SADAT, SAYED
Provider ID: 299968
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1679000806
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

RADIOLOGY DIAGNOSTIC
SADAT, SAYED
Provider ID: 299969
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1679000806
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

RADIOLOGY DIAGNOSTIC
SADAT, SAYED
Provider ID: 304202
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1679000806
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

RADIOLOGY DIAGNOSTIC
SCHULTZ, HEATHER
Provider ID: 240342
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1871910810
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
RADIOLOGY DIAGNOSTIC

SCHULTZ, HEATHER
Provider ID: 240344
Board Certified Specialty: No
נק"א 330 LEWIS ST STE 202
SAN DIEGO, CA 92103
נק Phone: (800) 926-8273
נק After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1871910810
נק Provider English Spoken: Y
נק Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
נק Accessibility: CONTACT PROVIDER
נק Website: N/A

RADIOLOGY DIAGNOSTIC

SEARLEMAN, ADAM
Provider ID: 299949
Board Certified Specialty: No
330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1134570641
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC

SEARLEMAN, ADAM
Provider ID: 283310
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1851746382
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC

SLATER, JERRY
Provider ID: 283310
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1851746382
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D3. 专科提供者名录

🕒 | Hours: M-F  
   | 8:00AM-5:00PM  
📍 | Website: N/A

RADIOLOGY DIAGNOSTIC

SPENGLER, NATHAN
Provider ID: 303049
Board Certified Specialty: No
,’”
330 LEWIS ST
SAN DIEGO, CA 92103
’”
Phone: (800) 926-8273
Fax: (888) 539-8781
’”
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1992919666
’”
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
UNIVERSITY OF CALIFORNIA IRVINE MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC

SPENGLER, NATHAN
Provider ID: 303048
Board Certified Specialty: No
’”
200 W ARBOR DR
SAN DIEGO, CA 92103
’”
Phone: (800) 926-8273
Fax: (888) 539-8781
’”
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1992919666
’”
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
UNIVERSITY OF CALIFORNIA IRVINE MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC

STRAKA, CHRISTOPHER
Provider ID: 276875
Board Certified Specialty: No
’”
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127
Phone: (858) 649-5100
Fax: (858) 649-5099
’”
After Hours Phone: (858) 649-5100
Provider Gender: Male
NPI: 1801281399
’”
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 17\120
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC

TADDONIO, MICHAEL
Provider ID: 240407
Board Certified Specialty: No
’”
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
’”
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1386987261
’”
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Min/Max Age: 0-999
American Sign Language (ASL): N

RADIOLOGY DIAGNOSTIC
TADDONIO, MICHAEL
Provider ID: 240408
Board Certified Specialty: No
Hours: M-F
8:00AM-5:00PM
Website: N/A

Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1386987261
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC
TADDONIO, MICHAEL
Provider ID: 304179
Board Certified Specialty: No
Hours: M-F
8:00AM-5:00PM
Website: N/A

Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1386987261
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC
TADROS, ANTHONY
Provider ID: 268546
Board Certified Specialty: No
Hours: M-F
8:00AM-5:00PM
Website: N/A

Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1306112057
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC
TADROS, ANTHONY
Provider ID: 304150
Board Certified Specialty: No
Hours: M-F
8:00AM-5:00PM
Website: N/A

Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1386987261
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1306112057
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC

THOMPSON, COLE
Provider ID: 299988
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1700315264
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC

UNSDORFER, KYLE
Provider ID: 300035
Board Certified Specialty: No
330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1285165183
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC

UNSDORFER, KYLE
Provider ID: 300036
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1285165183
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Min/Max Age: 0\999  Min/Max Age: 0\999
American Sign Language (ASL): N  American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER  Accessibility: CONTACT PROVIDER
 Website: N/A  Website: N/A

RADIOLOGY DIAGNOSTIC

VAHDOT, NOUSHIN
Provider ID: 300071
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1396700852

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC

VAHDOT, NOUSHIN
Provider ID: 300070
Board Certified Specialty: No
330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1396700852

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC

VAKILIAN, SIAVOSH
Provider ID: 283207
Board Certified Specialty: No
5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123
Phone: (858) 505-4100
Fax: (858) 429-7939
After Hours Phone: (858) 505-4100
Provider Gender: Male
NPI: 1427456151

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

RADIOLOGY DIAGNOSTIC

VAKILIAN, SIAVOSH
Provider ID: 283519
Board Certified Specialty: No
330 LEWIS ST STE 202
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1790146611

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC

YORK, VINCENT
Provider ID: 283519
Board Certified Specialty: No
330 LEWIS ST STE 202
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1790146611

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC

2156
D3. 专科提供者名录

YORK, VINCENT
Provider ID: 283517
Board Certified Specialty: No
跨境: 200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
跨境: After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1790146611
跨境: Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
跨境: Accessibility: CONTACT PROVIDER
跨境: Hours: M-F
跨境: 8:00AM-5:00PM
跨境: Website: N/A

REGISTERED PHYSICAL THERAPIST
AGUERO, PETER
Provider ID: 258299
Board Certified Specialty: No
跨境: 9333 GENESEE AVE STE 310
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
跨境: After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982120861
跨境: Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
跨境: Accessibility: CONTACT PROVIDER
跨境: Hours: M-F
跨境: 8:00AM-5:00PM
跨境: Website: N/A

REGISTERED PHYSICAL THERAPIST
AGUERO, PETER
Provider ID: 258299
Board Certified Specialty: No
跨境: 9333 GENESEE AVE STE 310
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
跨境: After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982120861
跨境: Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
跨境: Accessibility: CONTACT PROVIDER
跨境: Hours: M-F
跨境: 8:00AM-5:00PM
跨境: Website: N/A

REGISTERED PHYSICAL THERAPIST
BARTZ, BRYAN
Provider ID: 273380
Board Certified Specialty: No
跨境: 16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
跨境: After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1669818993
跨境: Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
跨境: Accessibility: CONTACT PROVIDER
跨境: Hours: M-F
跨境: 8:00AM-5:00PM
跨境: Website: N/A

REGISTERED PHYSICAL THERAPIST
BARTZ, BRYAN
Provider ID: 273381
Board Certified Specialty: No
跨境: 8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
跨境: After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1669818993
跨境: Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL):
### D3. 专科提供者名录

#### N

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERGERON, PATRICK</td>
<td>206534</td>
<td>No</td>
<td>UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>Male</td>
<td>1285061390</td>
</tr>
<tr>
<td>Provider ID: 206534</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1285061390</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CONTACT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUNOSKY, ABIGAIL</td>
<td>246022</td>
<td>No</td>
<td>UCSD LA JOLLA JOHN SALLY</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>Female</td>
<td>1780018416</td>
</tr>
<tr>
<td>Provider ID: 246022</td>
<td></td>
<td></td>
<td>UCSD MEDICAL CTR</td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax: (888) 539-8781</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1780018416</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CONTACT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>COSTELLO, MARK</td>
<td>295634</td>
<td>No</td>
<td>UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>Male</td>
<td>2158124251</td>
</tr>
<tr>
<td>Provider ID: 295634</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (858) 277-2277</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax: (408) 945-4018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# Website: N/A

### REGISTERED PHYSICAL THERAPIST

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORTEZ, AARON</td>
<td>279194</td>
<td>No</td>
<td>UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>Male</td>
<td>1639693187</td>
</tr>
<tr>
<td>Provider ID: 279194</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1639693187</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CONTACT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### REGISTERED PHYSICAL THERAPIST

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUNOSKY, ABIGAIL</td>
<td>246022</td>
<td>No</td>
<td>UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>Female</td>
<td>1780018416</td>
</tr>
<tr>
<td>Provider ID: 246022</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax: (888) 539-8781</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1780018416</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CONTACT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### REGISTERED PHYSICAL THERAPIST

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORTES, AARON</td>
<td>279194</td>
<td>No</td>
<td>UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>Male</td>
<td>1639693187</td>
</tr>
<tr>
<td>Provider ID: 279194</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1639693187</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CONTACT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### REGISTERED PHYSICAL THERAPIST

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Provider Gender</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORTEZ, AARON</td>
<td>279194</td>
<td>No</td>
<td>UCSD MEDICAL CTR</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
<td>Male</td>
<td>1639693187</td>
</tr>
<tr>
<td>Provider ID: 279194</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Gender: Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI: 1639693187</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CONTACT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

- After Hours Phone: (858) 277-2277
  Provider Gender: Male
  NPI: 1710193602
  Provider English Spoken: Y
  Provider Language(s) Spoken: Arabic, Armenian, Spanish
  Cultural Competency: N
  Medi-Cal Open Panel: Yes
  Min/Max Age: 5\999
  American Sign Language (ASL): N
  Accessibility: CONTACT PROVIDER
  Website: N/A

REGISTERED PHYSICAL THERAPIST
DANG, ERIC
Provider ID: 258363
Board Certified Specialty: No
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122
Phone: (858) 543-3333
Fax: (858) 657-1809
After Hours Phone: (858) 543-3333
Provider Gender: Male
NPI: 1891237756
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
FARRAR, COURTNEY
Provider ID: 303843
Board Certified Specialty: No
3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110
Phone: (619) 325-1161
Fax: (619) 325-1717
After Hours Phone: (619) 325-1161
Provider Gender: Male
NPI: 1124577952
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 13\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
JOHNSON, KENNADY
2159
D3. 专科提供者名录

Provider ID: 305041
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1730834417
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

REGISTERED PHYSICAL THERAPIST
MC ELROY, CARTER
Provider ID: 206523
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1114472230
Provider English Spoken: Y
Provider Language(s) Spoken: Thai
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
NUTHALL, KAITLIN
Provider ID: 202326
Board Certified Specialty: No
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122
Phone: (858) 249-0832
Fax: (858) 657-1809
After Hours Phone: (858) 249-0832
Provider Gender: Female
NPI: 1992210090
Provider English Spoken: Y
Provider Language(s) Spoken: Thai
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
NGUYEN, HARRY
Provider ID: 271871
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1629558499
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

REGISTERED PHYSICAL THERAPIST
RICKERTS, MATTHEW
Provider ID: 287652
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1063882579
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

REGISTERED PHYSICAL THERAPIST
SKINNER, NICOLE
Provider ID: 206547
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1386964997
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

REGISTERED PHYSICAL THERAPIST
RUDD, CHRISTOPHER
Provider ID: 207560
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1831539337
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

REGISTERED PHYSICAL THERAPIST
VANDEWIELE, EMILY
Provider ID: 285183
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1942818505
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

REGISTERED PHYSICAL THERAPIST
VASQUEZ, BENJAMIN
Provider ID: 302870
Board Certified Specialty: No
4910 DIRECTORS PL
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
Provider Gender: Male
NPI: 1568938413
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

REGISTERED PHYSICAL THERAPIST
WALKER, JULIE
Provider ID: 258489
Board Certified Specialty: No
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122
Phone: (855) 543-0333
Fax: (858) 535-6422
After Hours Phone: (855) 543-0333
Provider Gender: Female
NPI: 1720489503
Provider English Spoken: Y
Cultural Competency: N
Medical CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
Website: N/A

REGISTERED PHYSICAL THERAPIST
WILLIAMS, STACY
Provider ID: 259684
Board Certified Specialty: No
4520 EXECUTIVE DR STE 1
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1689962169
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
Website: N/A

SPEECH PATHOLOGIST
AROCHO-SALGADO, MIRELIS
Provider ID: 296932
Board Certified Specialty: No
7510 CLAIREMONT MESA BLVD STE 103
SAN DIEGO, CA 92111
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1063660165
Provider English Spoken: Y
Cultural Competency: N
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

SPEECH PATHOLOGIST
AROCHE-SALGADO, MIRELIS
Provider ID: 296929
Board Certified Specialty: No
11440 W BERNARDO CT
SAN DIEGO, CA 92127
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1063660165
Provider English Spoken: Y
Provider Language(s):
Spoken: Armenian, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

SPEECH PATHOLOGIST
AROCHE-SALGADO, MIRELIS
Provider ID: 296930
Board Certified Specialty: No
9655 GRANITE RIDGE DR
SAN DIEGO, CA 92123
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1063660165
Provider English Spoken: Y
Provider Language(s):
Spoken: Armenian, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-7:00PM
Website: N/A

SPEECH PATHOLOGIST
CALDERON MORALES, ASTRID
Provider ID: 305580
Board Certified Specialty: No
7510 CLAIREMONT MESA BLVD STE 103
SAN DIEGO, CA 92111
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1619501186
Provider English Spoken: Y
Provider Language(s):
Spoken: Armenian, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-7:00PM
Website: N/A

SPEECH PATHOLOGIST
CALDERON MORALES, ASTRID
Provider ID: 305579
Board Certified Specialty: No
11440 W BERNARDO CT
SAN DIEGO, CA 92127
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1619501186
Provider English Spoken: Y
Provider Language(s):
Spoken: Armenian, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-7:00PM
Website: N/A

SPEECH PATHOLOGIST
CLARK, MELISSA
Provider ID: 296922
D3. 专科提供者名录

Board Certified Specialty: No

7510 CLAIREMONT MESA BLVD STE 102
SAN DIEGO, CA 92111
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1760546428

Provider English Spoken: Y
Provider Language(s)
  Spoken: Arabic, Armenian, Farsi, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 7:00AM-7:00PM
  M-F 7:00AM-7:00PM
Website: N/A

SPEECH PATHOLOGIST
CLARK, MELISSA
Provider ID: 296921
Board Certified Specialty: No
9655 GRANITE RIDGE DR STE 200
SAN DIEGO, CA 92123
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1760546428

Provider English Spoken: Y
Provider Language(s)
  Spoken: Arabic, Armenian, Farsi, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-7:00PM
Website: N/A

SPEECH PATHOLOGIST
MADERA RIVERA, PAULA
Provider ID: 296575
Board Certified Specialty: No
9655 GRANITE RIDGE DR STE 200
SAN DIEGO, CA 92123
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1205443769

Provider English Spoken: Y
Provider Language(s)
  Spoken: Arabic, Armenian, Farsi, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-7:00PM
Website: N/A
D3. 专科提供者名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-7:00PM
Website: N/A

SPEECH PATHOLOGIST
MADERA RIVERA, PAULA
Provider ID: 296578
Board Certified Specialty: No
11440 W BERNARDO CT STE 300
SAN DIEGO, CA 92127
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1275021438
Provider English Spoken: Y
Provider Language(s)
  Spoken: Arabic, Armenian, Farsi, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-7:00PM
Website: N/A

SPEECH PATHOLOGIST
O’DORAN, KAYLA
Provider ID: 296586
Board Certified Specialty: No
7510 CLAIREMONT MESA BLVD STE 103
SAN DIEGO, CA 92111
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1275021438
Provider English Spoken: Y
Provider Language(s)
  Spoken: Arabic, Armenian, Farsi, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-7:00PM
Website: N/A

SPEECH PATHOLOGIST
SCHIEDERMAYER, BENJAMIN
Provider ID: 288937
Board Certified Specialty: No
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
D3. 专科提供者名录

Provider Gender: Male
NPI: 1164979837
钗 Provider English Spoken: Y
钗 Cultural Competency: N
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
钗 Accessibility: CONTACT PROVIDER
钗 Hours: M-F
钗 8:00AM-5:00PM
钗 Website: N/A

SURGERY COLON SURGERY
EISENSTEIN, SAMUEL
Provider ID: 286364
Board Certified Specialty: No
钗 200 W ARBOR DR
钗 SAN DIEGO, CA 92103
钗 Phone: (800) 926-8273
钗 Fax: (888) 539-8781
钗 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1194983932
钗 Provider English Spoken: Y
钗 Cultural Competency: N
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
钗 Accessibility: CONTACT PROVIDER
钗 Hours: M-F
钗 8:00AM-5:00PM
钗 Website: N/A

SURGERY COLON SURGERY
EISENSTEIN, SAMUEL
Provider ID: 286363
Board Certified Specialty: No
钗 4303 LA JOLLA VILLAGE DR STE 2110
钗 SAN DIEGO, CA 92122
钗 Phone: (800) 926-8273
钗 Fax: (888) 539-8781
钗 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1194983932
钗 Provider English Spoken: Y
钗 Cultural Competency: N
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
钗 Accessibility: CONTACT PROVIDER
钗 Website: N/A

SURGERY COLON SURGERY
LIU, SHANGLEI
Provider ID: 273363
Board Certified Specialty: No
钗 200 W ARBOR DR
钗 SAN DIEGO, CA 92103
钗 Phone: (800) 926-8273
钗 Fax: (888) 539-8781
钗 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1043558653
钗 Provider English Spoken: Y
钗 Cultural Competency: N
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
钗 Accessibility: CONTACT PROVIDER
钗 Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

- Provider English Spoken: Y  
  Cultural Competency: N  
  Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\999  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Hours: M-F  
  8:00AM-5:00PM  
  Website: N/A

SURGERY COLON SURGERY  
LOPEZ, NICOLE

Provider ID: 286366  
Board Certified Specialty: No  
4303 LA JOLLA VILLAGE DR STE 2110  
SAN DIEGO, CA 92122  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1518163005  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

SURGERY COLON SURGERY  
PARRY, LISA

Provider ID: 278553  
Board Certified Specialty: No  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1235369067  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A
**SURGERY COLON SURGERY**  
**RAMAMOORTHY, SONIA**  
Provider ID: 286370  
Board Certified Specialty: No  
4303 LA JOLLA VILLAGE DR STE 2110  
SAN DIEGO, CA 92122  
Phone: (800) 926-8273  
Fax: (888) 529-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1801812656  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Medi-Cal Open Panel: No  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**SURGERY GENERAL**  
**AL-NOURI, OMAR**  
Provider ID: 211903  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1770742264  
Provider English Spoken: Y  
Provider Language(s) Spoken: Arabic  
Cultural Competency: N

**SURGERY GENERAL**  
**ARMANI, AVA**  
Provider ID: 282141  
Board Certified Specialty: Yes  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (858) 822-6100  
After Hours Phone: (858) 822-6100  
Provider Gender: Female  
NPI: 1861759383  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**SURGERY GENERAL**  
**BARNES, RYAN**  
Provider ID: 299904  
Board Certified Specialty: No  
7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
Phone: (858) 565-0104  
Fax: (858) 565-0194  
After Hours Phone: (858) 565-0104  
Provider Gender: Male  
NPI: 1831493501  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
9:00AM-4:30PM  
Website: N/A

**SURGERY GENERAL**  
**BARNES, RYAN**  
Provider ID: 129062  
Board Certified Specialty: No  
7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
Phone: (858) 565-0104  
Fax: (858) 565-0194  
After Hours Phone: (858) 565-0104  
Provider Gender: Male  
NPI: 1831493501  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: MEDICAL CTR AT UCSF, UCSF Medical Center At Mission Bay, UCSF MEDICAL CENTER AT MOUNT ZION, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>1831493501</td>
<td>N</td>
<td>SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, PALOMAR HEALTH</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-TH 9:00AM-5:00PM, F 9:00AM-4:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>1669700753</td>
<td>N</td>
<td>SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, KERN MEDICAL CENTER</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 9:00AM-5:00PM, F 9:00AM-4:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>1558566372</td>
<td>N</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND</td>
<td>Yes</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>247073</td>
<td>N</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA</td>
<td>No</td>
<td>0\19</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
</tbody>
</table>

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

SURGERY GENERAL
BRODERICK, RYAN
Provider ID: 201617
Board Certified Specialty: Yes
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121
Phone: (858) 657-8860
After Hours Phone: (858) 657-8860
Provider Gender: Male
NPI: 1619252418
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

SURGERY GENERAL
BRUBAKER, ALEAH
Provider ID: 289164
Board Certified Specialty: No
8001 FROST ST
SAN DIEGO, CA 92123
Phone: (858) 966-8354
After Hours Phone: (858) 966-8354
Provider Gender: Female
NPI: 1790104305
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

SURGERY GENERAL
BRUBAKER, ALEAH
Provider ID: 285272
Board Certified Specialty: No
4510 EXECUTIVE DR STE 7
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1790104305
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

SURGERY GENERAL
BRODERICK, RYAN
Provider ID: 286342
Board Certified Specialty: No
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1619252418
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
### D3. 专科提供者名录

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>NPI</th>
<th>Provider Gender</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>304608</td>
<td>No</td>
<td>1437470762</td>
<td>Male</td>
<td>PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PALOMAR MEDICAL CENTER</td>
<td>Yes</td>
<td>0\1999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>260842</td>
<td>No</td>
<td>1407010556</td>
<td>Male</td>
<td>RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL</td>
<td>Yes</td>
<td>0\1999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
<tr>
<td>286379</td>
<td>No</td>
<td>1932297231</td>
<td>Male</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</td>
<td>Yes</td>
<td>0\1999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>8:00AM-5:00PM</td>
<td>N/A</td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

**SURGERY GENERAL**

**HORGAN, SANTIAGO**

Provider ID: 286367  
Board Certified Specialty: No  
/provider_image.png  
4303 LA JOLLA VILLAGE DR STE 2110  
SAN DIEGO, CA 92122  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1932297231  
- Provider English Spoken: Y  
- Provider Language(s) Spoken: Spanish  
- Cultural Competency: N  
- Hospital Affiliation: Rady CHILDRENS HOSPITAL SAN DIEGO  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\1999  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F 8:00AM-5:00PM  
- Website: N/A

**SURGERY GENERAL**

**JACOBSEN, GARTH**

Provider ID: 201729  
Board Certified Specialty: No  
/provider_image.png  
4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121  
Phone: (858) 657-8860  
After Hours Phone: (858) 657-8860  
Provider Gender: Male  
NPI: 1265649966  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\1999  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F 8:00AM-5:00PM  
- Website: N/A

**SURGERY GENERAL**

**IGNACIO, ROMEO**

Provider ID: 217053  
Board Certified Specialty: No  
/provider_image.png  
8110 BIRMINGHAM WAY FL 2  
SAN DIEGO, CA 92123  
Phone: (858) 966-7711  
After Hours Phone: (858) 966-7711  
Provider Gender: Male  
NPI: 1538147145  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
- Medi-Cal Open Panel: Yes  
- Min/Max Age: 0\1999  
- American Sign Language (ASL): N  
- Accessibility: CONTACT PROVIDER  
- Hours: M-F 8:00AM-5:00PM  
- Website: N/A

**SURGERY GENERAL**

**JACOBSEN, GARTH**

Provider ID: 286356  
Board Certified Specialty: No  
/provider_image.png  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1265649966  
- Provider English Spoken: Y  
- Cultural Competency: N  
- Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

SURGERY GENERAL
KOSOY, DANIEL
Provider ID: 82513
Board Certified Specialty: No
8010 FROST ST STE 510
SAN DIEGO, CA 92123
 Phone: (858) 499-1900
 Fax: (858) 637-4801
 After Hours Phone: (858) 499-1900
Provider Gender: Male
NPI: 1770627259
 Provider English Spoken: Y
 Provider Language(s) Spoken: French, Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8:30AM-5:00PM
 F 8:30AM-4:00PM
 Website: N/A

SURGERY GENERAL
MUELLER, GEORGE
Provider ID: 300091
Board Certified Specialty: No
7910 FROST ST STE 250
SAN DIEGO, CA 92123
 Phone: (858) 565-0104
 Fax: (858) 565-0194
 After Hours Phone: (858) 565-0104
Provider Gender: Male
NPI: 1629179684
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish, Vietnamese
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8:30AM-5:00PM
 F 8:30AM-4:00PM
 Website: N/A

SURGERY GENERAL
POLLACK, LARRY
Provider ID: 54346
Board Certified Specialty: Yes
7910 FROST ST STE 250
SAN DIEGO, CA 92123
 Phone: (858) 565-0104
 Fax: (858) 565-0194
 After Hours Phone: (858) 565-0104
Provider Gender: Male
NPI: 1104998400
 Provider English Spoken: Y
 Provider Language(s) Spoken: German, Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\999
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8:30AM-5:00PM
 F 8:30AM-4:00PM
 Website: N/A
D3. 专科提供者名录

SURGERY GENERAL
SANDLER, BRYAN
Provider ID: 286357
Board Certified Specialty: No
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
Website: N/A
Provider Gender: Male
NPI: 1043410186
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY GENERAL
SANTORELLI, JARRETT
Provider ID: 272303
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1033529201
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY GENERAL
VASCULAR
AL-NOURI, OMAR
Provider ID: 275349
Board Certified Specialty: No
4510 EXECUTIVE DR STE 215
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1770742264
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY GENERAL
VASCULAR
BARLEBEN, ANDREW
Provider ID: 275372
Board Certified Specialty: No
4510 EXECUTIVE DR STE 215
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
### SURGERY NEUROLOGICAL

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAGE, DORI NEILL</td>
<td>296731</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>BARBA, DAVID</td>
<td>244087</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>BEN-HAIM, SHARONA</td>
<td>304129</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
</tbody>
</table>

### SURGERY NEUROLOGICAL

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>BELVERUD, SHAWN</td>
<td>202333</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>BARBA, DAVID</td>
<td>244087</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>BEN-HAIM, SHARONA</td>
<td>304129</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
</tbody>
</table>

### SURGERY NEUROLOGICAL

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAGE, DORI NEILL</td>
<td>296731</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>BARBA, DAVID</td>
<td>244087</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>BEN-HAIM, SHARONA</td>
<td>304129</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
</tbody>
</table>

### SURGERY NEUROLOGICAL

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAGE, DORI NEILL</td>
<td>296731</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>BARBA, DAVID</td>
<td>244087</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>BEN-HAIM, SHARONA</td>
<td>304129</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
</tbody>
</table>

### SURGERY NEUROLOGICAL

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Hospital Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAGE, DORI NEILL</td>
<td>296731</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>BARBA, DAVID</td>
<td>244087</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>BEN-HAIM, SHARONA</td>
<td>304129</td>
<td>No</td>
<td>UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</td>
</tr>
</tbody>
</table>
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

SURGERY NEUROLOGICAL
LEY, MICHAEL
Provider ID: 298705
Board Certified Specialty: No
7910 FROST ST STE 180
SAN DIEGO, CA 92123
Phone: (858) 966-8574
Fax: (858) 966-7930
After Hours Phone: (858) 966-8574
Provider Gender: Male
NPI: 1164593927
Provider English Spoken: Y
Provider Language(s) Spoken: German, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, CHILDRENS HOSP OF LOS ANGELES
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY NEUROLOGICAL
OSORIO, JOSEPH
Provider ID: 304170
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1437416591
Provider English Spoken: Y
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY NEUROLOGICAL
MARSHALL, LAWRENCE
Provider ID: 244150
D3. 专科提供者名录

Provider Gender: Male
NPI: 1609130921
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
Email: JSOUmekh@aol.com

SURGERY NEUROLOGICAL

SOUMEKH, MASSOUD
Provider ID: 257468
Board Certified Specialty: Yes
8008 FROST ST STE 401
SAN DIEGO, CA 92123
Phone: (858) 560-8544
Fax: (858) 560-8546
After Hours Phone: (858) 560-8544
Provider Gender: Male
NPI: 1265495014
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY NEUROLOGICAL

TOMLIN, JEFFREY
Provider ID: 272950
Board Certified Specialty: No
200 W ARBOR DR FL 1
SAN DIEGO, CA 92103
Phone: (858) 657-8540
After Hours Phone: (858) 657-8540
Provider Gender: Male
NPI: 1366530321
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY ORTHOPEDIC

ANDRY, JAMES
Provider ID: 302086
Board Certified Specialty: No
7910 FROST ST STE 340
SAN DIEGO, CA 92123
Phone: (858) 824-1703
Fax: (858) 455-6473
After Hours Phone: (858) 824-1703
Provider Gender: Male
NPI: 1679726103
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, SHARP

SURGERY ORTHOPEDIC

U, HOI
Provider ID: 244132
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1164468146
Provider English Spoken: Y
Cultural Competency: N
D3. 专科提供者名录

MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Access: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY ORTHOPEDIC
BALKER, BROOKE
Provider ID: 262204
Board Certified Specialty: No
5555 RESERVOIR DR STE 104
SAN DIEGO, CA 92120
Phone: (619) 286-9480
Fax: (619) 286-4568
After Hours Phone: (619) 286-9480
Provider Gender: Female
NPI: 1841447950
Provider English Spoken: Y
Provider Language(s): French, Spanish
Cultural Competency: N
Hospital Affiliation: ALVARADO HOSPITAL LLC, SHARP CORONADO HOSP AND HEALTHCARE CTR, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Access: CONTACT PROVIDER
Website: N/A

SURGERY ORTHOPEDIC
BUKATA, SUSAN
Provider ID: 241162
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1619231537
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Access: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY ORTHOPEDIC
BUKATA, SUSAN
Provider ID: 304181
Board Certified Specialty: No
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1932140639
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Access: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

John Sally Thornton
Medi-Cal Open Panel: Yes
Min/Max Age: 0\1999
American Sign Language (ASL): N
Access: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
**D3. 专科提供者名录**

Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273

Provider Gender: Female
- NPI: 1932140639
- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N

Provider Gender: CONTACT PROVIDER
- Website: N/A

**SURGERY ORTHOPEDIC**

**CAMPBELL, TANNER**

Provider ID: 301633
- Board Certified Specialty: No
- Medi-Cal Open Panel: Yes
- 3030 CHILDRENS WAY FL 3
- SAN DIEGO, CA 92123
- Phone: (858) 966-6789
- Fax: (858) 966-6706
- After Hours Phone: (858) 966-6789

Provider Gender: Male
- NPI: 1992982854
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: RACY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\19
- American Sign Language (ASL): N

Provider Gender: CONTACT PROVIDER
- Hours: M-F 8:00AM-5:00PM
- Website: N/A

**SURGERY ORTHOPEDIC**

**CHENG, YU TSUN**

Provider ID: 301903
- Board Certified Specialty: No
- 3020 CHILDRENS WAY WAY SAN DIEGO, CA 92123
- Phone: (858) 966-6789
- Fax: (858) 966-8519
- After Hours Phone: (858) 966-6789

Provider Gender: Male
- NPI: 1932536828
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD LA JOLLA JOHN SALLY
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N

Provider Gender: CONTACT PROVIDER
- Website: N/A

**SURGERY ORTHOPEDIC**

**CHIARAPPA, FRANK**

Provider ID: 304174
- Board Certified Specialty: No
- 6655 ALVARADO RD
- SAN DIEGO, CA 92120
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273

Provider Gender: Male
- NPI: 1285097741
- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD LA JOLLA JOHN SALLY
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999
- American Sign Language (ASL): N

Provider Gender: CONTACT PROVIDER
- Website: N/A
D3. 专科提供者名录

**SURGERY ORTHOPEDIC**

**CIDAMBI, EMILY**  
Provider ID: 296446  
Board Certified Specialty: No  
3020 CHILDREN’S WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-8800  
After Hours Phone: (858) 966-8800  
Provider Gender: Female  
NPI: 1659634699  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**SURGERY ORTHOPEDIC**  
**CIDAMBI, EMILY**  
Provider ID: 246466  
Board Certified Specialty: No  
3030 CHILDREN’S WAY FL 3  
SAN DIEGO, CA 92123  
Phone: (858) 966-6789  
Fax: (858) 966-6706  
After Hours Phone: (858) 966-6789  
Provider Gender: Female  
NPI: 1659634699  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDREN’S HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**SURGERY ORTHOPEDIC**  
**EDMONDS, ERIC**  
Provider ID: 205495  
Board Certified Specialty: No  
3020 CHILDREN’S WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-8800  
After Hours Phone: (858) 966-8800  
Provider Gender: Male  
NPI: 1013048412  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDREN’S HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**SURGERY ORTHOPEDIC**  
**EDMONDS, ERIC**  
Provider ID: 260841  
Board Certified Specialty: No  
3030 CHILDREN’S WAY FL 3  
SAN DIEGO, CA 92123  
Phone: (858) 966-6789  
Fax: (858) 966-6706  
After Hours Phone: (858) 966-6789  
Provider Gender: Male  
NPI: 1013048412  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

- **SURGERY ORTHOPEDIC**
  - **FLINT, JAMES**
    - Provider ID: 304177
    - Board Certified Specialty: No
    - 6655 ALVARADO RD
      - SAN DIEGO, CA 92120
    - Phone: (800) 926-8273
    - Fax: (888) 539-8781
    - After Hours Phone: (800) 926-8273
    - Provider Gender: Male
    - NPI: 1629239140
    - Provider English Spoken: Y
    - Cultural Competency: N
    - Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
    - JOHN SALLY THORNTON
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Hours: M-F
      - 8:00AM-5:00PM
    - Website: N/A

- **GOEB, YANNICK**
  - Provider ID: 284794
  - Board Certified Specialty: No
  - 200 W ARBOR DR
    - SAN DIEGO, CA 92103
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Provider Gender: Male
  - NPI: 1730542747
  - Provider English Spoken: Y
  - Language(s) Spoken: German, Spanish
  - Cultural Competency: N
  - Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
  - JOHN SALLY THORNTON
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

- **JACKSON, MADELEINE**
  - Provider ID: 301818
  - Board Certified Specialty: No
  - 3020 CHILDRENS WAY
    - SAN DIEGO, CA 92123
  - Phone: (858) 966-8800
  - After Hours Phone: (858) 966-8800
  - Provider Gender: Female
  - NPI: 1386140085
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\19
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

- **KUSNEZOV, NICHOLAS**
  - Provider ID: 303196
  - Board Certified Specialty: No
  - 7910 FROST ST STE 340
    - SAN DIEGO, CA 92123
  - Phone: (858) 824-1703
  - Fax: (858) 455-6473
  - After Hours Phone: (858) 824-1703
  - Provider Gender: Male
  - NPI: 1396185161
  - Provider English Spoken: Y
  - Cultural Competency: N
  - Hospital Affiliation: TWIN CITIES COMMUNITY HOSPITAL, PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
  - Medi-Cal Open Panel: Yes
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM
  - Website: N/A

- **PRUSS, ERIKA**
  - Provider ID: 303797
  - Board Certified Specialty: No
  - 3030 CHILDRENS WAY FL 3
    - SAN DIEGO, CA 92123
SAN DIEGO, CA 92123
☎ Phone: (858) 966-6789
Fax: (858) 966-6706
☎ After Hours Phone: (858) 966-6789
Provider Gender: Female
NPI: 1538402441
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Rady Children's Hospital San Diego
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
_accessibility: CONTACT PROVIDER
_hours: M-F
8:00AM-5:00PM
_website: N/A

SURGERY ORTHOPEDIC
SULLIVAN, THOMAS
Provider ID: 304164
Board Certified Specialty: No
6655 Alvarado Rd
San Diego, CA 92120
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
☎ After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1437565488
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD La Jolla John Sally Thornton, UCSD Medical Ctr
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
_accessibility: CONTACT PROVIDER
_website: N/A

SURGERY ORTHOPEDIC
TAYLOR, MARIO
Provider ID: 299909
Board Certified Specialty: No
200 W Arbor Dr
San Diego, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
☎ After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1407380512
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD La Jolla John Sally Thornton, UCSD Medical Ctr
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
_accessibility: CONTACT PROVIDER
_website: N/A

SURGERY ORTHOPEDIC
UPASANI, VIDYADHAR
Provider ID: 205914
6655 Alvarado Rd
San Diego, CA 92120
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
☎ After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1407380512
☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
_accessibility: CONTACT PROVIDER
_website: N/A
D3. 专科提供者名录

Board Certified Specialty: No

3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1548417652
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Website: N/A

SURGERY ORTHOPEDIC
UPASANI, VYIDHRADHAR
Provider ID: 260953
Board Certified Specialty: No

3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123
Phone: (858) 966-6789
Fax: (858) 966-6706
After Hours Phone: (858) 966-6789
Provider Gender: Male
NPI: 1548417652
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY PEDIATRIC
BICKLER, STEPHEN
Provider ID: 270090
Board Certified Specialty: No

3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123
Phone: (858) 966-7711
Fax: (858) 966-7712
After Hours Phone: (858) 966-7711
Provider Gender: Male
NPI: 1891866653
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY PEDIATRIC
GOSMAN, AMANDA
Provider ID: 205841
Board Certified Specialty: Yes

7920 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 966-5999
Fax: (858) 966-4064
After Hours Phone: (858) 966-5999
Provider Gender: Female
NPI: 1164436291
 Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY PEDIATRIC
KELLER, BENJAMIN
Provider ID: 272196
Board Certified Specialty: No

7920 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 966-5999
Fax: (858) 966-4064
After Hours Phone: (858) 966-5999
Provider Gender: Male
NPI: 1285953364
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

### SURGERY PEDIATRIC

**KELLER, BENJAMIN**

Provider ID: 285941  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-7711  
Fax: (858) 966-7712  
After Hours Phone: (858) 966-7711  
Provider Gender: Male  
NPI: 1285953364  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Children’s Hospital San Diego, UCSD Medical Ctr, Sharp Mary Birch Hosp For Women and Newborns, National Naval Med Ctr, Sharp Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**KLING, KAREN**

Provider ID: 205340  
Board Certified Specialty: No  
8110 BIRMINGHAM WAY FL 2  
SAN DIEGO, CA 92123  
Phone: (858) 966-7711  
Fax: (858) 966-7712  
After Hours Phone: (858) 966-7711  
Provider Gender: Female  
NPI: 1538365002  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Rady Children’s Hospital San Diego, UCSD Medical Ctr, Sharp Mary Birch Hosp For Women and Newborns, National Naval Med Ctr, Sharp Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A
D3. 专科提供者名录

PROVIDER

Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY PEDIATRIC
LAZAR, DAVID
Provider ID: 205606
Board Certified Specialty: No
8110 BIRMINGHAM WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-7711
Fax: (858) 966-7712
After Hours Phone: (858) 966-7711
Provider Gender: Male
NPI: 1538365002
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RAY
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY PEDIATRIC
THANGARAJAH, HARIHARAN
Provider ID: 206172
Board Certified Specialty: No
8110 BIRMINGHAM WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-7711
Fax: (858) 966-7712
After Hours Phone: (858) 966-7711
Provider Gender: Male
NPI: 1598979593
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY PLASTIC
HINCHCLIFF, KATHARINE
Provider ID: 277965
Board Certified Specialty: No
7920 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 966-5999
Fax: (858) 966-8394
After Hours Phone: (858) 966-5999
Provider Gender: Female
NPI: 1346674561
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY PLASTIC
HINCHCLIFF, KATHARINE
Provider ID: 277288
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1346674561
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY PLASTIC
KOLB, FREDERIC
Provider ID: 246239
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1790341832
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY PLASTIC
KOLB, FREDERIC
Provider ID: 246240
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1790341832
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

D3. 专科提供者名录

NPI: 1346674561
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY PLASTIC
KOLB, FREDERIC
Provider ID: 246239
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1790341832
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY PLASTIC
KOLB, FREDERIC
Provider ID: 246240
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1790341832
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
D3. 专科提供者名录

Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

SURGERY PLASTIC
LEWIS, PRIYA
Provider ID: 302132
Board Certified Specialty: No
7920 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 966-5999
Fax: (858) 966-8394
After Hours Phone: (858) 966-5999
Provider Gender: Female
NPI: 1720465024
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A

SURGERY PLASTIC
REID, CHRISTOPHER
Provider ID: 255564
Board Certified Specialty: No
4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982964276
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

SURGERY PLASTIC
REID, CHRISTOPHER
Provider ID: 224795
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982964276
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

SURGERY THORACIC
FOX, KENNETH
Provider ID: 257841
Board Certified Specialty: No
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8030
After Hours Phone: (858) 966-8030
Provider Gender: Male
NPI: 1235153552
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

D3. 专科提供者名录

Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N

GANTA, SRUJAN  
Provider ID: 275611  
Board Certified Specialty: No  
3020 CHILDRENS WAY SAN DIEGO, CA 92123  
Phone: (858) 966-5855  
After Hours Phone: (858) 966-5855  
Provider Gender: Male  
NPI: 1265071005

SURGERY THORACIC

GANTA, SRUJAN  
Provider ID: 256383  
Board Certified Specialty: No  
3020 CHILDRENS WAY SAN DIEGO, CA 92123  
Phone: (858) 966-5855  
After Hours Phone: (858) 966-5855  
Provider Gender: Male  
NPI: 1265071005

SURGERY THORACIC

GANTA, SRUJAN  
Provider ID: 275611  
Board Certified Specialty: No  
3020 CHILDRENS WAY SAN DIEGO, CA 92123  
Phone: (858) 966-5855  
After Hours Phone: (858) 966-5855  
Provider Gender: Male  
NPI: 1265071005

SURGERY THORACIC

LEWIS, MICHAEL  
Provider ID: 296906  
Board Certified Specialty: No  
3020 CHILDRENS WAY SAN DIEGO, CA 92123  
Phone: (858) 966-8030  
Fax: (858) 966-8032  
After Hours Phone: (858) 966-8030  
Provider Gender: Male  
NPI: 1780847533

SURGERY THORACIC

LEWIS, MICHAEL  
Provider ID: 256383  
Board Certified Specialty: No  
3020 CHILDRENS WAY SAN DIEGO, CA 92123  
Phone: (858) 966-8030  
Fax: (858) 966-8032  
After Hours Phone: (858) 966-8030  
Provider Gender: Male  
NPI: 1780847533

SURGERY THORACIC

MEKEEL, KRISTIN  
Provider ID: 262109  
Board Certified Specialty: Yes  
3020 CHILDRENS WAY STE 202 SAN DIEGO, CA 92123  
Phone: (858) 966-8030  
Fax: (858) 966-8032  
After Hours Phone: (858) 966-8030  
Provider Gender: Male  
NPI: 1881707818

SURGERY THORACIC

MEKEEL, KRISTIN  
Provider ID: 256383  
Board Certified Specialty: No  
3020 CHILDRENS WAY SAN DIEGO, CA 92123  
Phone: (858) 966-8030  
Fax: (858) 966-8032  
After Hours Phone: (858) 966-8030  
Provider Gender: Male  
NPI: 1780847533

TRANSPLANT SURGERY

MEKEEL, KRISTIN  
Provider ID: 262109  
Board Certified Specialty: Yes  
3020 CHILDRENS WAY STE 202 SAN DIEGO, CA 92123  
Phone: (858) 966-8030  
Fax: (858) 966-8032  
After Hours Phone: (858) 966-8030  
Provider Gender: Male  
NPI: 1881707818

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

3020 CHILDRENS WAY STE 107
SAN DIEGO, CA 92123
Phone: (858) 966-7711
After Hours Phone: (858) 966-7711
Provider Gender: Female
NPI: 1104861947
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, RODY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): Y
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

UROLOGY
CHEN, TONY
Provider ID: 283960
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1245684497
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

UROLOGY
KATZ, JONATHAN
Provider ID: 299918
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1952756207
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

UROLOGY
MONGA, MANOJ
Provider ID: 274480
Board Certified Specialty: No
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1174609127
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL):
D3. 专科提供者名录

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

UROLOGY
MONGA, MANOJ
Provider ID: 256847
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1174609127
 Provider English Spoken: Y
 Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON,
CEDARS SINAI MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

UROLOGY
SAIDIAN, AVA
Provider ID: 284831
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1205281912
 Provider English Spoken: Y
 Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON,
CEDARS SINAI MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

UROLOGY
SALMASI, AMIRALI
Provider ID: 203122
Board Certified Specialty: No
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1609187962
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi
 Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR,
GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:00AM-5:00PM
 Website: N/A

UROLOGY
SALMASI, AMIRALI
Provider ID: 302912
Board Certified Specialty: No
11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128
Phone: (858) 485-0554
After Hours Phone: (858) 485-0554
Provider Gender: Male
NPI: 1609187962
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON, GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

UROLOGY
UNTERBERG, STEPHEN
Provider ID: 284665
Board Certified Specialty: No
11770 BERNARDO PLAZA CT STE 270
SAN DIEGO, CA 92128
Phone: (858) 485-0554
Fax: (858) 429-7933
After Hours Phone: (858) 485-0554
Provider Gender: Male
NPI: 1215374210
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

UROLOGY
SWORDS, KELLY
Provider ID: 206183
Board Certified Specialty: No
7920 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 966-7484
Fax: (858) 966-4064
After Hours Phone: (858) 966-7484
Provider Gender: Female
NPI: 1316101256
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

UROLOGY
UNTERBERG, STEPHEN
Provider ID: 295834
Board Certified Specialty: No
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Phone: (619) 297-4707
Fax: (858) 429-7927
After Hours Phone: (619) 297-4707
Provider Gender: Male
NPI: 1215374210
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA
**VISTA, PALOMAR MEDICAL CENTER**
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**UROLOGY**

**UNTERBERG, STEPHEN**
Provider ID: 284664
Board Certified Specialty: Yes
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Phone: (619) 297-4707
Fax: (858) 429-7927
After Hours Phone: (619) 297-4707
Provider Gender: Male
NPI: 1215374210
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 16\110
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

**UROLOGY**

**CERTIFIED ACUPUNCTURIST**

**CARRA, BARBARA**
Provider ID: 303128
Board Certified Specialty: No
1595 GRAND AVE STE 100
SAN MARCOS, CA 92078
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1588173629
Provider English Spoken: Y
Provider Language(s) Spoken: Italian, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

**CERTIFIED ACUPUNCTURIST**

**GONZALEZ, ANDRES**
Provider ID: 298658
Board Certified Specialty: No
1595 GRAND AVE STE 100
SAN MARCOS, CA 92078
Phone: (760) 736-6767

---

**SAN MARCOS**

**CARDIOVASCULAR DISEASE**

**LEHRER, JONATHAN**
Provider ID: 303448
Board Certified Specialty: No
955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Phone: (760) 798-8855
Fax: (619) 616-2104
After Hours Phone: (760) 798-8855
Provider Gender: Male
NPI: 1962899823
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
Provider Gender: Male
NPI: 1841857729
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
 Accessiblity: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 Website: N/A

CERTIFIED NURSE PRACTITIONER
FODDA, RAMI
Provider ID: 296603
Board Certified Specialty: No
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Male
NPI: 1164660452
 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessiblity: CONTACT PROVIDER
 Hours: M-F 8:00AM-6:00PM
 SA 8:00AM-5:00PM
 Website: N/A

CERTIFIED NURSE PRACTITIONER
BLAND, JACELIS
Provider ID: 296766
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1801522859
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessiblity: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 SA 8:00AM-4:30PM
 Website: N/A

CERTIFIED NURSE PRACTITIONER
FREEMAN, WANDA
Provider ID: 305751
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1639673858
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessiblity: CONTACT PROVIDER
 Hours: M-F 8:00AM-5:00PM
 SA 8:00AM-5:00PM
 Website: N/A

2193
D3. 专科提供者名录

CERTIFIED NURSE PRACTITIONER
HAN, ANGELA
Provider ID: 300215
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 566-1501
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1629242839
☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Korean
Cultural Competency: N
Hospital Affiliation: JOHN MUIR MEDICAL CENTER WALNUT CREEK CAMPUS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-8:00PM
SA 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
KOHOUT, KATHRYN
Provider ID: 291105
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 556-1501
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1629242839
☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Korean
Cultural Competency: N
Hospital Affiliation: JOHN MUIR MEDICAL CENTER WALNUT CREEK CAMPUS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-8:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
MAROSOK, MICHELLE
Provider ID: 305310
Board Certified Specialty: No
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069
Phone: (760) 748-8935
Fax: (760) 466-0078
After Hours Phone: (760) 748-8935
Provider Gender: Female
NPI: 1669166112
☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, PALOMAR HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
MOONEY, PATRICIA
Provider ID: 280382
Board Certified Specialty: No
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069
Phone: (760) 747-8935
Fax: (760) 466-0078
After Hours Phone: (760) 747-8935
Provider Gender: Female
NPI: 1700470200
☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: JOHN MUIR MEDICAL CENTER WALNUT CREEK CAMPUS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-8:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
PARSONS, MEKRAE
Provider ID: 303220
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1972090306
☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: JOHN MUIR MEDICAL CENTER WALNUT CREEK CAMPUS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

**American Sign Language (ASL):**

N

- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F
  - 8:00AM-5:00PM
- **Website:** N/A

**CERTIFIED NURSE PRACTITIONER**

**PRIETO, ALEJANDRA**

Provider ID: 297888
Board Certified Specialty: No

- 150 VALPREDA RD
  - SAN MARCOS, CA 92069
- Phone: (760) 736-6767
  - Fax: (760) 736-8740
- **After Hours Phone:** (760) 736-6767

Provider Gender: Female
NPI: 1699222620

- Provider English Spoken: N
- Provider Language(s) Spoken: Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999

**American Sign Language (ASL):**

N

- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F
  - 8:00AM-5:00PM
- **Website:** N/A

**CERTIFIED REGISTERED NURSE MIDWIFE**

**BELANGER, TANYA**

Provider ID: 290739
Board Certified Specialty: No

- 150 VALPREDA RD
  - SAN MARCOS, CA 92069
- Phone: (760) 736-6767
  - Fax: (760) 566-1501
- **After Hours Phone:** (760) 736-6767

Provider Gender: Female
NPI: 1407287469

- Provider English Spoken: Y
- Hospital Affiliation: PALOMAR MEDICAL CENTER
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999

**American Sign Language (ASL):**

N

- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F
  - 8:00AM-5:00PM
- **Website:** N/A

**CHIROPRACTOR**

**HINES, TAYTE**

Provider ID: 302081
Board Certified Specialty: No

- 2085 MONTIEL RD STE 102
  - SAN MARCOS, CA 92069
- Phone: (833) 867-4642
  - Fax: (360) 462-5827
- **After Hours Phone:** (833) 867-4642

Provider Gender: Male
NPI: 1598265647

- Provider English Spoken: Y
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999

**American Sign Language (ASL):**

N

- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F
  - 8:00AM-5:00PM
- **Website:** N/A

**CHIROPRACTOR**

**HINES, TAYTE**

Provider ID: 302080
Board Certified Specialty: No

- 2085 MONTIEL RD STE 102
  - SAN MARCOS, CA 92069
- Phone: (833) 867-4642
  - Fax: (360) 462-5827
- **After Hours Phone:** (833) 867-4642

Provider Gender: Male
NPI: 1598265647

- Provider English Spoken: Y
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0\999

**American Sign Language (ASL):**

N

- **Accessibility:** CONTACT PROVIDER
- **Hours:** M-F
  - 8:00AM-5:00PM
- **Website:** N/A
<table>
<thead>
<tr>
<th>Provider</th>
<th>Specialization</th>
<th>Board Certification</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>English Spoken</th>
<th>Language(s) Spoken</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATH, DEVARSHI</td>
<td>FAMILY PRACTICE</td>
<td>-</td>
<td>1595 GRAND AVE STE 106 SAN MARCOS, CA 92078</td>
<td>(760) 736-6767</td>
<td>(760) 736-6767</td>
<td>(760) 736-6767</td>
<td>N/A</td>
<td>Y</td>
<td>Bengali</td>
<td>N</td>
<td>Yes</td>
<td>2\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F: 8:00AM-5:00PM</td>
<td>Male</td>
<td>1275630618</td>
<td>296592</td>
</tr>
<tr>
<td>NATH, DEVARSHI</td>
<td>FAMILY PRACTICE</td>
<td>-</td>
<td>150 VALPREDA RD SAN MARCOS, CA 92069</td>
<td>(760) 736-6767</td>
<td>(760) 566-1501</td>
<td>(760) 736-6767</td>
<td>N/A</td>
<td>Y</td>
<td>Bengali</td>
<td>N</td>
<td>Yes</td>
<td>2\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F: 8:00AM-5:00PM</td>
<td>Male</td>
<td>1275630618</td>
<td>305472</td>
</tr>
<tr>
<td>PONIACHIK, SAMUEL</td>
<td>INTERNAL MEDICINE</td>
<td>-</td>
<td>1595 GRAND AVE STE 100 SAN MARCOS, CA 92078</td>
<td>(760) 520-8200</td>
<td>(360) 462-2749</td>
<td>(760) 520-8200</td>
<td>N/A</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F: 8:00AM-6:00PM</td>
<td>Male</td>
<td>1467485078</td>
<td>299258</td>
</tr>
<tr>
<td>TOLENTINO, ARTURO</td>
<td>INTERNAL MEDICINE</td>
<td>-</td>
<td>2085 MONTIEL RD STE 102 SAN MARCOS, CA 92069</td>
<td>(833) 867-4642</td>
<td>(360) 462-5827</td>
<td>(833) 867-4642</td>
<td>N/A</td>
<td>Y</td>
<td>Tagalog</td>
<td>N</td>
<td>Yes</td>
<td>18\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F: 8:00AM-6:00PM</td>
<td>Male</td>
<td>1609066018</td>
<td>298696</td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\17
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERVENTIONAL CARDIOLOGY
DO, HULBERT
Provider ID: 295941
Board Certified Specialty: No
955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Phone: (760) 798-8855
Fax: (619) 616-2104
After Hours Phone: (760) 798-8855
Provider Gender: Male
NPI: 1679733760
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERVENTIONAL CARDIOLOGY
DO, HULBERT
Provider ID: 291583
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Male
NPI: 1679733760
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR, Sharp Adventist Health and Rideout
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A

INTERVENTIONAL CARDIOLOGY
MOHAMEDALI, BURHAN
Provider ID: 245578
Board Certified Specialty: No
955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Phone: (760) 798-8855
Fax: (760) 755-5245
After Hours Phone: (760) 798-8855
Provider Gender: Female
NPI: 1811307051
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital, SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 15\99
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

INTERVENTIONAL CARDIOLOGY
SUDHAKAR, DEEPTHI
Provider ID: 291607
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1811307051
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital, SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INTERVENTIONAL CARDIOLOGY
SUDHAKAR, DEEPTHI
Provider ID: 295847
Board Certified Specialty: No
955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Phone: (760) 798-8855
Fax: (619) 616-2104
After Hours Phone: (760) 798-8855
Provider Gender: Female
NPI: 1811307051
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital, SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

NEUROLOGY
ANDER, AZIZ
Provider ID: 290382
Board Certified Specialty: No
838 NORDAHL RD STE 310
SAN MARCOS, CA 92069
Phone: (442) 999-5977
Fax: (442) 999-5914
After Hours Phone: (442) 999-5977
Provider Gender: Male
NPI: 1316131832
Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Persian
Cultural Competency: N
Hospital Affiliation: TEMECULA VALLEY HOSPITAL INC
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

NEUROLOGY
HOSSEIN ZADEH MALEKI, ANA
Provider ID: 304998
Board Certified Specialty: No
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Phone: (760) 281-3662
Fax: (760) 316-5268
After Hours Phone: (760) 281-3662
Provider Gender: Female
NPI: 1316471485
Provider English Spoken: Y
Provider Language(s)
Spoken: Faroese
Cultural Competency: N
Hospital Affiliation: DESERT REGIONAL MED CTR, JOHN F KENNEDY MEMORIAL HOSP, PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

NEUROLOGY
SORIA LOPEZ, JOSE
Provider ID: 295745
Board Certified Specialty: No
838 NORDAHL RD STE 100
SAN MARCOS, CA 92078
Phone: (760) 281-3662
Fax: (760) 316-5268
After Hours Phone: (760) 281-3662
Provider Gender: Female
NPI: 1316131832
Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Persian
Cultural Competency: N
Hospital Affiliation: TEMECULA VALLEY HOSPITAL INC
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
D3. 专科提供者名录

After Hours Phone: (760) 281-3662
Provider Gender: Male
NPI: 1225474034
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, TEMECULA
VALLEY HOSPITAL INC
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-6:00PM
Website: N/A

OBSTETRICS / GYNECOLOGY
HINSHAW, PAUL
Provider ID: 288907
Board Certified Specialty: No
120 CRAVEN RD STE 101
SAN MARCOS, CA 92078
Phone: (760) 740-2710
Fax: (858) 207-0003
After Hours Phone: (760) 740-2710
Provider Gender: Male
NPI: 1215170717
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OBSTETRICS / GYNECOLOGY
CABRERA, MICHELLE
Provider ID: 303025
Board Certified Specialty: No
150 VALPREDRA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 566-1501
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1174774723
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Adventist Health and Rideout
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-6:00PM
Website: N/A

OPHTHALMOLOGY
GUAN, HOWARD
Provider ID: 302370
Board Certified Specialty: No
100 N RANCHO SANTA FE RD STE 126
SAN MARCOS, CA 92069
Phone: (760) 598-0400
Fax: (760) 290-7044
After Hours Phone: (760) 598-0400
Provider Gender: Male
NPI: 1134427636
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: LOMA LINDA UNIVERSITY MED CTR,
LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL,
RIVERSIDE COUNTY REGIONAL MED CTR, TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\0
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY
GUAN, HOWARD
Provider ID: 303144
Board Certified Specialty: No
100 N RANCHO SANTA FE RD STE 126
SAN MARCOS, CA 92069
Phone: (760) 598-0400
Fax: (760) 290-7044
After Hours Phone: (760) 598-0400
Provider Gender: Male
NPI: 1134427636
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: LOMA
LINDA UNIVERSITY MED CTR, LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL, RIVERSIDE COUNTY REGIONAL MED CTR, TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 13\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
  8:00AM-5:00PM
 Website: N/A
Email: PRESTERA@YAHOO.COM

OPHTHALMOLOGY
PRESTERA, TORY
Provider ID: 290590
Board Certified Specialty: Yes
100 N RANCHO SANTA FE RD STE 126
SAN MARCOS, CA 92069
Phone: (760) 598-0400
Fax: (760) 598-5270
After Hours Phone: (760) 598-0400
Provider Gender: Male
NPI: 1346224557
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish, Thai
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 10\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
  8:00AM-5:00PM
Website: N/A
Email: PRESTERA@YAHOO.COM

PEDIATRICS
LUM HO, RACHEL
Provider ID: 303150
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-6797
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1215469283
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
  8:00AM-5:00PM
Website: N/A
Email: PRESTERA@YAHOO.COM

PEDIATRICS
LUM HO, RACHEL
Provider ID: 304047
Board Certified Specialty: No
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-6797
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1215469283
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Provider English Spoken</th>
<th>Provider Language(s)</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDIATRICS</td>
<td>POSADAS, EMERITO</td>
<td>257536</td>
<td>No</td>
<td>Y</td>
<td>Spanish, Tagalog</td>
<td>N</td>
<td>Yes</td>
<td>0\18</td>
<td>N</td>
<td>CONTACT</td>
<td>Male</td>
<td>1720093198</td>
<td>(760) 736-6767</td>
<td>(760) 566-1501</td>
<td>(760) 436-6767</td>
<td>N/A</td>
</tr>
<tr>
<td>PEDIATRICS</td>
<td>QUINTERO, CAROLYN</td>
<td>303142</td>
<td>No</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>Yes</td>
<td>0\18</td>
<td>N</td>
<td>CONTACT</td>
<td>Female</td>
<td>1023033198</td>
<td>(760) 736-6767</td>
<td>(760) 736-8740</td>
<td>(760) 436-6767</td>
<td>N/A</td>
</tr>
<tr>
<td>PHYSICIANS ASSISTANT</td>
<td>CELESTINO, MISHEL</td>
<td>302439</td>
<td>No</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>Yes</td>
<td>2\999</td>
<td>N</td>
<td>CONTACT</td>
<td>Female</td>
<td>1578263760</td>
<td>(760) 736-6767</td>
<td>(760) 736-8740</td>
<td>(760) 436-6767</td>
<td>N/A</td>
</tr>
<tr>
<td>PHYSICIANS ASSISTANT</td>
<td>HERNANDEZ, MIRIAM</td>
<td>298336</td>
<td>No</td>
<td>Y</td>
<td>Spanish</td>
<td>N</td>
<td>Yes</td>
<td>2\999</td>
<td>N</td>
<td>CONTACT</td>
<td>Female</td>
<td>1457903700</td>
<td>(760) 736-6767</td>
<td>(760) 736-8740</td>
<td>(760) 436-6767</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

PHYSICIANS ASSISTANT

MATHIAS, WILLIAM  
Provider ID: 302570  
Board Certified Specialty: No  
150 VALPREDRA RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760) 736-6767  
Provider Gender: Male  
NPI: 1285806323  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-5:00PM  
Website: N/A

PSYCHOLOGIST

ALTAMIRANO, LEON  
Provider ID: 290362  
Board Certified Specialty: No  
150 VALPREDRA RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Provider Gender: Male  
NPI: 1619271517  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 5\50  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

PHYSICIANS ASSISTANT

POLLEY, SHANNON  
Provider ID: 296093  
Board Certified Specialty: No  
150 VALPREDRA RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1073518965  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

PSYCHOLOGIST

ARIELLA, LYNDA  
Provider ID: 299716  
Board Certified Specialty: No  
150 VALPREDRA RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1225806323  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

PSYCHOLOGIST

CORTIZO, ROSA  
Provider ID: 290796  
Board Certified Specialty: No  
150 VALPREDRA RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1952316648  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N
D3. 专科提供者名录

- **PSYCHOLOGIST**
  - **FLYNN, DANIELLE**
    - Provider ID: 290795
    - Board Certified Specialty: No
    - Address: 150 VALPREDRA RD
      - SAN MARCOS, CA 92069
    - Phone: (760) 736-6767
    - Fax: (760) 736-8740
    - After Hours Phone: (760) 736-6767
    - Provider Gender: Female
    - NPI: 1477785137
    - Provider English Spoken: Y
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - American Sign Language (ASL): N
  - **IMAM, SYED**
    - Provider ID: 298174
    - Board Certified Specialty: No
    - Address: 150 VALPREDRA RD
      - SAN MARCOS, CA 92069
    - Phone: (760) 736-6767
    - Fax: (760) 566-1501
    - After Hours Phone: (760) 736-6767
    - Provider Gender: Male
    - NPI: 1447428271
    - Provider English Spoken: Y
    - Provider Language(s) Spoken: Hindi
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 15\999
  - **SIMPSON, ERIC**
    - Provider ID: 290803
    - Board Certified Specialty: No
    - Address: 150 VALPREDRA RD
      - SAN MARCOS, CA 92069
    - Phone: (760) 736-6767
    - Fax: (760) 736-8740
    - After Hours Phone: (760) 736-6767
    - Provider Gender: Male
    - NPI: 1710110416
    - Provider English Spoken: Y
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
  - **TORRES, HECTOR**
    - Provider ID: 290788
    - Board Certified Specialty: No
    - Address: 150 VALPREDRA RD
      - SAN MARCOS, CA 92069
    - Phone: (760) 736-6767
    - Fax: (760) 736-8740
    - After Hours Phone: (760) 736-6767
    - Provider Gender: Male
    - NPI: 1720265614
    - Provider English Spoken: Y
    - Provider Language(s) Spoken: Spanish

- **RHEUMATOLOGY**
  - **AL NAHLAWI, BASMA**
    - Provider ID: 290068
    - Board Certified Specialty: No
    - Address: 334 VIA VERA CRUZ STE 251
      - SAN MARCOS, CA 92069
    - Phone: (760) 736-6767
    - Fax: (760) 736-8740
    - After Hours Phone: (760) 736-6767
    - Provider Gender: Female
    - NPI: 1512263359
    - Provider English Spoken: Y
    - Medi-Cal Open Panel: Yes
    - Min/Max Age: 0\999
    - American Sign Language (ASL): N
    - Cultural Competency: N

Accessibility: CONTACT PROVIDER
Website: N/A
SAN MARCOS, CA 92078
Phone: (760) 736-8091
Fax: (760) 736-8092
After Hours Phone: (760) 736-8091
Provider Gender: Female
NPI: 1144455262
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: LOMA LINDA UNIVERSITY MED CTR MURRIETA, PALOMAR MEDICAL CENTER, LOMA LINDA UNIVERSITY MED CTR
Medi-Cal Open Panel: Yes Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

AL NAHLAWI, BASMA
Provider ID: 295532
Board Certified Specialty: No
960 W SAN MARCOS BLVD
SAN MARCOS, CA 92078
Phone: (760) 736-8091
Fax: (760) 736-8092
After Hours Phone: (760) 736-8091
Provider Gender: Female
NPI: 1144455262
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: LOMA LINDA UNIVERSITY MED CTR MURRIETA, PALOMAR MEDICAL CENTER, LOMA LINDA UNIVERSITY MED CTR
Medi-Cal Open Panel: Yes Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

ALVAREZ-ESTRADA, MIGUEL
Provider ID: 294925
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1588197826
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

ARRIETA, NOEMI
Provider ID: 297794
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1114957289
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
D3. 专科提供者名录

Phone: (619) 662-4100  
Fax: (619) 205-6341  
After Hours Phone: (619) 662-4100  
Provider Gender: Female  
NPI: 1912223496  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A  
FAMILY PRACTICE  
MALEKMAHDANI, ARIENNE  
Provider ID: 303333  
Board Certified Specialty: No  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-6341  
After Hours Phone: (619) 662-4100  
Provider Gender: Female  
NPI: 1124648332  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Persian, Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:30AM-5:30PM  
Website: N/A  
FAMILY PRACTICE  
NAVARRO, VANESSA  
Provider ID: 297756  
Board Certified Specialty: No  
1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 785-3384  
After Hours Phone: (619) 662-4100  
Provider Gender: Female  
NPI: 1952563421  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Filipino, Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
2205
MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:30AM-5:00PM
Website: N/A

FAMILY PRACTICE
ORTIZ ILIZALITURRI, ANA
Provider ID: 296008
Board Certified Specialty: No
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1316407026
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

FAMILY PRACTICE
GARCIA-ANDOVA, DAMARIS
Provider ID: 302644
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 662-4198
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1447838883
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

FAMILY PRACTICE
VAN PRATT LEVIN, AISHA
Provider ID: 303300
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1821550559
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

GENERAL PRACTICE
SAMI, REMAN
Provider ID: 305484
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1295362242
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

INFECTIOUS DISEASE
ALDOUS, JEANNETTE
Provider ID: 290421
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1073650339
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

INTERNAL MEDICINE
BULOW, KWI
Provider ID: 302346
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6341
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1073608576
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

INTERNAL MEDICINE
PROMER, KATHERINE
Provider ID: 293527
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1306280607
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

INTERNAL MEDICINE
RAMIREZ SANCHEZ, CLAUDIA
Provider ID: 296122
Board Certified Specialty: Yes
1666 PRECISION PARK LN
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 785-3384
After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1982617403
Provider English Spoken: Y
Provider Language(s)
D3. 专科提供者名录

Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS
MEMORIAL HOSPITAL,
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OBSTETRICS / GYNECOLOGY
GOLDSTEIN, EDWARD
Provider ID: 290471
Board Certified Specialty: No
4050 Beyer Blvd
San Ysidro, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-1967
After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1982617494
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-8:00PM
SA 8:00AM-2:00PM
Website: N/A

OBSTETRICS / GYNECOLOGY
GOMEZ, DANIELA
Provider ID: 294886
Board Certified Specialty: No
4004 Beyer Blvd Ste 400
San Ysidro, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6341
Provider Gender: Female
NPI: 1255878997
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-8:00PM
SA 8:00AM-2:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Name</th>
<th>Provider ID</th>
<th>Board Certified</th>
<th>Specialty</th>
<th>Provider Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Language(s)</th>
<th>Cultural Competency</th>
<th>Hospital Affiliation</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Website</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPHTHALMOLOGY</td>
<td>DE SILVA, NIHAL</td>
<td>290551</td>
<td>No</td>
<td></td>
<td>4004 BEYER BLVD</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Male</td>
<td>1003834789</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>MARINHEALTH AND MARINHEALTH MEDICAL CENTER</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>SU 10:00AM-4:00PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4004 BEYER BLVD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAN YSIDRO, CA 92173</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phone: (619) 662-4100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fax: (619) 205-6305</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PEDIATRICS</td>
<td>RODRIGUEZ, ALDO</td>
<td>295779</td>
<td>No</td>
<td></td>
<td>4050 BEYER BLVD</td>
<td>(619) 662-4100</td>
<td>(619) 662-6305</td>
<td>(619) 662-4100</td>
<td>Male</td>
<td>1508209651</td>
<td>Y</td>
<td>Y</td>
<td>CONTACT PROVIDER</td>
<td>SCRIPPS MEMORIAL HOSPITAL</td>
<td>Yes</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>SU 10:00AM-4:00PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAN YSIDRO, CA 92173</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phone: (619) 662-4100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fax: (619) 662-6305</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>After Hours Phone: (619)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>662-4100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PEDIATRICS</td>
<td>FUJII, CINDY</td>
<td>298309</td>
<td>No</td>
<td></td>
<td>4050 BEYER BLVD</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Female</td>
<td>1871664821</td>
<td>Y</td>
<td>Y</td>
<td>CONTACT PROVIDER</td>
<td>TRI CITY MEDICAL CTR</td>
<td>Yes</td>
<td>0\18</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>SU 10:00AM-4:00PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAN YSIDRO, CA 92173</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phone: (619) 662-4100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fax: (619) 662-6305</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>After Hours Phone: (619)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>662-4100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYCHOLOGIST</td>
<td>IBANEZ, BERENICE</td>
<td>290465</td>
<td>No</td>
<td></td>
<td>4004 BEYER BLVD</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>Female</td>
<td>1740394386</td>
<td>Y</td>
<td>Y</td>
<td>CONTACT PROVIDER</td>
<td></td>
<td>Yes</td>
<td>0\18</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>SU 10:00AM-4:00PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAN YSIDRO, CA 92173</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phone: (619) 662-4100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fax: (619) 205-6305</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>After Hours Phone: (619)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>662-4100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PSYCHOLOGIST
JOHNSON, JENNIFER
Provider ID: 301296
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6341
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1023783248
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\64
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

SPEECH PATHOLOGIST
HILL, CARLA
Provider ID: 295894
Board Certified Specialty: No
3364 BEYER BLVD STE 102-103
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 600-4870
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1043950751
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 10:00AM-4:00PM
M-F 8:30AM-5:30PM
SA 10:00AM-2:30PM
Website: N/A

RADIOLOGY DIAGNOSTIC
MOORE, BRIAN
Provider ID: 243961
Board Certified Specialty: No
9640 MISSION GORGE RD STE H
SANTEE, CA 92071
Phone: (619) 460-2770
Fax: (619) 460-2774
After Hours Phone: (619) 460-2770
Provider Gender: Male
NPI: 1831144005
Provider English Spoken: Y
Cultural Competency: N
D3. 专科提供者名录

Hospital Affiliation:
GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-5:00PM
Website: N/A

RADIOLOGY DIAGNOSTIC
VENKATESH, VIJAY
Provider ID: 269661
Board Certified Specialty: No
9640 MISSION GORGE RD
SANTEE, CA 92071
Phone: (619) 460-2770
Fax: (619) 460-2774
After Hours Phone: (619) 460-2770
Provider Gender: Male
NPI: 1689627085
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 7:00AM-7:00PM
TU 7:00AM-5:00PM
W 7:00AM-7:00PM
TH 7:00AM-5:00PM
F 7:00AM-7:00PM
Website: N/A

TEMECULA

CERTIFIED ACUPUNCTURIST
CRAFT, KEVIN
Provider ID: 290944
Board Certified Specialty: No
41840 ENTERPRISE CIR N
TEMECULA, CA 92590
Phone: (951) 225-6400
Fax: (360) 462-2751
After Hours Phone: (951) 225-6400
Provider Gender: Male
NPI: 1659745610
Provider English Spoken: Y
Provider Language(s): Spanish
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PHYSICIANS ASSISTANT
ANWAR, YASMIN
Provider ID: 300846
Board Certified Specialty: No
31515 RANCHO PUEBLO RD
STE 102

31170 TEMECULA PKWY
STE 200
TEMECULA, CA 92592
Phone: (951) 699-3299
Fax: (951) 302-1313
After Hours Phone: (951) 699-3299
Provider Gender: Female
NPI: 1144539842
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: N
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
BOUTELLE, DAVID
Provider ID: 248308
Board Certified Specialty: No
9830 PROSPECT AVE STE A
SANTEE, CA 92071
Phone: (619) 448-4860
Fax: (619) 448-1639
After Hours Phone: (760) 591-7750
Provider Gender: Male
NPI: 1063461101
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
MIRACLE, ANGELEY
Provider ID: 300260
Board Certified Specialty: No
9640 MISSION GORGE RD
STE H
SANTEE, CA 92071
Phone: (619) 460-2770
Fax: (619) 460-2774
After Hours Phone: (619) 460-2770
Provider Gender: Male
NPI: 1689627085
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 7:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
TEMECULA, CA 92592
☎ Phone: (951) 225-7873
Fax: (951) 305-9117
☎ After Hours Phone: (951) 225-7873
Provider Gender: Female
NPI: 1588602247

Provider English Spoken: Y
Provider Language(s)
Spoken: Persian, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

SURGERY GENERAL VASCULAR
HOYE, STEVEN
Provider ID: 206759
Board Certified Specialty: No
31700 TEMECULA VALLEY PARKWAY
TEMECULA, CA 92592
☎ Phone: (951) 303-2349
Fax: (951) 303-8591
☎ After Hours Phone: (951) 303-2349
Provider Gender: Male
NPI: 1497702740

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
Website: N/A

PSYCHOLOGIST
WOODWORTH, JENNIFER
Provider ID: 290633
Board Certified Specialty: No
41840 ENTERPRISE CIR N
TEMECULA, CA 92590
☎ Phone: (951) 225-6400
Fax: (858) 633-4697
☎ After Hours Phone: (951) 225-6400
Provider Gender: Female
NPI: 1639362494

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CARDIOVASCULAR DISEASE
DO, HULBERT
Provider ID: 290574
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
☎ Phone: (760) 631-5000
Fax: (760) 414-3892
☎ After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1679733760

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp...
### Grossmont Hospital

**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\999  
**American Sign Language (ASL):** N  

Accessibility: CONTACT PROVIDER  

- **Hours:** SU 9:00AM-8:00PM, M-TH 9:00AM-8:00PM, F 9:00AM-5:00PM, SA 9:00AM-4:00PM  
- **Website:** N/A

#### CERTIFIED ACUPUNCTURIST

**SONG, CAROL**  
**Provider ID:** 290550  
**Board Certified Specialty:** No  
**Address:** 134 GRAPEVINE RD  
**VISTA, CA 92083**  
**Phone:** (844) 308-5003  
**Fax:** (760) 414-3763  
**After Hours Phone:** (844) 308-5003  
**NPI:** 1902120421  
**Provider Gender:** Female  
**Provider English Spoken:** Y  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\999  
**American Sign Language (ASL):** N  

#### CERTIFIED NURSE PRACTITIONER

**AYELE, MAHOGANY**  
**Provider ID:** 257586  
**Board Certified Specialty:** No  
**Address:** 1000 VALE TERRACE DR  
**VISTA, CA 92084**  
**Phone:** (760) 631-5000  
**Fax:** (760) 414-3702  
**After Hours Phone:** (760) 631-5000  
**NPI:** 1902120421  
**Provider Gender:** Female  
**Provider English Spoken:** Y  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\999  
**American Sign Language (ASL):** N  

#### CERTIFIED NURSE PRACTITIONER

**BERNETICH, MEGHAN**  
**Provider ID:** 304506  
**Board Certified Specialty:** No  
**Address:** 1000 VALE TERRACE DR  
**VISTA, CA 92084**  
**Phone:** (760) 631-5000  
**Fax:** (760) 414-3702  
**After Hours Phone:** (760) 631-5000  
**NPI:** 1629354360  
**Provider Gender:** Female  
**Provider English Spoken:** Y  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\999  
**American Sign Language (ASL):** N  

#### CERTIFIED NURSE PRACTITIONER

**BERNETICH, MEGHAN**  
**Provider ID:** 302526  
**Board Certified Specialty:** No  
**Address:** 1000 VALE TERRACE DR  
**VISTA, CA 92084**  
**Phone:** (760) 631-5000

---

"Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad."
D3. 专科提供者名录

Fax: (760) 414-3702
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1629354360
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\24
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM
SA 9:00AM-4:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
CHILAKA, SAMUEL
Provider ID: 303932
Board Certified Specialty: No
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1679140644
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH
8:00AM-8:00PM
F 8:00AM-5:00PM
SA 9:00AM-4:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
CHRISTY, TYLER
Provider ID: 303927
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1689094971
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D3. 专科提供者名录

CERTIFIED NURSE PRACTITIONER
CHRISTY, TYLER
Provider ID: 303928
Board Certified Specialty: No
157 N HORNE ST
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1689094971
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
CHRISTY, TYLER
Provider ID: 303929
Board Certified Specialty: No
105 DURIAN ST STE A
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1689094971
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
CORY, ALLISON
Provider ID: 245207
Board Certified Specialty: No
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1194027706
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0-999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-8:00PM
SA 9:00AM-4:00PM
Website: N/A
CERTIFIED NURSE PRACTITIONER
HARRIS, PAMELA
Provider ID: 303439
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1407545221
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-7:00PM
F 8:00AM-5:00PM
SA 9:00AM-4:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
HARRIS, PAMELA
Provider ID: 302286
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1407545221
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-7:00PM
F 8:00AM-5:00PM
SA 9:00AM-4:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
HERNANDEZ, JESSICA
Provider ID: 302297
Board Certified Specialty: No
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1013668680
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
HERNANDEZ, JESSICA
Provider ID: 304493
Board Certified Specialty: No
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1013668680
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
HERNANDEZ, JESSICA
Provider ID: 302296
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1013668680
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
HERNANDEZ, JESSICA
Provider ID: 304492
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1013668680
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

CERTIFIED NURSE PRACTITIONER
KELLEHER, BRIDGET
Provider ID: 298085
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1245695006
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
D3. 专科提供者名录

- **Certified Nurse Practitioner**
  
  **Kelleher, Bridget**
  
  Provider ID: 305737  
  Board Certified Specialty: No  
  105 DURIAN ST STE B  
  VISTA, CA 92083  
  Phone: (760) 631-5000  
  Fax: (760) 414-3892  
  After Hours Phone: (760) 631-5000  
  Provider Gender: Female  
  NPI: 1245695006  
  Provider English Spoken: Y  
  Provider Language(s) Spoken: Spanish  
  Cultural Competency: N  
  Hospital Affiliation: TRI CITY MEDICAL CTR  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\999  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Website: N/A

- **Certified Nurse Practitioner**
  
  **Kelleher, Bridget**
  
  Provider ID: 298083  
  Board Certified Specialty: No  
  134 GRAPEVINE RD  
  VISTA, CA 92083  
  Phone: (760) 631-5000  
  Fax: (760) 414-3892  
  After Hours Phone: (760) 631-5000  
  Provider Gender: Female  
  NPI: 1245695006  
  Provider English Spoken: Y  
  Provider Language(s) Spoken: Spanish  
  Cultural Competency: N  
  Hospital Affiliation: TRI CITY MEDICAL CTR  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 0\999  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Website: N/A

- **Certified Nurse Practitioner**
  
  **Kormanik, Patricia**
  
  Provider ID: 282072  
  Board Certified Specialty: No  
  910 SYCAMORE AVE STE 102  
  VISTA, CA 92081  
  Phone: (800) 926-8273  
  Fax: (888) 539-8781  
  After Hours Phone: (800) 926-8273  
  Provider Gender: Female  
  NPI: 1093895047  
  Provider English Spoken: Y  
  Cultural Competency: N  
  Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 6\999  
  American Sign Language (ASL): N  
  Accessibility: CONTACT PROVIDER  
  Hours: M-TU 8:00AM-5:00PM  
  W 10:00AM-7:00PM  
  TH-F 8:00AM-5:00PM  
  SA 9:00AM-4:00PM  
  Website: N/A

- **Certified Nurse Practitioner**
  
  **Montgomery, Keith Allen**
  
  Provider ID: 295284  
  Board Certified Specialty: No  
  1000 VALE TERRACE DR  
  VISTA, CA 92084  
  Phone: (760) 631-5000  
  Fax: (760) 414-3892  
  After Hours Phone: (760) 631-5000  
  Provider Gender: Male  
  Provider English Spoken: Y  
  Cultural Competency: N  
  Medi-Cal Open Panel: Yes  
  Min/Max Age: 6\999  
  American Sign Language (ASL): N  
  Hours: M-F 8:00AM-5:00PM  
  Website: N/A
D3. 专科提供者名录

**Provider Gender: Male**
NPI: 1790978617

- Provider English Spoken: Y
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 6-999
- American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

- Hours: M-TU 8:00AM-5:00PM
- W 10:00AM-7:00PM
- TH-F 8:00AM-5:00PM
- SA 9:00AM-4:00PM

Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**PRITZKER, JOELY**
Provider ID: 239773

- Board Certified Specialty: No
- 1000 VALE TERRACE DR
- VISTA, CA 92084
- Phone: (760) 631-5000
- Fax: (760) 414-3892
- After Hours Phone: (760) 631-5000

**Provider Gender: Female**
NPI: 1558384792

- Provider English Spoken: Y
- Provider Language(s): Spanish
- Cultural Competency: N
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-999
- American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

- Hours: M-F 8:00AM-5:00PM
- SA 9:00AM-4:00PM

Website: N/A

**SRILASAK, MICHELE**
Provider ID: 281857

- Board Certified Specialty: No
- 910 SYCAMORE AVE STE 102
- VISTA, CA 92081
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273

**Provider Gender: Female**
NPI: 1265487326

- Provider English Spoken: Y
- Cultural Competency: N
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
- Medi-Cal Open Panel: Yes
- Min/Max Age: 0-999
- American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

- Hours: M-F 8:00AM-5:00PM
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
<th>Board Certified Specialty</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Provider Gender</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Medi-Cal Open Panel</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Website</th>
</tr>
</thead>
</table>
| CERTIFIED NURSE PRACTITIONER
TAYLOR, CHRISTOPHER | 295504 | No | 105 DURIAN ST STE A VISTA, CA 92083 | (760) 631-5000 | (760) 414-3892 | (760) 631-5000 | Male | 1851747166 | Y | N | Yes | 12\999 | N | CONTACT PROVIDER | M-F 8:00AM-2:00PM SA 9:00AM-4:00PM | N/A |
| CERTIFIED NURSE PRACTITIONER
TAYLOR, CHRISTOPHER | 295507 | No | 1000 VALE TERRACE DR VISTA, CA 92084 | (760) 631-5000 | (760) 414-3892 | (760) 631-5000 | Male | 1851747166 | Y | N | Yes | 12\999 | N | CONTACT PROVIDER | M-F 8:00AM-5:00PM SA 8:00AM-4:00PM | N/A |
| CERTIFIED NURSE PRACTITIONER
WINDHAM, SUZONNE | 303726 | No | 1000 VALE TERRACE DR VISTA, CA 92084 | (760) 631-5000 | (760) 414-3892 | (760) 631-5000 | Female | 1679926208 | Y | N | Yes | 12\999 | N | CONTACT PROVIDER | M-F 8:00AM-5:00PM SA 8:00AM-4:00PM | N/A |
<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Hours: M-F 8:00AM-5:00PM  SA 8:00AM-4:00PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
</tbody>
</table>

**CERTIFIED NURSE PRACTITIONER**

**WINDHAM, SUZONNE**

Provider ID: 303840  
Board Certified Specialty: No  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1679926208  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  

**CERTIFIED NURSE PRACTITIONER**

**WINDHAM, SUZONNE**

Provider ID: 303724  
Board Certified Specialty: No  
105 DURIAN ST STE A  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1679926208  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  

**CERTIFIED REGISTERED NURSE MIDWIFE**

**GUIDI, CASEY**

Provider ID: 303315  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1013349919  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM  
Website: N/A  

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER

Hours: M-TH
8:00AM-8:00PM
F 8:00AM-5:00PM
SA 9:00AM-4:00PM

Website: N/A

CERTIFIED REGISTERED NURSE MIDWIFE
GUIDI, CASEY
Provider ID: 300224
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1013349919
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER

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

Website: N/A

CHIROPRACTOR
JU, NATHANIEL
Provider ID: 290222
Board Certified Specialty: No
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1972883882
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER

Hours: M-Th
8:00AM-8:00PM
F 9:00AM-5:00PM
SA 9:00AM-4:00PM

Website: N/A

FAMILY PRACTICE
HIKES, RYAN
Provider ID: 291652
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1609862358
Provider English Spoken: Y

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

FAMILY PRACTICE
MARTINEZ, LESLY
Provider ID: 298007
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1629509260
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM
TU 10:00AM-7:00PM
W-F 8:00AM-5:00PM
Website: N/A

FAMILY PRACTICE
NGUYEN, DANIELA
Provider ID: 305347
Board Certified Specialty: No
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1891069662
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:00AM-5:00PM
TU 10:30AM-7:30PM
W-F 8:00AM-5:00PM
Website: N/A

FAMILY PRACTICE
VIDAL, MONICA
Provider ID: 293354
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1871791749
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
FAMILY PRACTICE

VIDAL, MONICA
Provider ID: 293349
Board Certified Specialty: No
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (844) 308-5003
Fax: (760) 414-3763
After Hours Phone: (844) 308-5003
Provider Gender: Female
NPI: 1871791749
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

INFECTION DISEASE

HALPERIN, JASON
Provider ID: 296420
Board Certified Specialty: No
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1952626228
Provider English Spoken: Y
Provider Language(s) Spoken: French, Vietnamese
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL, PALOMAR MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, EL CENTRO REGIONAL MEDICAL CENTER, PALOMAR HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL): N

INTERNAL MEDICINE

DAO, MARC
Provider ID: 297754
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3763
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1467542175
Provider English Spoken: Y
Provider Language(s) Spoken: French, Vietnamese
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL, PALOMAR MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, EL CENTRO REGIONAL MEDICAL CENTER, PALOMAR HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 18\999
American Sign Language (ASL):
<table>
<thead>
<tr>
<th>INTERVENTIONAL CARDIOLOGY</th>
<th>ARRIETA, IRIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 302414</td>
<td>Provider ID: 290607</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>906 SYCAMORE AVE STE 104</td>
<td>1000 VALE TERRACE DR</td>
</tr>
<tr>
<td>VISTA, CA 92081</td>
<td>VISTA, CA 92084</td>
</tr>
<tr>
<td>Phone: (760) 630-2550</td>
<td>Phone: (760) 631-5000</td>
</tr>
<tr>
<td>Fax: (760) 726-2305</td>
<td>Fax: (760) 414-3892</td>
</tr>
<tr>
<td>After Hours Phone: (760) 630-2550</td>
<td>After Hours Phone: (760) 631-5000</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>NPI: 1740634971</td>
<td>NPI: 1659614303</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s):</td>
<td>Provider Language(s):</td>
</tr>
<tr>
<td>Spoken: Spanish</td>
<td>Spoken: Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL</td>
<td>Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td>Min/Max Age: 16\999</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>American Sign Language (ASL): N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBSTETRICS / GYNECOLOGY</th>
<th>Binder, Pratibha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 282168</td>
<td>Provider ID: 290607</td>
</tr>
<tr>
<td>Board Certified Specialty: No</td>
<td>Board Certified Specialty: No</td>
</tr>
<tr>
<td>910 SYCAMORE AVE STE 102</td>
<td>1000 VALE TERRACE DR</td>
</tr>
<tr>
<td>VISTA, CA 92081</td>
<td>VISTA, CA 92084</td>
</tr>
<tr>
<td>Phone: (800) 926-8273</td>
<td>Phone: (760) 631-5000</td>
</tr>
<tr>
<td>Fax: (888) 539-8781</td>
<td>Fax: (760) 414-3892</td>
</tr>
<tr>
<td>After Hours Phone: (800) 926-8273</td>
<td>After Hours Phone: (760) 631-5000</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
<td>Provider Gender: Female</td>
</tr>
<tr>
<td>NPI: 1720183650</td>
<td>NPI: 1174758031</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Provider English Spoken: Y</td>
</tr>
<tr>
<td>Provider Language(s):</td>
<td>Provider Language(s):</td>
</tr>
<tr>
<td>Spoken: English</td>
<td>Spoken: English</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Affiliation: Providence St Jude Medical Center, PLACENTIA LINDA HOSP, Foothill Regional Medical Center, LOS ALAMITOS MEDICAL CENTER</td>
<td>Hospital Affiliation: Providence St Jude Medical Center, PLACENTIA LINDA HOSP, Foothill Regional Medical Center, LOS ALAMITOS MEDICAL CENTER</td>
</tr>
<tr>
<td>Medi-Cal Open Panel: Yes</td>
<td>Medi-Cal Open Panel: Yes</td>
</tr>
<tr>
<td>Min/Max Age: 0\999</td>
<td>Min/Max Age: 0\999</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td>American Sign Language (ASL): N</td>
</tr>
</tbody>
</table>
D3. 专科提供者名录

Min/Max Age: 16\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 9:00AM-4:00PM
 Website: N/A

OBSTETRICS / GYNECOLOGY

HAWKINS, MELISSA
Provider ID: 290596
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3755
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1851620447
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N

OPTOMETRIST

GEE, JENNIFER
Provider ID: 273113
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1336589332
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER – D P APH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER
Hours: M-TH 8:00AM-8:00PM
F 9:00AM-5:00PM
SA 9:00AM-4:00PM
Website: N/A

OBSTETRICS / GYNECOLOGY

LEONARD, LISA
Provider ID: 290710
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1477588598
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 16\999
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER
Hours: M-TH 8:00AM-8:00PM
F 9:00AM-5:00PM
SA 9:00AM-4:00PM
Website: N/A

Optometrist

GEE, JENNIFER
Provider ID: 290208
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1336589332
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER – D P APH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N

ACCESSIBILITY: CONTACT PROVIDER
D3. 专科提供者名录

**OPTOMETRIST**

**GEE, JENNIFER**  
Provider ID: 290209  
Board Certified Specialty: No  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1336589332  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-5:00PM  
TU 9:30AM-5:00PM  
W 8:00AM-5:00PM  
TH 10:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
Website: N/A

**OPTOMETRIST**

**KIM, MICHAEL**  
Provider ID: 290697  
Board Certified Specialty: No  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
After Hours Phone: (760) 631-5000  
Provider Gender: Male  
NPI: 1164546313  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-5:00PM  
TU 9:30AM-5:00PM  
W 8:00AM-5:00PM  
TH 10:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
Website: N/A
D3. 专科提供者名录

134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1164546313
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPTOMETRIST
MORA, WENDY
Provider ID: 290236
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1376958389
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:00AM-5:00PM
TH 10:30AM-7:30PM
F 8:00AM-5:00PM
Website: N/A

OPTOMETRIST
MORA, WENDY
Provider ID: 290236
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1376958389
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-W 8:00AM-5:00PM
TH 10:30AM-7:30PM
F 8:00AM-5:00PM
Website: N/A

OPTOMETRIST
TAM, EMILY
Provider ID: 277978
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1497161236
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 9:00AM-4:00PM
M-TH 8:00AM-8:00PM
F 8:00AM-5:00PM
SA 9:00AM-4:00PM
Website: N/A

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

2228
D3. 专科提供者名录

F 8:00AM-5:00PM
SA 9:00AM-4:00PM

Website: N/A

OPTOMETRIST
TAM, EMILY
Provider ID: 290315
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1497161236
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPTOMETRIST
TRAN, JESSICA
Provider ID: 303733
Board Certified Specialty: No
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1457922957
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPTOMETRIST
TAM, EMILY
Provider ID: 290316
Board Certified Specialty: No
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1497161236
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPTOMETRIST
TRAN, JESSICA
Provider ID: 304596
Board Certified Specialty: No
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1457922957
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

OPTOMETRIST
TRAN, JESSICA
Provider ID: 303729
Board Certified Specialty: No
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3702
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1457922957
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D3. 专科提供者名录

OPTOMETRIST
TRAN, JESSICA
Provider ID: 304595
Board Certified Specialty: No
Provider ID: 304595
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3702
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1457922957
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: RAY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
SA 9:00AM-4:00PM
Website: N/A

PODIATRIST
MILLER, JULIE
Provider ID: 305464
Board Certified Specialty: No
Provider ID: 305464
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1619115664
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PHYSICIANS ASSISTANT
WALLACE, STEPHANIE
Provider ID: 239770
Board Certified Specialty: No
Provider ID: 239770
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (888) 216-8482
Provider Gender: Female
NPI: 1518104942
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

PEDIATRICS
RAHIMI, NASSRIN
Provider ID: 257581
Board Certified Specialty: No
Provider ID: 257581
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1063438166
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: RADY CHILDREN HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
SA 9:00AM-4:00PM
Website: N/A

PODIATRIST
MILLER, JULIE
Provider ID: 290666
Board Certified Specialty: No
Provider ID: 290666
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3763
After Hours Phone: (760) 2230

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
PAGE 1

D3. 专科提供者名录

631-5000
Provider Gender: Female
NPI: 1619115664
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

PULMONARY DISEASES
BAUTISTA, JENNIFER
Provider ID: 300864
Board Certified Specialty: No
Medi-Cal Open Panel: Yes
Min/Max Age: 8\125
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-8:00PM
F 8:00AM-5:00PM
SA 9:00AM-4:00PM
Website: N/A

AMBROSE, CHRISTOPHER
Provider ID: 248009
Board Certified Specialty: No
2067 W VISTA WAY STE 185
VISTA, CA 92083
Phone: (760) 631-5888
Fax: (760) 631-5880
After Hours Phone: (760) 591-7750
Provider Gender: Male
NPI: 1114977535
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

AMBROSE, CHRISTOPHER
Provider ID: 248009
Board Certified Specialty: No
2067 W VISTA WAY STE 185
VISTA, CA 92083
Phone: (760) 631-5888
Fax: (760) 631-5880
After Hours Phone: (760) 591-7750
Provider Gender: Male
NPI: 1114977535
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

REGISTERED PHYSICAL THERAPIST
AMRAN, ALEX
Provider ID: 195012
Board Certified Specialty: No
2067 W VISTA WAY STE 185
VISTA, CA 92083
Phone: (760) 631-5888
Fax: (760) 631-5880
After Hours Phone: (760) 591-7750
Provider Gender: Male
NPI: 1114977535
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Website: N/A

SURGERY GENERAL
GROVE, JAY
Provider ID: 245227
Board Certified Specialty: No
2385 S MELROSE DR
VISTA, CA 92081
Phone: (760) 300-3647
Fax: (760) 482-1316
After Hours Phone: (760) 300-3647
Provider Gender: Male
NPI: 1912971334
Provider English Spoken: Y
D3. 专科提供者名录

- Provider Language(s)
  - Spoken: Spanish
  - Cultural Competency: N

Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL

- Medi-Cal Open Panel: Yes
- Min/Max Age: 0–999
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:00AM-5:00PM
  - Website: N/A

**WILDOMAR**

## ANESTHESIOLOGY

**HYLTON, DIANA**

Provider ID: 241737
Board Certified Specialty: No

- 36485 INLAND VALLEY DR WILDOMAR, CA 92595
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273

Provider Gender: Female
NPI: 1932527751

- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: German
  - Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

- Medi-Cal Open Panel: Yes
- Min/Max Age: 0–999
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:00AM-5:00PM
  - Website: N/A

## ANESTHESIOLOGY

**KRAUSE, MARTIN**

Provider ID: 287654
Board Certified Specialty: No

- 36485 INLAND VALLEY DR WILDOMAR, CA 92595
- Phone: (951) 677-1111
- Fax: (951) 677-9757
- After Hours Phone: (951) 677-1111

Provider Gender: Male
NPI: 1417243239

- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: German
  - Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

- Medi-Cal Open Panel: Yes
- Min/Max Age: 18–999
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:00AM-5:00PM
  - Website: N/A

## PULMONARY DISEASES

**KUMAR, AVNEE**

Provider ID: 300013
Board Certified Specialty: No

- 36485 INLAND VALLEY DR WILDOMAR, CA 92595
- Phone: (951) 677-1111
- Fax: (951) 677-9757
- After Hours Phone: (951) 677-1111

Provider Gender: Female
NPI: 1750745394

- Provider English Spoken: Y
- Provider Language(s)
  - Spoken: German
  - Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

- Medi-Cal Open Panel: Yes
- Min/Max Age: 0–999

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Website: N/A

PULMONARY DISEASES
SURI, RAJAT
Provider ID: 283349
Board Certified Specialty: No

36485 INLAND VALLEY DR
WILDOMAR, CA 92595
Phone: (951) 677-1111
Fax: (951) 677-9757
After Hours Phone: (951) 677-1111
Provider Gender: Male
NPI: 1144615337
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A
ALVARADO HOSPITAL LLC
Provider ID: 170056
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (619) 287-3270
After Hours Phone: (619) 287-3270
Accepting New Patients: No
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status: JCAHO
Hours: M-F 8:00AM-4:30PM
License Number: N/A
NPI: 1528041811
Website: www.sharp.com/hospitals/grossmont/
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Birthing Friendly: Y

KINDRED HOSPITAL SAN DIEGO
Provider ID: 169663
1940 EL CAJON BLVD
SAN DIEGO, CA 92104
Phone: (619) 543-4500
After Hours Phone: (619) 543-4500
Accepting New Patients: No
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status: JCAHO
Hours: 24 Hours / 7 days/week
License Number: N/A
NPI: 1992880512
Website: N/A
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Birthing Friendly: Y

GROSSMONT HOSPITAL
Provider ID: 170046
5555 GROSSMONT CENTER DR
LA MESA, CA 91942
Phone: (619) 740-6000
After Hours Phone: (619) 740-6000
Accepting New Patients: No
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status: JCAHO
Hours: 24 Hours / 7 days/week
License Number: N/A
NPI: 1265468946
Website: www.alvaradohospital.com
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PALOMAR MEDICAL CENTER
Provider ID: 173011
2185 CITRACADO PKWY
ESCONDIDO, CA 92029
Phone: (442) 281-5000
After Hours Phone: (442) 281-5000
Accepting New Patients: No
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status: JCAHO
Hours: 24 Hours / 7 days/week
License Number: N/A
NPI: 1457321317
Website: www.palomarhealth.org/facilities/palomar-poway-outpatient
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Birthing Friendly: Y

POWAY

PALOMAR HEALTH
Provider ID: 170052
15615 POMERADO RD
POWAY, CA 92064
Phone: (858) 613-4000
After Hours Phone: (858) 613-4000
Accepting New Patients: No
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status: JCAHO
Hours: 24 Hours / 7 days/week
License Number: 0800000127
NPI: 1376513754
Website: www.palomarhealth.org/
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Birthing Friendly: Y

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D4. 医院名录 - 综合急症护理医院

medical- center  
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

NATIONAL CITY
PARADISE VALLEY HOSPITAL
Provider ID: 170057
2400 E 4TH ST  
NATIONAL CITY, CA 91950
Phone: (619) 470-4321
After Hours Phone: (619) 470-4321
Accepting New Patients: No
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status: JCAHO
Hours: 24 Hours / 7 days/week
License Number: N/A
NPI: 1710065933
Website: www.paradisevalleyhospital.net

LA JOLLA
SCRIPPS GREEN HOSPITAL
Provider ID: 171084
10666 N TORREY PINES RD MS 220  
LA JOLLA, CA 92037
Phone: (858) 455-9100
After Hours Phone: (858) 455-9100
Accepting New Patients: No
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status: JCAHO
Hours: 24 Hours / 7 days/week
License Number: 080000050
NPI: 1841233780
Website: www.scripps.org/locations/hospitals__scripps-green-hospital-la-jolla

ENCINITAS
SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Provider ID: 170305
354 SANTA FE DR  
ENCINITAS, CA 92024
Phone: (760) 753-6501
After Hours Phone: (760) 753-6501
Accepting New Patients: No
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status:
D4. 医院名录 - 综合急症护理医院

JCAHO

<table>
<thead>
<tr>
<th>Provider ID: 1700829199</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Number: 080000148</td>
</tr>
<tr>
<td>NPI: 1700829199</td>
</tr>
<tr>
<td>Website: <a href="http://www.scripps.org/locations/hospitals__scripps-memorial-hospital-encinitas">www.scripps.org/locations/hospitals__scripps-memorial-hospital-encinitas</a></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

Birthing Friendly: Y

CHULA VISTA

SCRIPPS MERCY HOSPITAL

<table>
<thead>
<tr>
<th>Provider ID: 170256</th>
</tr>
</thead>
<tbody>
<tr>
<td>435 H ST</td>
</tr>
<tr>
<td>CHULA VISTA, CA 91910</td>
</tr>
<tr>
<td>Phone: (619) 691-7000</td>
</tr>
<tr>
<td>After Hours Phone: (619) 691-7000</td>
</tr>
<tr>
<td>Accepting New Patients: No</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>Site English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Accreditation Status: JCAHO</td>
</tr>
<tr>
<td>Hours: 24 Hours / 7 days/week</td>
</tr>
<tr>
<td>License Number: N/A</td>
</tr>
<tr>
<td>NPI: 1659359446</td>
</tr>
<tr>
<td>Website: <a href="http://www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-chula-vista">www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-chula-vista</a></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

SAN DIEGO

SCRIPPS MERCY HOSPITAL

<table>
<thead>
<tr>
<th>Provider ID: 170048</th>
</tr>
</thead>
<tbody>
<tr>
<td>4077 5TH AVE</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>Phone: (619) 294-8111</td>
</tr>
<tr>
<td>After Hours Phone: (619) 294-8111</td>
</tr>
<tr>
<td>Accepting New Patients: No</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>Site English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Accreditation Status: JCAHO</td>
</tr>
<tr>
<td>Hours: 24 Hours / 7 days/week</td>
</tr>
<tr>
<td>License Number: N/A</td>
</tr>
<tr>
<td>NPI: 1659359446</td>
</tr>
<tr>
<td>Website: <a href="http://www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-san-diego">www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-san-diego</a></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

CHULA VISTA

SHARP CHULA VISTA MED CTR

<table>
<thead>
<tr>
<th>Provider ID: 170251</th>
</tr>
</thead>
<tbody>
<tr>
<td>751 MEDICAL CENTER CT</td>
</tr>
<tr>
<td>CHULA VISTA, CA 91911</td>
</tr>
<tr>
<td>Phone: (619) 502-5800</td>
</tr>
<tr>
<td>After Hours Phone: (619) 502-5800</td>
</tr>
<tr>
<td>Accepting New Patients: No</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>Site English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Accreditation Status: JCAHO</td>
</tr>
<tr>
<td>Hours: 24 Hours / 7 days/week</td>
</tr>
<tr>
<td>License Number: 090000008</td>
</tr>
<tr>
<td>NPI: 1396728630</td>
</tr>
<tr>
<td>Website: <a href="http://www.sharp.com/hospitals/chula-vista/american-sign-language">www.sharp.com/hospitals/chula-vista/american-sign-language</a> (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

SAN DIEGO

SELECT SPECIALTY HOSPITAL

<table>
<thead>
<tr>
<th>Provider ID: 170165</th>
</tr>
</thead>
<tbody>
<tr>
<td>555 WASHINGTON ST</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>Phone: (619) 260-8300</td>
</tr>
<tr>
<td>After Hours Phone: (619) 260-8300</td>
</tr>
<tr>
<td>Accepting New Patients: No</td>
</tr>
<tr>
<td>Min/Max Age: 0\150</td>
</tr>
<tr>
<td>Site English Spoken: Y</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>Hospital Accreditation Status: JCAHO</td>
</tr>
<tr>
<td>Hours: 24 Hours / 7 days/week</td>
</tr>
<tr>
<td>License Number: 090000008</td>
</tr>
<tr>
<td>NPI: 1396728630</td>
</tr>
<tr>
<td>Website: <a href="http://www.sharp.com/hospitals/chula-vista/american-sign-language">www.sharp.com/hospitals/chula-vista/american-sign-language</a> (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

Birthing Friendly: Y
D4. 医院名录 - 综合急症护理医院

## CORONADO

**SHARP CORONADO HOSP AND HEALTHCARE CTR**

Provider ID: 170252

- 250 PROSPECT PL
  
  CORONADO, CA 92118

- Phone: (619) 522-3600
- After Hours Phone: (619) 522-3600

Accepting New Patients: No

- Site English Spoken: Y
- Cultural Competency: N

Hospital Accreditation Status:

- JCAHO
  
  Hours: 24 Hours / 7 days/week

  License Number: 080000039

  NPI: 1407839921

  Website: www.sharp.com

  American Sign Language (ASL):

  N

  Accessibility: CONTACT PROVIDER

## SAN DIEGO

**SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORN**

Provider ID: 170054

- 3003 HEALTH CENTER DR
  
  SAN DIEGO, CA 92123

- Phone: (858) 939-3400
- After Hours Phone: (858) 939-3400

Accepting New Patients: No

- Site English Spoken: Y
- Cultural Competency: N

Hospital Accreditation Status:

- JCAHO
  
  Hours: 24 Hours / 7 days/week

  License Number: N/A

  NPI: 1407839921

  Website: www.sharp.com/hospitals/coronado/

  American Sign Language (ASL):

  N

  Accessibility: CONTACT PROVIDER

## SHARP MEMORIAL HOSPITAL

Provider ID: 170047

- 7901 FROST ST
  
  SAN DIEGO, CA 92123

- Phone: (858) 939-3400
- After Hours Phone: (858) 939-3400

Accepting New Patients: No

- Site English Spoken: Y
- Cultural Competency: N

Hospital Accreditation Status:

- JCAHO
  
  Hours: 24 Hours / 7 days/week

  License Number: N/A

  NPI: 1407839921

  Website: www.sharp.com/hospitals/coronado/

  American Sign Language (ASL):

  N

  Accessibility: CONTACT PROVIDER

## LA JOLLA

**UCSD LA JOLLA JOHN SALLY THORNTON**

Provider ID: 170053

- 9300 CAMPUS POINT DR
  
  LA JOLLA, CA 92037

- Phone: (858) 657-7000
- After Hours Phone: (858) 657-7000

Accepting New Patients: No

- Site English Spoken: Y
- Cultural Competency: N

Hospital Accreditation Status:

- JCAHO
  
  Hours: 24 Hours / 7 days/week

  License Number: 090000101

  NPI: 1497021265

  American Sign Language (ASL):

  N

  Accessibility: CONTACT PROVIDER

  Birthing Friendly: Y

## OCEANSIDE

**TRI CITY MEDICAL CTR**

Provider ID: 170049

- 4002 VISTA WAY
  
  OCEANSIDE, CA 92056

- Phone: (760) 724-8411
- After Hours Phone: (760) 724-8411

Accepting New Patients: No

- Site English Spoken: Y
- Cultural Competency: N

Hospital Accreditation Status:

- JCAHO
  
  Hours: 24 Hours / 7 days/week

  License Number: 090000101

  NPI: 1497021265

  Website: N/A

  American Sign Language (ASL):
SAN DIEGO

UCSD MEDICAL CTR

Provider ID: 170051

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (619) 543-6222
After Hours Phone: (619) 543-6222

Accepting New Patients: No
Min/Max Age: 0\150
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week
License Number: 090000101
NPI: 1184722779

Website: https://health.ucsd.edu/locations/pages/hillcrest.aspx
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Birthing Friendly: Y
D5. 长期支持服务 (LTSS)
I. 长期护理 (LTC) 和专业护理机构 (SNF)

**CARLSBAD**

**LA COSTA HOUSE**
Provider ID: 662923
6433 FLAMENCO ST
CARLSBAD, CA 92009
Phone: (760) 721-1706
Fax: (760) 721-9872
After Hours Phone: (760) 721-1706
Accepting New Patients: No
NPI: 1962488007
Website: N/A

**SOUTH BAY POST ACUTE CARE**
Provider ID: 394308
553 F ST
CHULA VISTA, CA 91910
Phone: (619) 426-8611
Fax: (619) 240-7378
After Hours Phone: (619) 426-8611
Accepting New Patients: No
Hours: M-F
9:00AM-5:30PM
NPI: 1376946277
Website: http://southbaypostacute.com

**CHULA VISTA**

**BIRCH PATRICK CONV CTR**
Provider ID: 171998
751 MEDICAL CENTER CT
CHULA VISTA, CA 91911
Phone: (619) 502-3600
Fax: (619) 502-5835
After Hours Phone: (619) 502-3600
Accepting New Patients: No
NPI: 1538142369
Website: www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm

**CORONADO**

**VILLA CORONADO CONVALESCENT**
Provider ID: 172644
233 PROSPECT PL
CORONADO, CA 92118
Phone: (619) 552-3900
Fax: (619) 522-3939
After Hours Phone: (619) 552-3900
Accepting New Patients: No
NPI: 1184607418
Website: www.sharp.com/hospitals/coronado/departments/long-term-care.cfm

**EL CAJON**

**AVOCADO POST ACUTE**
Provider ID: 171985
510 E WASHINGTON AVE
EL CAJON, CA 92020
Phone: (619) 440-1211
Fax: (619) 956-3929
After Hours Phone: (619) 440-1211
Accepting New Patients: No
NPI: 1568484517
Website: www.avocadopostacute.com

**COTTONWOOD CANYON HEALTHCARE CENTER**
Provider ID: 171983
1391 E MADISON AVE
EL CAJON, CA 92021
Phone: (619) 444-1107
D5. 长期支持服务 (LTSS)

I. 长期护理 (LTC) 和专业护理机构 (SNF)

Fax: (619) 444-1403
After Hours Phone: (619) 444-1107
Accepting New Patients: No
NPI: 1013953199
Website: http://cottonwodcanyonhc.com
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

COUNTRY HILLS POST ACUTE
Provider ID: 503510
1580 BROADWAY
EL CAJON, CA 92021
Phone: (619) 441-8745
Fax: (619) 441-9029
After Hours Phone: (619) 441-8745
Accepting New Patients: No
NPI: 1063974285
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

GRANITE HILLS HEALTHCARE AND WELLNESS CENTRE LLC
Provider ID: 286282
1340 E MADISON AVE
EL CAJON, CA 92021
Phone: (619) 447-1020
Fax: (619) 447-1024
After Hours Phone: (619) 447-1020
Accepting New Patients: No
NPI: 1346516937
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: American Sign Language, Arabic, Korean, Spanish, Tagalog, Farsi, Vietnamese, Mandarin
- Cultural Competency: N
- American Sign Language (ASL): Y
- Accessibility: CONTACT PROVIDER

PARKSIDE HEALTH AND WELLNESS CENTER
Provider ID: 349923
444 W LEXINGTON AVE
EL CAJON, CA 92020
Phone: (619) 442-7744
After Hours Phone: (619) 442-7744
Accepting New Patients: No
NPI: 1447653340
Website: http://parksidehealth.net
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish, Tagalog
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

MAGNOLIA POST ACUTE CARE
Provider ID: 380518
635 S MAGNOLIA AVE
EL CAJON, CA 92020
Phone: (616) 442-8826
Fax: (619) 442-0288
After Hours Phone: (616) 442-8826
Accepting New Patients: No
NPI: 1316340227
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish, Tagalog
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D5. 长期支持服务 (LTSS)
I. 长期护理 (LTC) 和专业护理机构 (SNF)

PROVIDER

SAN DIEGO POST ACUTE CENTER
Provider ID: 173508
1201 S ORANGE AVE
EL CAJON, CA 92020
Phone: (619) 441-1988
Fax: (619) 441-7416
After Hours Phone: (619) 441-1988
Accepting New Patients: No
NPI: 1285061085
Website: http://sdpostacute.com
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

THE BRADLEY COURT
Provider ID: 419158
675 E BRADLEY AVE
EL CAJON, CA 92021
Phone: (619) 448-6633
Fax: (619) 448-5462
After Hours Phone: (619) 448-6633
Accepting New Patients: No
NPI: 1629129267
Website: N/A
Credentials and/or certifications:
Site English Spoken: Y
Site Languages(s) Spoken: Tagalog, Spanish
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

VICTORIA POST ACUTE CARE
Provider ID: 387720
654 S ANZA ST
EL CAJON, CA 92020
Phone: (619) 440-5005
After Hours Phone: (619) 440-5005
Accepting New Patients: No
NPI: 1326441239
Website: http://victoriapostacute.com
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

VILLA LAS PALMAS HEALTHCARE CTR
Provider ID: 172020
622 S ANZA ST
EL CAJON, CA 92020
Phone: (619) 442-0544
After Hours Phone: (619) 442-0544
Accepting New Patients: No
NPI: 1023048295
Website: http://villalaspalmascares.com
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

2241
D5. 长期支持服务 (LTSS)
I. 长期护理 (LTC) 和专业护理机构 (SNF)

AVIARA HEALTHCARE CENTER
Provider ID: 171995
944 REGAL RD
ENCINITAS, CA 92024
Phone: (760) 944-0331
After Hours Phone: (760) 944-0331
Accepting New Patients: No
NPI: 1518146620
Website: http://aviarahealthcare.com
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

THE DORTHY AND JOSEPH GOLGEBERG HEALTHCARE CENTER
Provider ID: 172000
211 SAXONY RD
ENCINITAS, CA 92024
Phone: (760) 632-0081
Fax: (760) 516-2016
After Hours Phone: (760) 632-0081
Accepting New Patients: No
Hours: M-F 7:00AM-4:00PM
NPI: 1588660765
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Tagalog, Spanish
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

ENCINITAS NURSING AND REHAB CTR
Provider ID: 171977
900 SANTA FE DR
ENCINITAS, CA 92024
Phone: (760) 753-6423
Fax: (760) 753-4979
After Hours Phone: (760) 753-6423
Accepting New Patients: No
Hours: M-F 8:00AM-5:00PM
NPI: 1588660765
Website: www.encinitasrehab.com
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Tagalog, Spanish
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

LIFE CARE CENTER OF ESCONDIDO
Provider ID: 172010
1980 FELICITA RD
ESCONDIDO, CA 92025
Phone: (760) 741-6109
After Hours Phone: (760) 741-6109
Accepting New Patients: No
Hours: M-F 7:00AM-4:00PM
NPI: 1588660765
Website: www.lifecarecenterofescondido.com
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Tagalog, Spanish
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

ESCONDIDO CARE CENTER
Provider ID: 172027
421 E MISSION AVE
ESCONDIDO, CA 92025
Phone: (760) 747-0430
Fax: (760) 747-0569
After Hours Phone: (760) 747-0430
Accepting New Patients: No
Hours: M-F 7:00AM-4:30PM
NPI: 1588660765
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Tagalog, Spanish
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
D5. 长期支持服务 (LTSS)
I. 长期护理 (LTC) 和专业护理机构 (SNF)

1260 E OHIO AVE
ESCONDIDO, CA 92027
Phone: (760) 746-1100
After Hours Phone: (760) 746-1100
Accepting New Patients: No
NPI: 1255337440
Website: http://palomarheightsrehab.com
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish, Tagalog
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

VALLE VISTA POST ACUTE
Provider ID: 171968
4025 W 2ND AVE
ESCONDIDO, CA 92025
Phone: (760) 745-1842
Fax: (760) 745-4346
After Hours Phone: (760) 745-1842
Accepting New Patients: No
- Hours: M-F
  8:00AM-5:00PM
NPI: 1659369262
Website: www.covenantcare.com
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

VIA RIO HOUSE
Provider ID: 662930
1262 VIA ENCINOS DR
FALLBROOK, CA 92028
Phone: (760) 547-1976
Fax: (760) 721-9872
After Hours Phone: (760) 547-1976
Accepting New Patients: No
NPI: 1962488007
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FALLBROOK SKILLED NURSING
Provider ID: 298744
325 POTTER ST
FALLBROOK, CA 92028
Phone: (760) 728-2330
Fax: (909) 863-4644
After Hours Phone: (760) 728-2330
Accepting New Patients: No
- Hours: M-F
  8:00AM-5:00PM
NPI: 1265823264
Website: www.progressivecarecenters.com
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

LA JOLLA NURSING AND REHAB CTR
Provider ID: 171975
2552 TORREY PINES RD
LA JOLLA, CA 92037
Phone: (858) 453-5810
Fax: (858) 214-1212
After Hours Phone: (858) 453-5810
Accepting New Patients: No
- Hours: M-F
D5. 长期支持服务 (LTSS)

I. 长期护理 (LTC) 和专业护理机构 (SNF)

8:00AM-5:00PM
NPI: 1457486078
Website: www.covenantcare.com

Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish

Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

THE COVE AT LA JOLLA
Provider ID: 305514
7160 FAY AVE
LA JOLLA, CA 92037
Phone: (858) 459-4361
After Hours Phone: (858) 459-4361
Accepting New Patients: No
Hours: M-F 7:30AM-4:00PM
NPI: 1588067482
Website: http://thecoveatla jolla.com

Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

LA MESA, CA 91942
Phone: (619) 460-2330
After Hours Phone: (619) 460-2330
Accepting New Patients: No
NPI: 1356345706
Website: www.lifegen.net/arborhills/

Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CARE MERIDIAN LA MESA
Provider ID: 173379
5640 AZTEC DR
LA MESA, CA 91942
Phone: (949) 263-6632
Fax: (619) 465-0019
After Hours Phone: (949) 263-6632
Accepting New Patients: No
NPI: 1235404674
Website: www.neurorestorat ive.com

Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

GROSSMONT HOSPITAL DP SNF
Provider ID: 172643
5555 GROSSMONT CENTER DR
LA MESA, CA 91942
Phone: (619) 740-4110
After Hours Phone: (619) 740-4110
Accepting New Patients: No
NPI: 1417930249
Website: www.sharp.com/hospitals/grossmont/departments/skilled- nursing.cfm

Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

GROSSMONT POST ACUTE
D5. 长期支持服务 (LTSS)

I. 长期护理 (LTC) 和专业护理机构 (SNF)

**CARE**
Provider ID: 310488
8787 CENTER DR
LA MESA, CA 91942
Phone: (619) 460-4444
Fax: (619) 713-5116
After Hours Phone: (619) 460-4444
Accepting New Patients: No
NPI: 1689077588
Website: http://grossmontpostacute.com

**LA MESA HEALTHCARE CTR**
Provider ID: 172022
3780 MASSACHUSETTS AVE
LA MESA, CA 91941
Phone: (619) 465-1313
Fax: (619) 465-8429
After Hours Phone: (619) 465-1313
Accepting New Patients: No
NPI: 1003852666
Website: http://lamesahealthcare.com

**HILLDALE HABILITATION CENTER**
Provider ID: 527671
7979 LA MESA BLVD
LA MESA, CA 91942
Phone: (619) 465-8010
Fax: (619) 465-8348
After Hours Phone: (619) 465-8010
Accepting New Patients: No
Hours: M-F
8:00AM-5:00PM
NPI: 1073736427
Website: N/A

**PARKWAY HILLS NURSING & REHAB**
Provider ID: 417047
7760 PARKWAY DR
LA MESA, CA 91942
Phone: (619) 469-0124
Fax: (619) 828-7654
After Hours Phone: (619) 469-0124
Accepting New Patients: No
Hours: M-TH
9:00AM-5:00PM
F 5:00AM-5:00PM
NPI: 1174926448
Website: N/A

**LEMON GROVE**

**BELLA VISTA HEALTH CENTER**
Provider ID: 419062
7922 PALM ST
LEMON GROVE, CA 91945
Phone: (619) 644-1000
Fax: (619) 797-2920
After Hours Phone: (619) 644-1000
Accepting New Patients: No
NPI: 1760709687
Website: www.bellavistahealth.com

**LEMON GROVE CARE AND REHAB CTR**
Provider ID: 172013
8351 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 463-0294
Fax: (619) 461-1064
After Hours Phone: (619) 463-0294
Accepting New Patients: No
NPI: 1336134204

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D5. 长期支持服务 (LTSS)
I. 长期护理 (LTC) 和专业护理机构 (SNF)

Website: http://lemongrovecare.com
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

NATIONAL CITY

CASTLE MANOR NURSING AND REHABILITATION CTR
Provider ID: 171978
541 S V AVE
NATIONAL CITY, CA 91950
Phone: (619) 791-7900
After Hours Phone: (619) 791-7900
Accepting New Patients: No
NPI: 1497759856
Website: www.lifege.net/castlemanor/index.html
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

PARADISE VALLEY HEALTH CARE CENTER
Provider ID: 171106
2575 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 470-6700
After Hours Phone: (619) 470-6700
Accepting New Patients: No
NPI: 1275513293
Website: http://pvhcc.com
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

FRIENDSHIP MANOR NURSING AND REHABILITATION CTR
Provider ID: 171973
902 EUCLID AVE
NATIONAL CITY, CA 91950
Phone: (619) 791-7700
Fax: (619) 791-7791
After Hours Phone: (619) 791-7700
Accepting New Patients: No
Hours: M-F 9:00AM-5:00PM
NPI: 1235133687
Website: www.lifege.net/friendshipmanor/
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

OCEANSIDE

LA PALOMA HEALTHCARE CTR
Provider ID: 172021
3232 THUNDER DR
OCEANSIDE, CA 92056
Phone: (760) 724-2193
After Hours Phone: (760) 724-2193
Accepting New Patients: No
NPI: 1265462436
Website: WWW.LAPAOMAHEALTHCARE.COM
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish, Armenian, Korean, Tagalog
- Cultural Competency: N
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

WINDSOR GARDENS CONV CTR OF SAN DIEGO
Provider ID: 172011
220 E 24TH ST
NATIONAL CITY, CA 91950
Phone: (619) 474-6741
Fax: (619) 474-1925
After Hours Phone: (619) 474-6741
Accepting New Patients: No
NPI: 1730176538
Website: www.windsorcare.com
Credentials and/or certifications:
- Site English Spoken: Y
D5. 长期支持服务 (LTSS)
I. 长期护理 (LTC) 和专业护理机构 (SNF)

**MCNEALY HOUSE**
Provider ID: 662925
4602 ALLEND AVE
OCEANSIDE, CA 92057
Phone: (760) 721-1706
Fax: (760) 721-9872
After Hours Phone: (760) 721-1706
Accepting New Patients: No
NPI: 1962488007
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**MCIHALOWSKI HOME**
Provider ID: 662925
4602 ALLEND AVE
OCEANSIDE, CA 92057
Phone: (760) 721-1706
Fax: (760) 721-9872
After Hours Phone: (760) 721-1706
Accepting New Patients: No
NPI: 1962488007
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**BOULDER CREEK POST ACUTE**
Provider ID: 276987
12696 MONTE VISTA RD
POWAY, CA 92064
Phone: (858) 487-6242
Fax: (858) 487-4282
After Hours Phone: (858) 487-6242
Accepting New Patients: No
Hours: M-F
8:00AM-5:30PM
NPI: 1073902672
Website: http://bouldercreekpa.com
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**POWAY HEALTHCARE CENTER**
Provider ID: 171989
15632 POMERADO RD
POWAY, CA 92064
Phone: (858) 485-5153
Fax: (858) 485-7694
After Hours Phone: (858) 485-5153
Accepting New Patients: No
NPI: 1407035512
Website: http://powaycare.com
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**THE VILLAS AT POWAY**
Provider ID: 172642
15615 POMERADO RD
POWAY, CA 92064
Phone: (858) 613-4545
After Hours Phone: (858) 613-4545
Accepting New Patients: No
NPI: 1619947090
Website: www.palomarhealth.org/skilled-nursing/villas-pomerado
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**SAN DIEGO ACCESS TO INDEPENDENCE**
Provider ID: 417267
8885 RIO SAN DIEGO DR STE 131
SAN DIEGO, CA 92108
Phone: (619) 293-3500
Fax: (619) 704-2054
After Hours Phone: (619) 293-3500
Accepting New Patients: No
Hours: M-F
8:00AM-5:00PM
NPI: 1083039861
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D5. 长期支持服务 (LTSS)

I. 长期护理 (LTC) 和专业护理机构 (SNF)

**ARROYO VISTA NURSING CTR**
Provider ID: 172028
3022 45TH ST
SAN DIEGO, CA 92105
Phone: (619) 283-5855
Fax: (619) 284-6327
After Hours Phone: (619) 283-5855
Accepting New Patients: No
NPI: 1487640066
Website: http://arroyovista.com
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Mandarin, Spanish, Tagalog, Vietnamese
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**BRIGHTON PLACE SAN DIEGO**
Provider ID: 402624
1350 EUCLID AVE
SAN DIEGO, CA 92105
Phone: (619) 263-2166
Fax: (619) 264-9231
After Hours Phone: (619) 263-2166
Accepting New Patients: No
NPI: 1346258274
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Mandarin, Spanish, Tagalog
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR**
Provider ID: 171971
11895 AVENUE OF INDUSTRY
SAN DIEGO, CA 92128
Phone: (858) 673-0101
Fax: (858) 673-8320
After Hours Phone: (858) 673-0101
Accepting New Patients: No
NPI: 1083727093
Website: http://carmelmountain.net
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Tagalog, Armenian, Mandarin, Spanish, Russian, Korean, Vietnamese
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**GOLDEN HILL POST ACUTE**
Provider ID: 614821
1201 34TH ST
SAN DIEGO, CA 92102
Phone: (619) 232-2946
Fax: (619) 702-7358
After Hours Phone: (619) 232-2946
Accepting New Patients: No
NPI: 1598229437
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D5. 长期支持服务 (LTSS)
I. 长期护理 (LTC) 和专业护理机构 (SNF)

<table>
<thead>
<tr>
<th>HEALTHCARE CENTER</th>
<th>Provider ID: 509489</th>
</tr>
</thead>
<tbody>
<tr>
<td>4033 6TH AVE</td>
<td>SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>Phone: (619) 297-4086</td>
<td></td>
</tr>
<tr>
<td>Fax: (619) 297-9238</td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (619) 297-4086</td>
<td></td>
</tr>
<tr>
<td>Accepting New Patients: No</td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8:00AM-5:00PM</td>
<td></td>
</tr>
<tr>
<td>NPI: 1558825067</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
<tr>
<td>Credentials and/or certifications:</td>
<td></td>
</tr>
<tr>
<td>Site English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MISSION HILLS POST ACUTE CARE</th>
<th>Provider ID: 339053</th>
</tr>
</thead>
<tbody>
<tr>
<td>3680 REYNARD WAY</td>
<td>SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>Phone: (619) 297-4484</td>
<td></td>
</tr>
<tr>
<td>Fax: (855) 214-6992</td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (619) 297-4484</td>
<td></td>
</tr>
<tr>
<td>Accepting New Patients: No</td>
<td></td>
</tr>
<tr>
<td>NPI: 1669875563</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://missionhillspostacute.com">http://missionhillspostacute.com</a></td>
<td></td>
</tr>
<tr>
<td>Credentials and/or certifications:</td>
<td></td>
</tr>
<tr>
<td>Site English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Tagalog, Spanish</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JACOB HEALTH CARE CENTER LLC</th>
<th>Provider ID: 172617</th>
</tr>
</thead>
<tbody>
<tr>
<td>4075 54TH ST</td>
<td>SAN DIEGO, CA 92105</td>
</tr>
<tr>
<td>Phone: (619) 582-5168</td>
<td></td>
</tr>
<tr>
<td>Fax: (619) 325-0194</td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (619) 582-5168</td>
<td></td>
</tr>
<tr>
<td>Accepting New Patients: No</td>
<td></td>
</tr>
<tr>
<td>NPI: 1881684900</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.jacobhealthcare.com">www.jacobhealthcare.com</a></td>
<td></td>
</tr>
<tr>
<td>Credentials and/or certifications:</td>
<td></td>
</tr>
<tr>
<td>Site English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Tagalog, Spanish</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mission Hills Post Acute Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 339053</td>
</tr>
<tr>
<td>3680 REYNARD WAY</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>Phone: (619) 297-4484</td>
</tr>
<tr>
<td>Fax: (855) 214-6992</td>
</tr>
<tr>
<td>After Hours Phone: (619) 297-4484</td>
</tr>
<tr>
<td>Accepting New Patients: No</td>
</tr>
<tr>
<td>NPI: 1669875563</td>
</tr>
<tr>
<td>Website: <a href="http://missionhillspostacute.com">http://missionhillspostacute.com</a></td>
</tr>
<tr>
<td>Credentials and/or certifications:</td>
</tr>
<tr>
<td>Site English Spoken: Y</td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Tagalog, Spanish</td>
</tr>
<tr>
<td>Cultural Competency: N</td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RODY CHILDRENS CONVALESCENT HOSPITAL</th>
<th>Provider ID: 172200</th>
</tr>
</thead>
<tbody>
<tr>
<td>8022 BIRMINGHAM DR</td>
<td>SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>Phone: (858) 966-5833</td>
<td></td>
</tr>
<tr>
<td>Fax: (858) 966-8558</td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (858) 966-5833</td>
<td></td>
</tr>
<tr>
<td>Accepting New Patients: No</td>
<td></td>
</tr>
<tr>
<td>NPI: 1992881478</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.rchsd.org">www.rchsd.org</a></td>
<td></td>
</tr>
<tr>
<td>Credentials and/or certifications:</td>
<td></td>
</tr>
<tr>
<td>Site English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td>Site Languages(s) Spoken: Tagalog, Spanish</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL): N</td>
<td></td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ST PAULS HEALTH CARE CENTER</th>
<th>Provider ID: 288531</th>
</tr>
</thead>
<tbody>
<tr>
<td>235 NUTMEG ST</td>
<td>SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>Phone: (619) 677-3895</td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (619) 677-3895</td>
<td></td>
</tr>
<tr>
<td>Accepting New Patients: No</td>
<td></td>
</tr>
<tr>
<td>NPI: 1972619104</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
<tr>
<td>Credentials and/or certifications:</td>
<td></td>
</tr>
</tbody>
</table>
D5. 长期支持服务 (LTSS)

I. 长期护理 (LTC) 和专业护理机构 (SNF)

certifications: CMS

- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER

THE PAVILION AT OCEAN POINT

Provider ID: 262151

- 3202 DUKE ST
- SAN DIEGO, CA 92110
- Phone: (619) 224-4141
- After Hours Phone: (619) 224-4141

Accepting New Patients: No

NPI: 1538174990

- Website: N/A

Credentials and/or certifications:

- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER

UNIVERSITY CARE CENTER

Provider ID: 172024

- 5602 UNIVERSITY AVE
- SAN DIEGO, CA 92105
- Phone: (619) 583-1993
- Fax: (619) 501-3559
- After Hours Phone: (619) 583-1993

Accepting New Patients: No

NPI: 1871522672

- Website: http://universitycarecenter.com

Credentials and/or certifications:

- Site English Spoken: Y
- Site Languages(s) Spoken: Tagalog, Mandarin, Russian, Vietnamese, Farsi, Spanish
- Cultural Competency: N
- American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER

THE SPRINGS AT PACIFIC REGENT

Provider ID: 172008

- 3884 NOBEL DR
- SAN DIEGO, CA 92122
- Phone: (858) 625-8700
- Fax: (858) 625-8777
- After Hours Phone: (858) 625-8700

Accepting New Patients: No

NPI: 1003198342

- Website: N/A

Credentials and/or certifications:

- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER

VILLA RANCHO BERNARDO CARE CENTER

Provider ID: 172009

- 15720 BERNARDO CENTER DR
- SAN DIEGO, CA 92127
- Phone: (858) 672-3900
- Fax: (858) 672-9247
- After Hours Phone: (858) 672-3900

Accepting New Patients: No

NPI: 1518063437

- Website: www.villaranchobernardo.com

Credentials and/or certifications:

- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER

WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL

Provider ID: 172012

- 1201 34TH ST
- SAN DIEGO, CA 92102
- Phone: (619) 232-2946
- Fax: (310) 595-3529
- After Hours Phone: (619) 232-2946

Accepting New Patients: No

NPI: 1811963028

- Website: https://windsorgoldenhill.com

Credentials and/or certifications:

- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish, Tagalog
- Cultural Competency: N
- American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER

SAN MARCOS

CARLO HOUSE

Provider ID: 662931

- 411 CARLO ST
- SAN MARCOS, CA 92078
D5. 长期支持服务 (LTSS)

I. 长期护理 (LTC) 和专业护理机构 (SNF)

<table>
<thead>
<tr>
<th>PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPRING VALLEY</strong></td>
</tr>
</tbody>
</table>

**AMAYA SPRINGS HEALTH CARE CENTER**  
Provider ID: 420233  
8625 LAMAR ST  
SPRING VALLEY, CA 91977  
Phone: (323) 326-6186  
Fax: (619) 461-3575  
After Hours Phone: (323) 326-6186  
Accepting New Patients: No  
NPI: 1518974542  
Website: N/A  
Credentials and/or certifications:  
- Site English Spoken: Y  
- Cultural Competency: N  
- American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**BRIGHTON PLACE SPRING VALLEY**  
Provider ID: 417094  
9009 CAMPO RD  
SPRING VALLEY, CA 91977  
Phone: (619) 460-2711  
Fax: (619) 460-0451  
After Hours Phone: (619) 460-2711  
Accepting New Patients: No  
NPI: 1780682021  
Website: N/A  
Credentials and/or certifications:  
- Site English Spoken: Y  
- Cultural Competency: N  
- American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC**  
Provider ID: 171969  
325 KEMPTON ST  
SPRING VALLEY, CA 91977  
Phone: (619) 931-1151  
Fax: (224) 233-1397  
After Hours Phone: (619) 931-1151  
Accepting New Patients: No  
Hours: SU-SA 8:00AM-5:00PM  
NPI: 1518974542  
Website: www.lifegen.net/Sanfordcourt  
Credentials and/or certifications:  
- Site English Spoken: Y  
- Cultural Competency: N  
- American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER
### D5. 长期支持服务 (LTSS)

#### I. 长期护理 (LTC) 和专业护理机构 (SNF)

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Accepting New Patients</th>
<th>NPI</th>
<th>Website</th>
<th>Credentials and/or certifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMREEN HOME</td>
<td>13873 OAKWOOD GLEN PL, VALLEY CENTER, CA 92082</td>
<td>(760) 751-9879</td>
<td>(760) 749-3019</td>
<td>(760) 751-9879</td>
<td>No</td>
<td>1700160405</td>
<td>N/A</td>
<td>Site English Spoken: Y</td>
</tr>
<tr>
<td>GRACE HOUSE</td>
<td>2507 HIBISCUS AVE, VISTA, CA 92081</td>
<td>(760) 721-1706</td>
<td>(760) 721-9872</td>
<td>(760) 721-1706</td>
<td>No</td>
<td>1962488007</td>
<td>N/A</td>
<td>Site English Spoken: Y</td>
</tr>
<tr>
<td>LIFE CARE CENTER OF VISTA</td>
<td>304 N MELROSE DR, VISTA, CA 92083</td>
<td>(760) 724-8222</td>
<td>(760) 941-4870</td>
<td>(760) 724-8222</td>
<td>No</td>
<td>1811942063</td>
<td>N/A</td>
<td>Site English Spoken: Y</td>
</tr>
<tr>
<td>ANZA HOUSE</td>
<td>1736 ANZA AVE, VISTA, CA 92084</td>
<td>(760) 721-1706</td>
<td>(760) 721-9872</td>
<td>(760) 721-1706</td>
<td>No</td>
<td>1366802696</td>
<td>N/A</td>
<td>Site English Spoken: Y</td>
</tr>
<tr>
<td>LA FUENTE POST ACUTE</td>
<td>247 E BOBIER DR, VISTA, CA 92084</td>
<td>(760) 945-3033</td>
<td>(760) 945-3033</td>
<td>(760) 945-3033</td>
<td>No</td>
<td>1366802696</td>
<td>N/A</td>
<td>Site English Spoken: Y</td>
</tr>
<tr>
<td>MARSHALL HOUSE</td>
<td>758 S MELROSE DR, VISTA, CA 92081</td>
<td>(760) 721-1706</td>
<td>(760) 721-9872</td>
<td>(760) 721-9872</td>
<td>No</td>
<td>1366802696</td>
<td>N/A</td>
<td>Site English Spoken: Y</td>
</tr>
</tbody>
</table>

---

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D5. 长期支持服务 (LTSS)

I. 长期护理 (LTC) 和专业护理机构 (SNF)

721-1706
Accepting New Patients: No
NPI: 1962488007
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
- American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

MONTGOMERY HOUSE
Provider ID: 662927
1658 MONTGOMERY DR
VISTA, CA 92084
Phone: (760) 721-1706
Fax: (760) 721-9872
After Hours Phone: (760) 721-1706
Accepting New Patients: No
NPI: 1962488007
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

ORIENTE HOUSE
Provider ID: 662928
3081 ORIENTE DR
VISTA, CA 92084
Phone: (760) 721-1706
Fax: (760) 721-9872
After Hours Phone: (760) 721-1706
Accepting New Patients: No
NPI: 1962488007
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

VISTA HOUSE
Provider ID: 662916
1768 MONTE MAR RD
VISTA, CA 92084
Phone: (760) 721-1706
Fax: (760) 721-9872
After Hours Phone: (760) 721-1706
Accepting New Patients: No
NPI: 1962488007
Website: N/A
Credentials and/or certifications:
- Site English Spoken: Y
- Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

VISTA HEALTHCARE CENTER
Provider ID: 171990
247 E BOBIER DR
VISTA, CA 92084
Phone: (760) 945-3033
Fax: (760) 724-3169
After Hours Phone: (760) 945-3033
Accepting New Patients: No
Hours: M-F

Accessibility: CONTACT PROVIDER

VISTA KNOLL SPECIALIZED CARE FACILITY
Provider ID: 172017
2000 WESTWOOD RD
VISTA, CA 92083
Phone: (760) 630-2273
Fax: (760) 630-0913

8:00AM-5:00PM
NPI: 1912189812
Website: http://astorhealth.com
Credentials and/or certifications:
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish, Tagalog
- Cultural Competency: N
- American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D5. 长期支持服务 (LTSS)

I. 长期护理 (LTC) 和专业护理机构 (SNF)

- After Hours Phone: (760) 630-2273
  Accepting New Patients: No
- Hours: SU-SA 8:30AM-5:00PM
  NPI: 1275533929
- Website: http://vistaknoll.com

  Credentials and/or certifications:
  - Site English Spoken: Y
  - Site Languages(s) Spoken:
    Korean, Tagalog,
    Vietnamese, Spanish
  Cultural Competency: N
  American Sign Language (ASL):
  N

Accessibility: CONTACT PROVIDER
D5. 长期支持服务 (LTSS)
II. 县居家支持服务 (IHSS)

SAN DIEGO

AGING & INDEPENDENCE SERVICES

Specialty: Case Management

5560 OVERLAND AVE
SAN DIEGO, CA 92123

Phone: (858) 495-5885
License Number: 1710308986

Accessibility: CONTACT PROVIDER

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

Website: https://www.sandiagegounty.gov/content/sdchhsa/programs/ais/home-supportive-services.html
D5. 长期支持服务 (LTSS)

III. 基于社区的成人服务 (CBAS) - 成人日间服务

OPEN ARMS ADHC
Provider ID: 417307
301 E J ST
CHULA VISTA, CA 91910
Phone: (619) 420-1404
Fax: (619) 420-1408
After Hours Phone: (619) 420-1404
Accepting New Patients: No
Hours: M-F
7:00AM-3:00PM
License Number: 060002076
NPI: 1598882169
Accessibility: CONTACT PROVIDER
American Sign Language (ASL): N
Language line interpreter services: N
Cultural Competency: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: N
Website: http://openarmsadhc.com

EL CAJON ADHC
Provider ID: 637126
854 JACKMAN ST
EL CAJON, CA 92020
Phone: (619) 328-2112
Fax: (619) 328-0069
After Hours Phone: (619) 328-2112
Accepting New Patients: No
Hours: SU-SA
9:00AM-3:00PM
License Number: 550008511
NPI: 1184207631
Accessibility: CONTACT PROVIDER
American Sign Language (ASL): N
Language line interpreter services: N
Cultural Competency: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: N
Website: N/A

MAGNOLIA ADULT DAY HEALTH CARE
Provider ID: 408541
490 N MAGNOLIA AVE
EL CAJON, CA 92020
Phone: (619) 444-1522
Fax: (619) 444-1516
After Hours Phone: (619) 444-1522
Accepting New Patients: No
Hours: M-F
8:00AM-4:00PM
License Number: 60000821
NPI: 1487864468
Accessibility: CONTACT PROVIDER
American Sign Language (ASL): N
Language line interpreter services: N
Cultural Competency: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: N
Website: http://magnoliaadhc.com

GOLDEN LIFE ADHC
Provider ID: 619502
9158 FLETCHER PKWY
LA MESA, CA 91942
Phone: (619) 357-7753
Fax: (619) 439-6038
After Hours Phone: (619) 357-7753
Accepting New Patients: No
NPI: 1093921900
Accessibility: CONTACT PROVIDER
D5. 长期支持服务 (LTSS)

III. 基于社区的成人服务 (CBAS) - 成人日间服务

American Sign Language (ASL): N
Language line interpreter services: N
Cultural Competency: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: N
_website: N/A

**NATIONAL CITY**

**HORIZON CBAS**
Provider ID: 642082
 Gym 1035 HARBISON AVE
NATIONAL CITY, CA 91950
Phone: (619) 474-1822
Fax: (619) 474-1826
After Hours Phone: (619) 474-1822
Accepting New Patients: No
License Number: 60000822
NPI: 1568659977
Accessibility: CONTACT PROVIDER
American Sign Language (ASL): N
Language line interpreter services: N
Cultural Competency: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: N
_website: N/A

**POWAY**

**POWAY ADULT DAY HEALTH CARE CENTER**

**SAN DIEGO**

**SAN DIEGO FAMILY CIRCLE ADULT DAY HEALTH CARE**
Provider ID: 539018
4428 CONVOY ST STE 288
SAN DIEGO, CA 92111
Phone: (858) 244-4555
Fax: (858) 724-3302
After Hours Phone: (858) 244-4555
Accepting New Patients: No
Site Languages(s) Spoken: Vietnamese, Mandarin, Spanish
Hours: M-F 8:00AM-5:00PM
License Number: 550005837
NPI: 1346455961
Accessibility: CONTACT PROVIDER
American Sign Language (ASL): N
Language line interpreter services: N
Cultural Competency: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: N
_website: www.lovingcareadhc.com

Accessibility: CONTACT PROVIDER
American Sign Language (ASL): N
Language line interpreter services: Y
Cultural Competency: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: Y
_website: Sandiegofamilycircle.com

LOVING CARE ADHC
Provider ID: 419961
2565 CAMINO DEL RIO S
STE 201
SAN DIEGO, CA 92108
Phone: (619) 718-9777
Fax: (619) 569-2855
After Hours Phone: (619) 718-9777
Accepting New Patients: No
Hours: SU-SA 8:30AM-4:00PM
NPI: 1346455961
Accessibility: CONTACT PROVIDER
American Sign Language (ASL): N
Language line interpreter services: N
Cultural Competency: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: Y
_website: www.lovingcareadhc.com

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D5. 长期支持服务 (LTSS)

III. 基于社区的成人服务 (CBAS) - 成人日间服务

**CASA PACIFICA ADHCC**

Provider ID: 417303  
1424 30TH ST STE C  
SAN DIEGO, CA 92154  
Phone: (619) 424-8181  
After Hours Phone: (619) 424-8181  
Accepting New Patients: No  
NPI: 1609920305  
Accessibility: CONTACT PROVIDER  
American Sign Language (ASL): N  
Language line interpreter services: N  
Cultural Competency: N  
Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English Languages: N  
Website: www.casa-pacifica.com

**SAN MARCOS**

**AMERICARE ADULT DAY HEALTH CARE CENTER**

Provider ID: 420060  
340 RANCHEROS DR STE 196  
SAN MARCOS, CA 92069  
Phone: (760) 682-2424  
Fax: (760) 471-5104  
After Hours Phone: (760) 682-2424  
Accepting New Patients: No  
License Number: 060000832  
NPI: 1528271186  
Accessibility: CONTACT PROVIDER  
American Sign Language (ASL): N  
Website: www.americareadhc.com
ALPINE

KHALEEL, AMMAR
Provider Gender: Male
License Number: LCS110302
NPI: 1841744208
Provider English Spoken: Y
Arabic
Cultural Competency: N
AMMAR KHALEEL
1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-8:00PM
SA 8:00AM-4:00PM

CHULA VISTA

BAYLON, ALDO
Provider Gender: Male
License Number: PSY29904
NPI: 1649429150
Provider English Spoken: Y
Cultural Competency: N
ALDO BAYLON
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-6941
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

GALLO, LINDA
Provider Gender: Female
License Number: PSY27375
NPI: 1427773621
Provider English Spoken: Y
Cultural Competency: N
LINDA C GALLO
780 BAY BLVD STE 200
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-1184
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

GOULD, HILARY
Provider Gender: Female
License Number: PSY31088
NPI: 1104297696
Provider English Spoken: Y
Cultural Competency: N
HILARY GOULD
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 271-0260
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
D6. 心理健康提供者名录

TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

<table>
<thead>
<tr>
<th>Provider</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>English Spoken</th>
<th>Cultural Competency</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUAREZ, AMERICA</td>
<td>Female</td>
<td>LCS92516</td>
<td>1386281541</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td>License Number: LCS92516</td>
<td>NPI: 1386281541</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site English Spoken: Y</td>
<td>Site English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TDD: U</td>
<td>TDD: U</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MALAK, LAWRENCE
Provider Gender: Male
License Number: A115345
NPI: 1467773028
Provider English Spoken: Y
Cultural Competency: N

<table>
<thead>
<tr>
<th>Provider</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>English Spoken</th>
<th>Cultural Competency</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALAK, LAWRENCE</td>
<td>Male</td>
<td>A115345</td>
<td>1467773028</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>Provider Gender: Male</td>
<td>License Number: A115345</td>
<td>NPI: 1467773028</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site English Spoken: Y</td>
<td>Site English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TDD: U</td>
<td>TDD: U</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OJHA, PRITI
Provider Gender: Female
License Number: A139807
NPI: 1760897284
Provider English Spoken: Y
Cultural Competency: N

<table>
<thead>
<tr>
<th>Provider</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>English Spoken</th>
<th>Cultural Competency</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>OJHA, PRITI</td>
<td>Female</td>
<td>A139807</td>
<td>1760897284</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>Provider Gender: Female</td>
<td>License Number: A139807</td>
<td>NPI: 1760897284</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Cultural Competency: N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site English Spoken: Y</td>
<td>Site English Spoken: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TDD: U</td>
<td>TDD: U</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D6. 心理健康提供者名录

TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: SU 10:00AM-4:00PM
 M-TU 8:30AM-8:00PM
 W-F 8:30AM-5:30PM
 SA 8:00AM-2:00PM

SHIELDS, SEBASTIAN
Provider Gender: Male
License Number: MFC124495
NPI: 1558895342
Provider English Spoken: Y
Spanish
Cultural Competency: N
SEBASTIAN L SHIELDS
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-1184
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-8:00PM
SA 8:00AM-4:00PM

WIJAYARATNE, IMANIE
Provider Gender: Male
License Number: PSY25044
NPI: 1932358355
Provider English Spoken: Y
Cultural Competency: N
IMANIE S WIJAYARATNE
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 271-0260
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

TROYER, EMILY
Provider Gender: Female
License Number: A149101
NPI: 1326484437
Provider English Spoken: Y
Cultural Competency: N
EMILY A TROYER
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-1184
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

EL CAJON

ARAIZA, ERNESTINA
Provider Gender: Female
License Number: PSY32549
NPI: 1568608636
Provider English Spoken: Y
Cultural Competency: N
ERNESTINA ARAIZA
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 785-3356
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

ARNOLD, REBECCA
Provider Gender: Female
License Number: MFC95778
NPI: 1225580350
Provider English Spoken: Y
Cultural Competency: N
REBECCA L ARNOLD
855 E MADISON AVE
EL CAJON, CA 92020
Phone: (619) 440-0251
Fax: (858) 633-4692
After Hours Phone: (619) 440-0251
1. Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CASEY, SHANNON
Provider Gender: Female
License Number: PSY31889
NPI: 1548873755
Provider English Spoken: Y
Cultural Competency: N
SHANNON K CASEY
215 W MADISON AVE
EL CAJON, CA 92020
Phone: (619) 667-6125
Fax: (619) 590-9036
After Hours Phone: (619) 667-6125
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

DIA, ALI
Provider Gender: Male
License Number: A47803
NPI: 1912031030
Provider English Spoken: Y
Arabic
Cultural Competency: N
ALI R DIA
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 785-3356
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

GUARDADO-SOTO, RAQUEL
Provider Gender: Female
License Number: PSY26883
NPI: 1194999276
Provider English Spoken: Y
Cultural Competency: N
RAQUEL GUARDADO-SOTO
855 E MADISON AVE
EL CAJON, CA 92020
Phone: (619) 440-2751
Fax: (858) 633-4692
After Hours Phone: (619) 440-2751
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
Accessibility: CONTACT PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

KOH, STEVE
Provider Gender: Male
License Number: A103468
NPI: 1467650473
Provider English Spoken: Y
Korean
Cultural Competency: N

STEVE H KOH
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

ORLANDO, FRANCESCA
Provider Gender: Female
License Number: LCS107210
NPI: 1275097081
Provider English Spoken: Y
Cultural Competency: N

FRANCESCA A ORLANDO
215 W MADISON AVE
EL CAJON, CA 92020
Phone: (619) 401-6236
Fax: (619) 590-9036
After Hours Phone: (619) 401-6236
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

MAXWELL, MELISSA
Provider Gender: Female
License Number: LCS90791
NPI: 1275182826
Provider English Spoken: Y
Cultural Competency: N

MELISSA K MAXWELL
215 W MADISON AVE
EL CAJON, CA 92020
Phone: (619) 667-6125
Fax: (619) 590-9036
After Hours Phone: (619) 667-6125
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

POSTLETHWAITE, ALEJANDRA
Provider Gender: Female
License Number: A88938
NPI: 1750566915
Provider English Spoken: Y
Cultural Competency: N

ALEJANDRA POSTLETHWAITE
855 E MADISON AVE
EL CAJON, CA 92020
Phone: (619) 440-2751
Fax: (858) 633-4692
After Hours Phone: (619) 440-2751
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

WEAVER, AMANDA
Provider Gender: Female
License Number: MFC105361
NPI: 1174266423
Provider English Spoken: Y
Cultural Competency: N

AMANDA R WEAVER
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
WHEELER, KIM
Provider Gender: Female
License Number: PSY34237
NPI: 1700577434
Provider English Spoken: Y
Cultural Competency: N
KIM N WHEELER
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 785-3356
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

GOMEZ, JUANITA
Provider Gender: Female
License Number: PSY27439
NPI: 1790915759
Provider English Spoken: Y
Cultural Competency: N
JUANITA GOMEZ
1505 ENCINITAS BLVD
ENCINITAS, CA 92024
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

ENCINITAS

GARCIA, ROSEMARIE
Provider Gender: Female
License Number: MFC123590
NPI: 1710410980
Provider English Spoken: Y
Cultural Competency: N
ROSEMARIE C GARCIA
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

ESCONDIDO

ARLINGHAUS, RENE
Provider Gender: Female
License Number: LCS80909
NPI: 1568973964
Provider English Spoken: Y
Cultural Competency: N
RENE M ARLINGHAUS
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
Fax: (619) 662-4196
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

LOPEZ, JOANNA
Provider Gender: Female
License Number: MFC50381
NPI: 1275664385
Provider English Spoken: Y
Cultural Competency: N
JOANNA M LOPEZ
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

2264
D6. 心理健康提供者名录

**PROVIDER**

**BECERRA, GABRIEL**

Provider Gender: Male  
License Number: LCS114743  
NPI: 1205313319  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
GABRIEL CELESTINO BECERRA  
425 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8340  
Fax: (360) 462-2752  
After Hours Phone: (760) 520-8100  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 18-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**BELINSKY, MARIA**

Provider Gender: Female  
License Number: LCS69175  
NPI: 1760867824  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
MARIA T BELINSKY  
460 N ELM ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8100  
Fax: (858) 633-4691  
After Hours Phone: (760) 520-8100  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**BELINSKY, MARIA**

Provider Gender: Female  
License Number: LCS69175  
NPI: 1760867824  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
MARIA T BELINSKY  
426 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 690-5900  
Fax: (858) 633-4693  
After Hours Phone: (760) 690-5900  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**BELINSKY, MARIA**

Provider Gender: Female  
License Number: LCS69175  
NPI: 1760867824  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
MARIA T BELINSKY  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Phone: (760) 737-6900  
Fax: (760) 520-8100  
After Hours Phone: (760) 737-6900  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0-999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**CARLTON PENN, CORNELIA**

Provider Gender: Female  
License Number: PSY14310  
NPI: 1891720611  
Provider English Spoken: Y  
German  
Cultural Competency: N  
CORNELIA J CARLTON-PENN  
425 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8340  
Fax: (360) 462-2752  
After Hours Phone: (760) 520-8340  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
TDD: U
D6. 心理健康提供者名录

Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

CASTILLO, TIFFANY
Provider Gender: Female
License Number: A158480
NPI: 1114459252
Provider English Spoken: Y
Spanish
Cultural Competency: N
TIFFANY A CASTILLO
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
Fax: (360) 462-2752
After Hours Phone: (760) 520-8340
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

CHRISTENSEN, PATTI
Provider Gender: Female
License Number: LCS24129
NPI: 1245434745
Provider English Spoken: Y
Cultural Competency: N
PATTI J CHRISTENSEN
1002 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (760) 741-2660
Fax: (858) 633-4698
After Hours Phone: (760) 520-8300
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

DOCKERY, LEE
Provider Gender: Male
License Number: A178136
NPI: 1225526320
Provider English Spoken: Y
Cultural Competency: N
LEE M DOCKERY
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8300
Fax: (858) 633-4698
After Hours Phone: (760) 520-8300
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:00PM

ESTRADA PATINO, ANGELA
Provider Gender: Female
License Number: PSY31789
NPI: 1629339015
Provider English Spoken: Y
Spanish
Cultural Competency: N
ANGELA J ESTRADA PATINO
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
Fax: (760) 466-1373
After Hours Phone: (760)
520-8100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 14\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
SA 8:00AM-0:00PM

GUZZO, RICHARD
Provider Gender: Male
License Number: LCS8288
NPI: 1497898431
Provider English Spoken: Y
Cultural Competency: N
RICHARD L GUZZO
1002 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (760) 737-6960
After Hours Phone: (760) 737-6960
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:30AM-5:00PM

HARRIS, LAURA
Provider Gender: Female
License Number: LCS18214
NPI: 1255640280
Provider English Spoken: Y
Cultural Competency: N
LAURA S HARRIS
1002 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (760) 741-2660
Fax: (760) 741-2647
After Hours Phone: (760) 741-2660
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

MAGOS, DANIEL
Provider Gender: Male
License Number: LCS88270
NPI: 1578983664
Provider English Spoken: Y
Cultural Competency: N
DANIEL K MAGOS
D6. 心理健康提供者名录

POSTLETHWAITE, ALEJANDRA
Provider Gender: Female
License Number: A88938
NPI: 1750566915
Provider English Spoken: Y
Cultural Competency: N

ALEJANDRA POSTLETHWAITE
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8300
Fax: (858) 633-4698
After Hours Phone: (760) 520-8300
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

PRATHER, ALLYSON
Provider Gender: Female
License Number: MFC45441
NPI: 1083725006
Provider English Spoken: Y
Cultural Competency: N
ALLYSON M PRATHER
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8300
Fax: (858) 633-4698
After Hours Phone: (760) 520-8300
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

PRASAD, AMITHA
Provider Gender: Female
License Number: A158657
NPI: 1821436882
Provider English Spoken: Y
Cultural Competency: N
AMITHA, PRASAD
2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
Phone: (760) 294-9270
Fax: (760) 294-9268
After Hours Phone: (760) 294-9270
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

RIOS, SIERRA
Provider Gender: Female
License Number: LCS91970
NPI: 1942746128
Provider English Spoken: Y
Spanish
Cultural Competency: N
SIERRA K RIOS
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
Fax: (360) 462-2752
After Hours Phone: (760) 520-8340
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 7:00AM-7:30PM
TU 7:00AM-4:30PM
W 7:00AM-7:30PM
TH-F 7:00AM-4:30PM

ROBLEDO, DAMIAN
Provider Gender: Male
License Number: LCS66152
NPI: 1376831289
Provider English Spoken: Y
Spanish
Cultural Competency: N
DAMIAN ROBLEDO
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
Fax: (360) 462-2752
After Hours Phone: (760) 520-8340
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Spanish
Cultural Competency: N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

RODARTE, GABRIEL
Provider Gender: Male
License Number: A87906
NPI: 1184649212
Provider English Spoken: Y
Spanish
Cultural Competency: N
GABRIEL RODARTE
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
Fax: (858) 633-4698
After Hours Phone: (760) 520-8340
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

STONE, CALVIN
Provider Gender: Male
License Number: 20A18127
NPI: 1275995870
Provider English Spoken: Y
Cultural Competency: N
CALVIN T STONE
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8300
Fax: (858) 633-4698
After Hours Phone: (760) 520-8300
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

SUOZZO, JOSEPH

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D6. 心理健康提供者名录

Provider Gender: Male
License Number: PSY18393
NPI: 1821013228
Provider English Spoken: Y
Cultural Competency: N
JOSEPH M SUOZZO
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
Fax: (858) 633-4698
After Hours Phone: (760) 520-8340
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Cultural Competency: N
ALYSSA TEETER-WITT
426 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 690-5900
Fax: (858) 633-4693
After Hours Phone: (760) 690-5900
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Cultural Competency: N
PAULA M THOMAS
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
Fax: (360) 462-2752
After Hours Phone: (760) 520-8340
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Cultural Competency: N
MONICA M TIZNADO
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
Fax: (858) 633-4698
After Hours Phone: (760) 520-8340
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Cultural Competency: N

TEETER-WITT, ALYSSA
Provider Gender: Female
License Number: PSY31075
NPI: 1932308442
Provider English Spoken: Y
Cultural Competency: N
ALYSSA TEETER-WITT
426 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 690-5900
Fax: (858) 633-4693
After Hours Phone: (760) 690-5900
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Cultural Competency: N

THOMAS, PAULA
Provider Gender: Female
License Number: LCS29517
NPI: 1821389966
Provider English Spoken: Y
Cultural Competency: N
PAULA M THOMAS
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
Fax: (360) 462-2752
After Hours Phone: (760) 520-8340
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Cultural Competency: N

TIZNADO, MONICA
Provider Gender: Female
License Number: MFC81074
NPI: 1497895197
Provider English Spoken: Y
Cultural Competency: N

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

Site English Spoken: Y
Site Languages(s) Spoken: Spanish, German, French, Cappadocian Greek, Hindi
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

TIZNADO, MONICA
Provider Gender: Female
License Number: MFC81074
NPI: 1497895197
Provider English Spoken: Y
Cultural Competency: N
D6. 心理健康提供者名录

NPI: 1497895197
Provider English Spoken: Y  
Spanish
Cultural Competency: N  
MONICA M TIZNADO
icator line: 425 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8340  
Fax: (360) 462-2752  
After Hours Phone: (760) 520-8340
Website: N/A
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

VALLEZ-BARLAM, ANDREA
Provider Gender: Female  
License Number: PSY9962  
NPI: 1710902143  
Provider English Spoken: Y  
German, Spanish
Cultural Competency: N  
ANDREA VALLEZ-BARLAM
icator line: 426 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 690-5900  
Fax: (858) 633-4693  
After Hours Phone: (760) 690-5900
Website: N/A
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

VAQUERO, JUANA
Provider Gender: Female  
License Number: PSY28364  
NPI: 1023459708  
Provider English Spoken: Y  
Cultural Competency: N  
JUANA VAQUERO
indicator line: 425 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8300  
Fax: (858) 633-4698  
After Hours Phone: (760) 520-8300
Website: N/A
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

WOODWORTH, JENNIFER
indicator line: 425 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8300  
Fax: (858) 633-4698  
After Hours Phone: (760) 520-8300
Website: N/A
Accepting New Patients: Yes  
Site English Spoken: N  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.  
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Provider Gender: Female
License Number: PSY26963
NPI: 1639362494
Provider English Spoken: Y
Cultural Competency: N
JENNIFER WOODWORTH
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
Fax: (858) 633-4698
After Hours Phone: (760) 520-8340
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

GILROY, LAURA
Provider Gender: Female
License Number: LCS27123
NPI: 1437427978
Provider English Spoken: Y
Cultural Competency: N
LAURA L GILROY
1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4720
Fax: (760) 457-4700
After Hours Phone: (760) 451-4720
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

MAGEE, ANNA
Provider Gender: Female
License Number: LCS107407
NPI: 1194234609
Provider English Spoken: Y
Cultural Competency: N
ANNA M MAGEE
1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4720
Fax: (760) 457-4700
After Hours Phone: (760) 451-4720
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 12\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

MILES, RENEE
Provider Gender: Female
License Number: LCS70204
NPI: 1053763623

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.


D6. 精神健康提供者名录

Provider English Spoken: Y
Cultural Competency: N
RENEE S MILES

- 1328 S MISSION RD
- FALLBROOK, CA 92028
- Phone: (760) 451-4720
- Fax: (760) 457-4700
- After Hours Phone: (760) 451-4720
- Website: N/A
- Accepting New Patients: Yes

Provider English Spoken: Y
Cultural Competency: N
CHLARA MILES

- 1328 S MISSION RD
- FALLBROOK, CA 92028
- Phone: (760) 451-4720
- Fax: (760) 457-4700
- After Hours Phone: (760) 451-4720
- Website: N/A
- Accepting New Patients: Yes

Provider English Spoken: Y
Cultural Competency: N

RODARTE, GABRIEL

Provider Gender: Male
License Number: A87906
NPI: 1184649212
Provider English Spoken: Y
Spanish
Cultural Competency: N
GABRIEL RODARTE

- 1328 S MISSION RD
- FALLBROOK, CA 92028
- Phone: (760) 541-4730
- Fax: (760) 457-4700
- After Hours Phone: (760) 541-4730
- Website: N/A
- Accepting New Patients: Yes

Provider English Spoken: Y
Cultural Competency: N

ZUREK, BEDEANIA

Provider Gender: Female
License Number: LCS74215
NPI: 1942375811
Provider English Spoken: Y
Cultural Competency: N
BEDEANIA R ZUREK

- 949 PALM AVE
- IMPERIAL BEACH, CA 91932
- Phone: (619) 429-3733
- Fax: (619) 628-5550
- After Hours Phone: (619) 429-3733
- Website: N/A
- Accepting New Patients: Yes

Provider English Spoken: Y
Cultural Competency: N

BAILIS, JESSICA

Provider Gender: Female
License Number: PSY27537
NPI: 1706793049
Provider English Spoken: Y
Cultural Competency: N
JESSICA R BAILIS

- 8950 VILLA LA JOLLA DR
- STE C101
- LA JOLLA, CA 92037
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Website: N/A
- Accepting New Patients: Yes

Provider English Spoken: Y
Cultural Competency: N

BOOTH, CHRISTOPHER

Provider Gender: Male
License Number: PSY26073
NPI: 1568893162
Provider English Spoken: Y
Cultural Competency: N
CHRISTOPHER R BOOTH

- 8950 VILLA LA JOLLA DR
- STE C101
- LA JOLLA, CA 92037
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Website: N/A
- Accepting New Patients: Yes

Provider English Spoken: Y
Cultural Competency: N

LA JOLLA
<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Site English Spoken</th>
<th>TDD</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>STE C101</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA JOLLA, CA 92037</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Booth, Christopher</td>
<td>Male</td>
<td>PSY26073</td>
<td>1568893162</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bouteille, Kerri</td>
<td>Male</td>
<td>PSY21823</td>
<td>1780620906</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brar, Simerjeet</td>
<td>Female</td>
<td>A144765</td>
<td>1417393307</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

CHESTER, NICHOLAS
Provider Gender: Male
License Number: PSY29290
NPI: 1124539697
Provider English Spoken: Y
Cultural Competency: N
NICHOLAS J CHESTER
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

CRANDAL, BRENT
Provider Gender: Male
License Number: PSY26294
NPI: 1588739452
Provider English Spoken: Y
Cultural Competency: N
BRENT R CRANDAL
8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Phone: (800) 926-8372
Fax: (888) 539-8781
After Hours Phone: (800) 926-8372
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

DUARTE, KRISTEN
Provider Gender: Female
License Number: PSY31227
NPI: 1093119364
Provider English Spoken: Y
Cultural Competency: N
KRISTEN L DUARTE
8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

DUARTE, KRISTEN
Provider Gender: Female
License Number: PSY31227
NPI: 1093119364
Provider English Spoken: Y
Cultural Competency: N
KRISTEN L DUARTE
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

EICHEN, DAWN
Provider Gender: Female
License Number: PSY27823
NPI: 1861043366
Provider English Spoken: Y
Cultural Competency: N
DAWN M EICHEN
8950 VILLA LA JOLLA DR
STE C212
LA JOLLA, CA 92037
Phone: (858) 246-1654
Fax: (858) 246-3181
After Hours Phone: (858) 246-1654
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

EICHEN, DAWN
Provider Gender: Female
License Number: PSY27823
NPI: 1861043366
Provider English Spoken: Y
Cultural Competency: N
DAWN M EICHEN
8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

ELLEDGE, LINDSAY
Provider Gender: Female
License Number: LCS96136
NPI: 1619428828
Provider English Spoken: Y
Cultural Competency: N
LINDSAY E ELLEDGE
8950 VILLA LA JOLLA DR
STE 101
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FINN, DAPHNA
Provider Gender: Female
License Number: A152291
NPI: 1639522725
Provider English Spoken: Y
Cultural Competency: N
DAPHNA M FINN
3344 N TORREY PINES CT
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D6. 心理健康提供者名录

- Site English Spoken: Y
  - TDD: U
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM

HUEGE, STEVEN
Provider Gender: Male
License Number: C141122
NPI: 1598716367
Provider English Spoken: Y
Cultural Competency: N

STEVEN F HUEGE
- 9444 MEDICAL CENTER DR
  - LA JOLLA, CA 92037
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Website: N/A
- Accepting New Patients: Yes
  - Site English Spoken: Y
  - TDD: U
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM

LASSWELL, EVE
Provider Gender: Female
License Number: PSY30220
NPI: 1013483635
Provider English Spoken: Y
Cultural Competency: N

EVE N LASSWELL
- 8950 VILLA LA JOLLA DR
  - STE C101
  - LA JOLLA, CA 92037
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Website: N/A
- Accepting New Patients: Yes
  - Site English Spoken: Y
  - TDD: U
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM

KHAFAJA, MOHAMAD
Provider Gender: Male
License Number: A115892
NPI: 1780867119
Provider English Spoken: Y
Arabic
Cultural Competency: N

MOHAMAD H KHAFAJA
- 8950 VILLA LA JOLLA DR
  - STE C101
  - LA JOLLA, CA 92037
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Website: N/A
- Accepting New Patients: Yes
  - Site English Spoken: Y
  - TDD: U
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 8:00AM-5:00PM

LEDBETTER, ALEX
Provider Gender: Male
License Number: 20A20454
NPI: 1073017315
Provider English Spoken: Y
Cultural Competency: N

ALEX W LEDBETTER
- 8950 VILLA LA JOLLA DR
  - STE C101
  - LA JOLLA, CA 92037
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Website: N/A

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D6. 心理健康提供者名录

Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

LEE, DAVID
Provider Gender: Male
License Number: A124329
NPI: 1871884130
Provider English Spoken: Y
Korean
Cultural Competency: N
DAVID J LEE
9350 CAMPUS POINT DR
STE LLB
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

LI, XIA
Provider Gender: Female
License Number: A163344
NPI: 1336670413
Provider English Spoken: Y
Mandarin
Cultural Competency: N
XIA LI
8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

LINKE, SARAH
Provider Gender: Female
License Number: PSY27116
NPI: 1487026415
Provider English Spoken: Y
Cultural Competency: N
SARAH E LINKE
8939 VILLA LA JOLLA DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (619) 471-9017
After Hours Phone: (858) 534-7792
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

MARTINEZ, STEPHANIE
Provider Gender: Female
License Number: A152787
NPI: 1699126367
Provider English Spoken: Y
Spanish
Cultural Competency: N
STEPHANIE MARTINEZ
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
D6. 心理健康提供者名录

Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

MAXWELL, BENJAMIN
Provider Gender: Male
License Number: A108124
NPI: 1740415926
Provider English Spoken: Y
Cultural Competency: N
BENJAMIN K MAXWELL
8950 VILLA LA JOLLA DR
LA JOLLA, CA 92037
Phone: (858) 534-8019
Fax: (858) 534-6727
After Hours Phone: (858) 534-8019
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

MENDEZ, ANDRES
Provider Gender: Male
License Number: PSY28907
NPI: 1841482692
Provider English Spoken: Y
Spanish
Cultural Competency: N
ANDRES G MENDEZ
8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

MOORE, SHAVON
Provider Gender: Female
License Number: A152789
NPI: 1053682773
Provider English Spoken: Y
Cultural Competency: N
SHAVON C MOORE
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 826-8273
Fax: (888) 539-8781
After Hours Phone: (800) 826-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

NGUYEN, HOANG
Provider Gender: Male
License Number: G83977
NPI: 1720011620
Provider English Spoken: Y
Vietnamese
Cultural Competency: N
HOANG A NGUYEN
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (619) 497-6673
After Hours Phone: (619) 497-6673
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

QAYOUMI, WALI
Provider Gender: Male
License Number: A168429
NPI: 1093178220
Provider English Spoken: Y
French
Cultural Competency: N
WALI Z QAYOUMI
9350 CAMPUS POINT DR
STE LLB
LA JOLLA, CA 92037
Phone: (619) 284-3746
Fax: (888) 579-8781
After Hours Phone: (619) 284-3746
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

NGUYEN, HOANG
Provider Gender: Male
License Number: G83977
NPI: 1720011620
Provider English Spoken: Y
Vietnamese
Cultural Competency: N
HOANG A NGUYEN
8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Vietnamese
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

QAYOUMI, WALI
Provider Gender: Male
License Number: A168429
NPI: 1093178220
Provider English Spoken: Y
French
Cultural Competency: N
WALI Z QAYOUMI
9500 GILMAN DR STE 2069
LA JOLLA, CA 92093
Phone: (858) 822-5881
Fax: (888) 539-8781
After Hours Phone: (858) 822-5881
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

REED, KRISTIE
Provider Gender: Female
License Number: PSY30934
NPI: 1679869556
Provider English Spoken: Y
Cultural Competency: N
KRISTIE L REED
8950 VILLA LA JOLLA DR
STE C212
LA JOLLA, CA 92037
Phone: (800) 926-8372
Fax: (888) 539-8781
After Hours Phone: (800) 926-8372
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

REED, KRISTIE
Provider Gender: Female
License Number: PSY30934
NPI: 1679869556
Provider English Spoken: Y
Cultural Competency: N
KRISTIE L REED
3344 N TORREY PINES CT
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

RICHARD, MARLA
Provider Gender: Female
License Number: G65188
NPI: 1578720934
Provider English Spoken: Y
Cultural Competency: N
MARLA G RICHARD
9300 MEDICAL CENTER DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

SCHNEEBERGER, ANDRES
Provider Gender: Male
License Number: C175502
NPI: 1184867376
Provider English Spoken: Y
Cultural Competency: N
ANDRES R SCHNEEBERGER
8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

TARLE, STEPHANIE
Provider Gender: Female
License Number: PSY32155
NPI: 1659920403
Provider English Spoken: Y
Cultural Competency: N
STEPHANIE J TARLE
8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

TARVER, LESLIE
Provider Gender: Female
License Number: A169181
NPI: 1811300957
Provider English Spoken: Y
Cultural Competency: N
LESLIE B TARVER
8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
LA JOLLA, CA 92037
Provider English Spoken: Y
Spanish
Cultural Competency: N
ZWINKA Z ZLATAR
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH
8:00AM-5:00PM

WISHNEK, HANNAH
Provider Gender: Female
License Number: LCS105699
NPI: 1578012043
Provider English Spoken: Y
Cultural Competency: N
HANNAH K WISHNEK
8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

NATIONAL CITY
FLANIGAN, MARILYN
Provider Gender: Female
License Number: MFC97326
NPI: 1588996912
Provider English Spoken: Y
Cultural Competency: N
MARILYN Y FLANIGAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (858) 578-4417
After Hours Phone: (844) 200-2426
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

LAKESIDE
BRUNETTO, HEIDI
Provider Gender: Female
License Number: PSY26809
NPI: 1023250453
Provider English Spoken: Y
Cultural Competency: N
HEIDI M BRUNETTO
10039 VINE ST
LAKESIDE, CA 92040
Phone: (619) 390-9975
Fax: (858) 633-4690
After Hours Phone: (619) 390-9975
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-6:00PM

KUGEL, SAMUEL
Provider Gender: Male
License Number: A54412
NPI: 1497815968
Provider English Spoken: Y
Portuguese, Spanish
Cultural Competency: N
D6. 心理健康提供者名录

SAMUEL KUGEL
502 EUCLID AVE STE 305
NATIONAL CITY, CA 91950
Phone: (619) 472-2600
Fax: (619) 472-5721
After Hours Phone: (619) 472-2600
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Portuguese
TDD: U
Min/Max Age: 18\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
9:00AM-5:00PM

SILVEY, CHRISTOPHER
Provider Gender: Male
License Number: LCS85942
NPI: 1932793502
Provider English Spoken: Y
Cultural Competency: N
CHRISTOPHER J SILVEY
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 474-4008
After Hours Phone: (844) 200-2426
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

SACHS, MELISSA
Provider Gender: Female
License Number: LCS76968
NPI: 1649760356
Provider English Spoken: Y
Cultural Competency: N
MELISSA R SACHS
2400 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 259-2807
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

ACOSTA, AZUCENA
Provider Gender: Female
License Number: LCS98304
NPI: 1255937496
Provider English Spoken: Y
Spanish
Cultural Competency: N
AZUCENA ACOSTA
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

OCEANSIDE

ACOSTA, AZUCENA
Provider Gender: Female
License Number: LCS98304
NPI: 1255937496
Provider English Spoken: Y
Spanish
Cultural Competency: N
AZUCENA ACOSTA
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Accepting New Patients</th>
<th>Site English Spoken</th>
<th>TDD</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACOSTA, AZUCENA</td>
<td>Female</td>
<td>LCS98304</td>
<td>1255937496</td>
<td>Yes</td>
<td>Y</td>
<td>U</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>Provider Address</td>
<td>Phone</td>
<td>Fax</td>
<td>After Hours Phone</td>
<td>Website</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>818 PIER VIEW WAY</td>
<td>(760) 631-5000</td>
<td>(760) 414-3892</td>
<td>(760) 631-5000</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCEANSIDE, CA 92054</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>818 PIER VIEW WAY</td>
<td>(760) 736-6767</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCEANSIDE, CA 92054</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRISANTHON, WARREN</td>
<td>Male</td>
<td>20A9664</td>
<td>1932359445</td>
<td>Yes</td>
<td>Y</td>
<td>U</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>Provider Address</td>
<td>Phone</td>
<td>Fax</td>
<td>After Hours Phone</td>
<td>Website</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>818 PIER VIEW WAY</td>
<td>(760) 631-5000</td>
<td>(760) 414-3892</td>
<td>(760) 631-5000</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCEANSIDE, CA 92054</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>818 PIER VIEW WAY</td>
<td>(760) 736-6767</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCEANSIDE, CA 92054</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

CHRISTIANSON, WARREN
Provider Gender: Male
License Number: 20A9664
NPI: 1932359445
Provider English Spoken: Y
Spanish
Cultural Competency: N

WARREN R CHRISTIANSON II
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes

COOK, SHERYL
Provider Gender: Female
License Number: PSY15449
NPI: 1750420816
Provider English Spoken: Y
Cultural Competency: N

SHERYL G COOK
619 CROUCH ST STE 100
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Website: N/A
Accepting New Patients: Yes
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.

D6. 心理健康提供者名录

CRUZ, VANESSA
Provider Gender: Female
License Number: LCS87166
NPI: 1285170662
Provider English Spoken: Y
Cultural Competency: N

CRUZ, VANESSA
Provider Gender: Female
License Number: LCS87166
NPI: 1285170662
Provider English Spoken: Y
Cultural Competency: N

CRUZ, VANESSA
Provider Gender: Female
License Number: LCS87166
NPI: 1285170662
Provider English Spoken: Y
Cultural Competency: N

CRUZ, VANESSA
Provider Gender: Female
License Number: LCS87166
NPI: 1285170662
Provider English Spoken: Y
Cultural Competency: N

DOUGHERTY, CHRISTINE
Provider Gender: Female
License Number: LCS26686
NPI: 1003194960
Provider English Spoken: Y
Cultural Competency: N

DOUGHERTY, CHRISTINE
Provider Gender: Female
License Number: LCS26686
NPI: 1003194960
Provider English Spoken: Y
Cultural Competency: N

DOUGHERTY, CHRISTINE
Provider Gender: Female
License Number: LCS26686
NPI: 1003194960
Provider English Spoken: Y
Cultural Competency: N
<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Site English Spoken</th>
<th>TDD</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAUHILI, KENNA</td>
<td>Female</td>
<td>PSY23713</td>
<td>1386949360</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
<td>U</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
</tr>
<tr>
<td>DOUGHERTY, CHRISTINE</td>
<td>Female</td>
<td>LCS26686</td>
<td>1003194960</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>U</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
</tr>
<tr>
<td>JENSEN, BRIAN</td>
<td>Male</td>
<td>PSY26041</td>
<td>1518138049</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>U</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
</tr>
<tr>
<td>KRAPES, MICHAEL</td>
<td>Male</td>
<td>PSY25077</td>
<td>1215233028</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>U</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
</tr>
<tr>
<td>MENDEZ, ADRIANA</td>
<td>Female</td>
<td>LCS86435</td>
<td>1356777361</td>
<td>Y, Spanish</td>
<td>N</td>
<td>N</td>
<td>U</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

MENDEZ, ADRIANA
Provider Gender: Female
License Number: LCS86435
NPI: 1356777361
Provider English Spoken: Y
Spanish
Cultural Competency: N
ADRIANA J MENDEZ
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

MEYERHOF, GRETA
Provider Gender: Female
License Number: MFC32299
NPI: 1487196333
Provider English Spoken: Y
Cultural Competency: N
GRETA R MEYERHOF
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

MENDEZ, ADRIANA
Provider Gender: Female
License Number: LCS86435
NPI: 1356777361
Provider English Spoken: Y
Spanish
Cultural Competency: N
ADRIANA J MENDEZ
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

MEYERHOF, GRETA
Provider Gender: Female
License Number: MFC32299
NPI: 1487196333
Provider English Spoken: Y
Cultural Competency: N
GRETA R MEYERHOF
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Accepting New Patients</th>
<th>Site English Spoken</th>
<th>TDD</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTEZ, REBECCA</td>
<td>Female</td>
<td>LCS26869</td>
<td>1396047809</td>
<td>Y</td>
<td>N</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>2210 MESA DR STE 5 OCEANSIDE, CA 92054</td>
<td>(760) 757-5841</td>
<td>(619) 736-8740</td>
<td></td>
<td>N/A</td>
<td>Yes</td>
<td>Y</td>
<td>U</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>NEVILLE, MARGARET</td>
<td>Female</td>
<td>LCS82407</td>
<td>1073682407</td>
<td>Y</td>
<td>N</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>4700 N RIVER RD OCEANSIDE, CA 92057</td>
<td>(760) 631-5000</td>
<td>(760) 414-3892</td>
<td></td>
<td>N/A</td>
<td>Yes</td>
<td>Y</td>
<td>U</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>NEVILLE, MARGARET</td>
<td>Female</td>
<td>LCS82407</td>
<td>1073682407</td>
<td>Y</td>
<td>N</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>517 N HORNE ST OCEANSIDE, CA 92054</td>
<td>(760) 631-5000</td>
<td>(760) 414-3892</td>
<td></td>
<td>N/A</td>
<td>Yes</td>
<td>Y</td>
<td>U</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>ORTIZ, BEVERLY</td>
<td>Female</td>
<td>MFC121355</td>
<td>1760826572</td>
<td>Y</td>
<td>N</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>2210 MESA DR STE 300 OCEANSIDE, CA 92054</td>
<td>(760) 736-6767</td>
<td>(760) 566-1501</td>
<td></td>
<td>N/A</td>
<td>Yes</td>
<td>Y</td>
<td>U</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td>PATEL, MITESH</td>
<td>Male</td>
<td>A181164</td>
<td>1568880292</td>
<td>Y</td>
<td>N</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>818 PIER VIEW WAY OCEANSIDE, CA 92054</td>
<td>(760) 631-5000</td>
<td>(760) 414-3892</td>
<td></td>
<td>N/A</td>
<td>Yes</td>
<td>Y</td>
<td>U</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
</tr>
</tbody>
</table>
D6. 心理健康提供者名录

PATEL, MITESH
Provider Gender: Male
License Number: A181164
NPI: 1568880292
Provider English Spoken: Y
Cultural Competency: N
MITESH K PATEL
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 18 \ 999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PATEL, MITESH
Provider Gender: Male
License Number: A181164
NPI: 1568880292
Provider English Spoken: Y
Cultural Competency: N
MITESH K PATEL
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 18 \ 999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

SANCHEZ, ADRIANA
Provider Gender: Female
License Number: LCS97093
NPI: 1609450451
Provider English Spoken: Y
Spanish
Cultural Competency: N
ADRIANA SANCHEZ
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0 \ 999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

SANCHEZ, ADRIANA
Provider Gender: Female
License Number: LCS97093
NPI: 1609450451
Provider English Spoken: Y
Spanish
Cultural Competency: N
ADRIANA SANCHEZ
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0 \ 999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

SANCHEZ, ADRIANA
Provider Gender: Female
D6. 心理健康提供者名录

License Number: LCS97093
NPI: 1609450451
Provider English Spoken: Y
Spanish
Cultural Competency: N
ADRIANA SANCHEZ
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Spanish
Cultural Competency: N
SONYA L SMITH
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Spanish
Cultural Competency: N
SONYA L SMITH
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Spanish
Cultural Competency: N
SONYA L SMITH
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

WILSON, CARLENE
Provider Gender: Female
License Number: LCS74685
NPI: 1508327081
Provider English Spoken: Y
Cultural Competency: N
CARLENE WILSON
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Spanish
Cultural Competency: N
SONYA L SMITH
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

WILSON, CARLENE
Provider Gender: Female
License Number: LCS74685
NPI: 1508327081
Provider English Spoken: Y
Cultural Competency: N
CARLENE WILSON
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

WILSON, CARLENE
Provider Gender: Female
License Number: LCS74685
NPI: 1508327081
Provider English Spoken: Y
Cultural Competency: N

CARLENE WILSON
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

KULKARNI, NISHAT
Provider Gender: Male
License Number: A187134
NPI: 1669034732
Provider English Spoken: Y
Cultural Competency: N
NISHAT KULKARNI
13010 POWAY RD
POWAY, CA 92064
Phone: (858) 218-3000
Fax: (360) 462-2742
After Hours Phone: (858) 218-3000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

MODHWADIA, MAMTA
Provider Gender: Female
License Number: A113990
NPI: 1043353667
Provider English Spoken: Y
Cultural Competency: N
MAMTA D MODHWADIA
13010 POWAY RD
POWAY, CA 92064
Phone: (858) 218-3000
Fax: (858) 633-4688
After Hours Phone: (858) 218-3000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

POSTLETHWAITE, ALEJANDRA
Provider Gender: Female
License Number: A88938
NPI: 1750566915
Provider English Spoken: Y
Cultural Competency: N
ALEJANDRA POSTLETHWAITE
13010 POWAY RD
POWAY, CA 92064
Phone: (858) 218-3000
Fax: (360) 462-2742
After Hours Phone: (858) 218-3000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

STREET, KYLE
Provider Gender: Male
License Number: 20A21304
NPI: 1457912131
Provider English Spoken: Y

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D6. 心理健康提供者名录

**Cultural Competency: N**

**KYLE A STREET**

- 13010 POWAY RD
- POWAY, CA 92064
- Phone: (858) 218-3000
- Fax: (360) 462-2742
- After Hours Phone: (858) 218-3000
- Website: N/A
- Accepting New Patients: Yes
  - Site English Spoken: Y
  - Site Languages(s) Spoken: Spanish
- TDD: U
- Min/Max Age: 0\999
- American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Hours: M-F
    - 9:00AM-5:00PM

**SAN DIEGO**

**ABERCROMBIE, SHERI**

- Provider Gender: Female
- License Number: PSY18536
- NPI: 1932292422
- Provider English Spoken: Y
- Cultural Competency: N
- SHERI ABERCROMBIE
  - 6973 LINDA VISTA RD
  - SAN DIEGO, CA 92111
  - Phone: (858) 279-0925
  - Fax: (858) 633-4680
  - After Hours Phone: (858) 279-0925
  - Website: N/A
  - Accepting New Patients: Yes
  - Site English Spoken: Y
  - Site Languages(s) Spoken: Spanish
  - TDD: U
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
    - Hours: M-F
      - 9:00AM-5:00PM

**VALLEZ-BARLAM, ANDREA**

- Provider Gender: Female
- License Number: PSY9962
- NPI: 1710902143
- Provider English Spoken: Y
  - German, Spanish
- Cultural Competency: N
  - ANDREA VALLEZ-BARLAM
  - 13010 POWAY RD
  - POWAY, CA 92064
  - Phone: (858) 218-3000
  - Fax: (858) 633-4688
  - After Hours Phone: (858) 218-3000
  - Website: N/A
  - Accepting New Patients: Yes
  - Site English Spoken: Y
    - Site Languages(s) Spoken: Spanish
  - TDD: U

**ABERCROMBIE, SHERI**

- Provider Gender: Female
- License Number: PSY18536
- NPI: 1932292422
- Provider English Spoken: Y
- Cultural Competency: N
  - SHERI ABERCROMBIE
  - 7011 LINDA VISTA RD
  - SAN DIEGO, CA 92111
  - Phone: (858) 810-8787
  - Fax: (858) 987-5825
  - After Hours Phone: (858) 810-8787
  - Website: N/A
  - Accepting New Patients: Yes
  - Site English Spoken: Y
  - Site Languages(s) Spoken: Spanish
  - TDD: U
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER

**ARONLEE, TRACY**

- Provider Gender: Female
- License Number: LCS83778
- NPI: 1619304748
- Provider English Spoken: Y
- Cultural Competency: N
  - TRACY S ARONLEE
  - 7011 LINDA VISTA RD
  - SAN DIEGO, CA 92111
  - Phone: (858) 810-8700
  - Fax: (858) 633-4680
  - After Hours Phone: (858) 810-8700
  - Website: N/A
  - Accepting New Patients: Yes
  - Site English Spoken: Y
    - Site Languages(s) Spoken: Spanish
  - TDD: U
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N
    - Accessibility: CONTACT PROVIDER
ARONLEE, TRACY
Provider Gender: Female
License Number: LCS83778
NPI: 1619304748
Provider English Spoken: Y
Cultural Competency: N
TRACY S ARONLEE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

BANKS, SARAH
Provider Gender: Female
License Number: PSY30296
NPI: 1164701132
Provider English Spoken: Y
Cultural Competency: N
SARAH J BANKS
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

BARRON, KAVITA
Provider Gender: Female
License Number: A155596
NPI: 1821418542
Provider English Spoken: Y
Cultural Competency: N
KAVITA BARRON
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

BASS, GURGIANA
Provider Gender: Male
License Number: PSY24750
NPI: 1639325277
Provider English Spoken: Y
Cultural Competency: N
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider Gender</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Accepting New Patients</th>
<th>Site English Spoken</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>JACQUELINE CAMILLE CEBALLOS</td>
<td>LCS110194</td>
<td>1093350258</td>
<td>Female</td>
<td>(858) 810-8700</td>
<td>(858) 633-4680</td>
<td>(858) 810-8700</td>
<td>N/A</td>
<td>Yes</td>
<td>Y</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
</tr>
<tr>
<td>NICHOLAS J CHESHER</td>
<td>PSY29290</td>
<td>1124539697</td>
<td>Male</td>
<td>(800) 926-8273</td>
<td>(888) 539-8781</td>
<td>(800) 926-8273</td>
<td>N/A</td>
<td>Yes</td>
<td>Y</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
</tr>
<tr>
<td>COSMINA S CIOBANU</td>
<td>A137628</td>
<td>1285049932</td>
<td>Female</td>
<td>(858) 534-8019</td>
<td>(858) 534-8019</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>Y</td>
<td>0\999</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
</tr>
</tbody>
</table>
D6. 心理健康提供者名录

License Number: A137628
NPI: 1285049932
Provider English Spoken: Y
Cultural Competency: N
COSMINA S CIOBANU
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 576-1700
Fax: (858) 966-8164
After Hours Phone: (858) 576-1700
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
COSMINA S CIOBANU
8001 FROST ST
SAN DIEGO, CA 92123
Phone: (858) 576-1700
Fax: (858) 966-8164
After Hours Phone: (858) 576-1700
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

CLEMEN'T, LUIS
Provider Gender: Male
License Number: PSY28534
NPI: 1235364712
Provider English Spoken: Y
Cultural Competency: N
LUIS F CLEMENT
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
Fax: (619) 234-0505
After Hours Phone: (619) 234-2158
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CRISOL, CAROLINE
Provider Gender: Female
License Number: MFC88616
NPI: 1962663617
Provider English Spoken: Y
Spanish
Cultural Competency: N
CAROLINE M CRISOL LMFT INC
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
Fax: (619) 205-1952
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

DEACON, CASSIE
Provider Gender: Female
License Number: LCS94105
NPI: 1720452998
Provider English Spoken: Y
Cultural Competency: N
CASSIE C DEACON
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D6. 心理健康提供者名录

DEACON, CASSIE
Provider Gender: Female
License Number: LCS94105
NPI: 1720452998
Provider English Spoken: Y
Cultural Competency: N
CASSIE C DEACON
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

DIAZ, JAENAI
Provider Gender: Female
License Number: LCS80689
NPI: 1508241811
Provider English Spoken: Y
Spanish
Cultural Competency: N
JAENAI DIAZ
350 DICKINSON ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

DOLNAK, DOUGLAS
Provider Gender: Male
License Number: 20A6059
NPI: 1316147085
Provider English Spoken: Y
Cultural Competency: N
DOUGLAS R DOLNAK
10737 CAMINO RUIZ
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (619) 474-4008
After Hours Phone: (844) 200-2426
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

DEL AGUILA, FABIOLA
Provider Gender: Female
License Number: PSY24471
NPI: 1720283211
Provider English Spoken: Y
Spanish
Cultural Competency: N
FABIOLA DEL AGUILA
1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
Fax: (619) 628-5550
After Hours Phone: (619) 429-3733
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

DIOKNO, RHODA
Provider Gender: Female
License Number: PSY28073
NPI: 1629109483
Provider English Spoken: Y
Cultural Competency: N
ROHDA CARINO DIOKNO
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
Fax: (619) 234-0505
After Hours Phone: (619) 234-2158
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
DOSS, KATIE
Provider Gender: Female
License Number: LCS112693
NPI: 1134825979
Provider English Spoken: Y
Cultural Competency: N
KATIE L DOSS
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

DOSS, KATIE
Provider Gender: Female
License Number: LCS112693
NPI: 1134825979
Provider English Spoken: Y
Cultural Competency: N
KATIE L DOSS
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

DSOUZA, NICOLE
Provider Gender: Male
License Number: LCS101958
NPI: 1225462799
Provider English Spoken: Y
Cultural Competency: N
NICOLE A DSOUZA
330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

ESTAVILLO, SAUL
Provider Gender: Male
License Number: MFC102610
NPI: 1528330073
Provider English Spoken: Y
Spanish
Cultural Competency: N
SAUL J ESTAVILLO
286 EUCLID AVE STE 309
SAN DIEGO, CA 92114
Phone: (619) 527-7390
Fax: (619) 527-7394
After Hours Phone: (619) 527-7390
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

DUNN-PIRIO, ANASTASIE
Provider Gender: Female
License Number: A157861
NPI: 1700177136
Provider English Spoken: Y
Cultural Competency: N
ANASTASIE M DUNN-PIRIO
200 W ARBOR DR FL 1
SAN DIEGO, CA 92103
Phone: (619) 543-3500
Fax: (888) 539-8781
After Hours Phone: (619) 543-3500
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

**ESTAVILLO, SAUL**
Provider Gender: Male  
License Number: MFC102610  
NPI: 1528330073  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
SAUL J ESTAVILLO  
3045 BEYER BLVD STE D101  
SAN DIEGO, CA 92154  
Phone: (619) 662-4161  
Fax: (619) 662-4109  
After Hours Phone: (619) 662-4161  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

**FIRESTONE, MICHELLE**
Provider Gender: Female  
License Number: PSY33081  
NPI: 1114687803  
Provider English Spoken: Y  
Cultural Competency: N  
MICHELLE E FIRESTONE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 279-0925  
Fax: (858) 633-4680  
After Hours Phone: (858) 279-0925  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

**FITZGERALD, MICHAEL**
Provider Gender: Male  
License Number: A73710  
NPI: 1336393578  
Provider English Spoken: Y  
Cultural Competency: N  
MICHAEL W FITZGERALD  
16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

**FLANIGAN, MARILYN**
Provider Gender: Female  
License Number: MFC97326  
NPI: 1588996912  
Provider English Spoken: Y  
Cultural Competency: N  
MARILYN Y FLANIGAN  
10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
Phone: (844) 200-2426  
Fax: (858) 578-4417  
After Hours Phone: (844) 200-2426  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F

2300
FORZANI, CHRISTINA
Provider Gender: Female
License Number: PSY25710
NPI: 1902939630
Provider English Spoken: Y
Cultural Competency: N
CHRISTINA A FORZANI
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 961-1497
Fax: (858) 633-4682
After Hours Phone: (619) 961-1497
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

FRY, LIANE
Provider Gender: Female
License Number: MFC42570
NPI: 1003110917
Provider English Spoken: Y
Cultural Competency: N
LIANE M FRY
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Phone: (619) 662-4100
Fax: (619) 595-0258
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

GARCIA, RICHARD
Provider Gender: Male
License Number: LCS28742
NPI: 1881198554
Provider English Spoken: Y
Cultural Competency: N
RICHARD R GARCIA
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
Fax: (619) 234-0505
After Hours Phone: (619) 234-2158
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-4:30PM

GARCIA, JENNI
Provider Gender: Female
License Number: LPCC10346
NPI: 1437775863
Provider English Spoken: Y
Spanish
Cultural Competency: N
JENNI GARCIA
3025 BEYER BLVD
SAN DIEGO, CA 92154
Phone: (619) 662-4100
Fax: (619) 662-4119
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
GIAMONA, KRISTEN
Provider Gender: Female
License Number: PSY28419
NPI: 1376824383
Provider English Spoken: Y
Cultural Competency: N
KRISTEN M GIAMONA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

GOMEZ, JUANITA
Provider Gender: Female
License Number: PSY27439
NPI: 1790915759
Provider English Spoken: Y
Cultural Competency: N
JUANITA GOMEZ
6030 VILLAGE WAY
SAN DIEGO, CA 92130
Phone: (800) 926-8372
Fax: (888) 539-8781
After Hours Phone: (800) 926-8372
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

GULOTTA, SAMANTHA
Provider Gender: Female
License Number: MFC134199
NPI: 1790407732
Provider English Spoken: Y
Cultural Competency: N
SAMANTHA L GULOTTA
9909 MIRA MESA BLVD
STE 200
SAN DIEGO, CA 92131
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

HERNANDEZ, SILVIA
Provider Gender: Female
License Number: MFC51787
NPI: 1982821179
Provider English Spoken: Y
Cultural Competency: N
SILVIA E HERNANDEZ
3025 BEYER BLVD
SAN DIEGO, CA 92154
Phone: (760) 520-8340
Fax: (619) 662-4119
After Hours Phone: (760) 520-8340
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

JOSHI, YASH
Provider Gender: Male
License Number: A147156
NPI: 1598151433
Provider English Spoken: Y
Cultural Competency: N
D6. 心理健康提供者名录

YASH B JOSHI

- 200 W ARBOR DR
  - SAN DIEGO, CA 92103
  - Phone: (800) 926-8273
  - After Hours Phone: (800) 926-8273
  - Website: N/A
  - Accepting New Patients: Yes
  - Site English Spoken: Y
  - TDD: U
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:00AM-5:00PM

KHAFEJA, MOHAMAD

- Provider Gender: Male
- License Number: A115892
- NPI: 1780867119
- Provider English Spoken: Y
- Arabic
- Cultural Competency: N
- MOHAMAD H KHAFEJA
- 200 W ARBOR DR
  - SAN DIEGO, CA 92103
  - Phone: (800) 926-8273
  - Fax: (888) 539-8781
  - After Hours Phone: (800) 926-8273
  - Website: N/A
  - Accepting New Patients: Yes
  - Site English Spoken: Y
  - TDD: U
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER

KAYE, WALTER

- Provider Gender: Male
- License Number: A24819
- NPI: 1922076223
- Provider English Spoken: Y
- Cultural Competency: N

WALTER H KAYE
- 4510 EXECUTIVE DR
  - SAN DIEGO, CA 92121
  - Phone: (858) 534-8019
  - After Hours Phone: (858) 534-8019
  - Website: N/A
  - Accepting New Patients: Yes
  - Site English Spoken: Y
  - TDD: U
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER
  - Hours: M-F 8:00AM-5:00PM

KHAMISA, SORAIYA

- Provider Gender: Female
- License Number: LCS81951
- NPI: 1811254386
- Provider English Spoken: Y
- Cultural Competency: N
  - SORAIYA N KHAMISA
- 4520 EXECUTIVE DR STE A
  - SAN DIEGO, CA 92121
  - Phone: (800) 926-8273
  - After Hours Phone: (800) 926-8273
  - Website: N/A
  - Accepting New Patients: Yes
  - Site English Spoken: Y
  - TDD: U
  - Min/Max Age: 0\999
  - American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER

KLUEMPER, NICOLE

- Provider Gender: Female
- License Number: PSY27064
- NPI: 1902125818
- Provider English Spoken: Y
- Cultural Competency: N
  - NICOLE S KLUEMPER
- 7011 LINDA VISTA RD
  - SAN DIEGO, CA 92111
  - Phone: (858) 810-8700
  - Fax: (858) 279-0377
  - After Hours Phone: (858) 810-8700

- Accessibility: CONTACT PROVIDER

KLUEMPER, NICOLE

- Provider Gender: Female
- License Number: PSY27064
- NPI: 1902125818
- Provider English Spoken: Y
- Cultural Competency: N
  - NICOLE S KLUEMPER
- 6973 LINDA VISTA RD
  - SAN DIEGO, CA 92111
  - Phone: (858) 279-0925
  - Fax: (858) 633-4680
  - After Hours Phone: (858) 273-5385
279-0925
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

LABIB, MICHAEL
Provider Gender: Male
License Number: PSY34180
NPI: 1609055797
Provider English Spoken: Y
Arabic
Cultural Competency: N
MICHAEL LABIB
1666 PRECISION PARK LN
SAN DIEGO, CA 92173
Phone: (619) 662-4100
Fax: (619) 785-3384
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

LEBENSOHN CHIALVO, FLORENCIA
Provider Gender: Female
License Number: PSY30776
NPI: 1134788730
Provider English Spoken: Y
Cultural Competency: N
FLORENCIA LEBENSOHN CHIALVO
9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

LEDBETTER, ALEX
Provider Gender: Male
License Number: 20A20454
NPI: 1073017315
Provider English Spoken: Y
Cultural Competency: N
ALEX W LEDBETTER
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

LEE, DAVID
Provider Gender: Male
License Number: A124329
NPI: 1871884130
Provider English Spoken: Y
Korean
Cultural Competency: N
DAVID J LEE
200 W ARBOR DR FL 1
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

LINKE, SARAH
Provider Gender: Female
License Number: PSY27116
NPI: 1487026415
Provider English Spoken: Y
Cultural Competency: N
SARAH E LINKE
4910 DIRECTORS PL STE 250
SAN DIEGO, CA 92121
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

LIU, TIMOTHY
Provider Gender: Male
License Number: A105535
NPI: 1720262801
Provider English Spoken: Y
Mandarin, Yue Chinese
Cultural Competency: N
TIMOTHY C LIU
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
D6. 心理健康提供者名录

☎ Phone: (858) 279-0925
Fax: (858) 633-4680
วล After Hours Phone: (858) 279-0925
Website: N/A
Accepting New Patients: Yes
_site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
〒 Accessibility: CONTACT PROVIDER

LIU, TIMOTHY
Provider Gender: Male
License Number: A105535
NPI: 1720262801
Provider English Spoken: Y
Mandarin, Yue Chinese
Cultural Competency: N
TIMOTHY C LIU
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
☎ Phone: (858) 810-8700
Fax: (858) 279-0377
วล After Hours Phone: (858) 810-8700
Website: N/A
Accepting New Patients: Yes
_site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
〒 Accessibility: CONTACT PROVIDER
〒 Hours: M-F
8:00AM-5:00PM

MAGINOT-CHESHER, TAMARA
Provider Gender: Female
License Number: PSY28678
NPI: 1043441165
Provider English Spoken: Y
Cultural Competency: N
TAMARA R MAGINOT
4510 EXECUTIVE DR
SAN DIEGO, CA 92121
☎ Phone: (858) 534-8019
Fax: (858) 534-6727
วล After Hours Phone: (858) 534-8019
Website: N/A
Accepting New Patients: Yes
_site English Spoken: Y
TDD: U
Min/Max Age: 14\999
American Sign Language (ASL): N
〒 Accessibility: CONTACT PROVIDER
〒 Hours: M-F
8:00AM-5:00PM
SA 8:00AM-2:00PM

MARTINEZ, STEPHANIE
Provider Gender: Female
License Number: A152787
NPI: 1699126367
Provider English Spoken: Y
Spanish
Cultural Competency: N
STEPHANIE MARTINEZ
4290 POlk AVE
SAN DIEGO, CA 92105
☎ Phone: (858) 279-0925
Fax: (858) 633-4680
วล After Hours Phone: (858) 279-0925
Website: N/A
Accepting New Patients: Yes
_site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
〒 Accessibility: CONTACT PROVIDER
〒 Hours: M-F
8:00AM-5:00PM

MALAK, LAWRENCE
Provider Gender: Male
License Number: A115345
NPI: 1467773028
Provider English Spoken: Y
Cultural Competency: N
LAWRENCE T MALAK
4290 POLK AVE
SAN DIEGO, CA 92105
☎ Phone: (619) 563-0250
Fax: (858) 633-4681
วล After Hours Phone: (619) 563-0250
Website: N/A
Accepting New Patients: Yes
_site English Spoken: Y
TDD: U
Min/Max Age: 14\999
American Sign Language (ASL): N
〒 Accessibility: CONTACT PROVIDER
〒 Hours: M-F
8:00AM-5:00PM
SA 8:00AM-2:00PM
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D6. 心理健康提供者名录

JEAN-PHILIPPE MIRON
- 16918 DOVE CANYON RD
  STE 100
  SAN DIEGO, CA 92127
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Website: N/A
- Accepting New Patients: Yes
  - Site English Spoken: Y
  - TDD: U
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER

MONTOYA, JESSICA
- Provider Gender: Female
- License Number: PSY31647
- NPI: 1003421256
- Provider English Spoken: Y
- Cultural Competency: N
- JESSICA L MONTOYA
- 4168 FRONT ST FL 3
  SAN DIEGO, CA 92103
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Website: N/A
- Accepted New Patients: Yes
  - Site English Spoken: Y
  - TDD: U
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM

MOORE, SHAVON
- Provider Gender: Female
- License Number: A152789
- NPI: 1053682773
- Provider English Spoken: Y
- Cultural Competency: N
- SHAVON C MOORE
- 4510 EXECUTIVE DR
  SAN DIEGO, CA 92121
- Phone: (800) 926-8273
- After Hours Phone: (800) 926-8273
- Website: N/A
- Accepted New Patients: Yes
  - Site English Spoken: Y
  - TDD: U
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM

MUHAMMAD, LAMA
- Provider Gender: Female
- License Number: A156500
- NPI: 1558701623
- Provider English Spoken: Y
- Arabic
- Cultural Competency: N
- LAMA MUHAMMAD
- 350 DICKINSON ST
  SAN DIEGO, CA 92103
- Phone: (800) 926-8273
- Fax: (888) 539-8781
- After Hours Phone: (800) 926-8273
- Website: N/A
- Accepted New Patients: Yes
  - Site English Spoken: Y
  - TDD: U
- Min/Max Age: 0\999
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Hours: M-F
  8:00AM-5:00PM

NAKAMURA, TIFFANY
- Provider Gender: Female
- License Number: LPCC4383
- NPI: 1356846349
- Provider English Spoken: Y
- Cultural Competency: N
- TIFFANY NAKAMURA

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
NGUYEN, HOANG
Provider Gender: Male
License Number: G83977
NPI: 1720011620
Provider English Spoken: Y
Vietnamese
Cultural Competency: N
HOANG A NGUYEN
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

NING, GRACE
Provider Gender: Female
License Number: PSY27293
NPI: 1598911315
Provider English Spoken: Y
Chinese, Mandarin
Cultural Competency: N
GRACE J NING
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

NORMAN, MARC
Provider Gender: Male
License Number: PSY16278
NPI: 1922169101
Provider English Spoken: Y
Cultural Competency: N
MARC A NORMAN
200 W ARBOR DR
SAN DIEGO, CA 92103
D6. 心理健康提供者名录

Phone: (619) 543-2827
After Hours Phone: (619) 543-2827
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

NORMAN, MARC
Provider Gender: Male
License Number: PSY16278
NPI: 1922169101
Provider English Spoken: Y
Cultural Competency: N
MARC A NORMAN
350 DICKINSON ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OJHA, PRITI
Provider Gender: Female
License Number: A139807
NPI: 1760897284
Provider English Spoken: Y
Cultural Competency: N
PRITI OJHA
350 DICKINSON ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

OJHA, PRITI
Provider Gender: Female
License Number: A139807
NPI: 1760897284
Provider English Spoken: Y
Cultural Competency: N
PRITI OJHA
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

ORTIZ, MARIA
Provider Gender: Female
License Number: PSY30953
NPI: 1497980775
Provider English Spoken: Y
Spanish
Cultural Competency: N
MARIA E ORTIZ
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D6. 心理健康提供者名录

Fax: (619) 662-4158
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PATTERSON-HYATT, KIMBERLY
Provider Gender: Female
License Number: PSY31903
NPI: 1780997742
Provider English Spoken: Y
Cultural Competency: N
KIMBERLY G PATTERSON-HYATT
4690 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PRINCE, RENEE
Provider Gender: Female
License Number: PSY32206
NPI: 1467737908
Provider English Spoken: Y
Cultural Competency: N
RENEE K PRINCE
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (619) 474-4008
After Hours Phone: (844) 200-2426
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

RADOJEVIC, NATASHA
Provider Gender: Female
License Number: PSY28495
NPI: 1821365008
Provider English Spoken: Y
Cultural Competency: N
NATASHA RADOJEVIC
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700

QAYOUMI, WALI
Provider Gender: Male
License Number: A168429
NPI: 1093178220
Provider English Spoken: Y
French
Cultural Competency: N
WALI Z QAYOUMI
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121
Phone: (619) 294-3746
Fax: (888) 539-8781
After Hours Phone: (619) 294-3746
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Fax: (858) 279-0377
After Hours Phone: (858) 810-8700
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

RIBEIRO CALDAS DOMINGUES, ISABEL
Provider Gender: Female
License Number: A132160
NPI: 1023367216
Provider English Spoken: Y
French, Portuguese, Spanish
Cultural Competency: N
ISABEL A RIBEIRO CALDAS DOMINGUES
350 DICKINSON ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

RICHARD, MARLA
Provider Gender: Female
License Number: G65188
NPI: 1578720934
Provider English Spoken: Y
Cultural Competency: N
MARLA G RICHARD
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

SACHS, MELISSA
Provider Gender: Female
License Number: LCS76968
NPI: 1649760356
Provider English Spoken: Y
Cultural Competency: N
MELISSA R SACHS
4690 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

SAWYER, CAROLYN
Provider Gender: Female
License Number: A149116
NPI: 1043653249
Provider English Spoken: Y
Cultural Competency: N
CAROLYN M SAWYER
7920 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 246-0794
Fax: (858) 496-9257
D6. 心理健康提供者名录

- **After Hours Phone:** (858) 246-0794
  - **Website:** N/A
  - **Accepting New Patients:** Yes
  - **Site English Spoken:** Y
  - **TDD:** U
  - **Min/Max Age:** 0\-19
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Hours:** M-F 8:00AM-5:00PM

**SAWYER, CAROLYN**
- **Provider Gender:** Female
- **License Number:** A149116
- **NPI:** 1043653249
- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **CAROLYN M SAWYER**
  - **Address:** 3665 KEARNY VILLA RD STE 400
    - **City:** SAN DIEGO
    - **State:** CA
    - **Zip:** 92123
  - **Phone:** (858) 966-5990
  - **Fax:** (858) 966-7508
  - **After Hours Phone:** (858) 966-5990
  - **Website:** N/A
  - **Accepting New Patients:** Yes
  - **Site English Spoken:** Y
  - **TDD:** U
  - **Min/Max Age:** 0\-19
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Hours:** M-F 8:00AM-5:00PM

**SCHELLINGER, KRISTON**
- **Provider Gender:** Female
- **License Number:** PSY26313
- **NPI:** 1710234273
- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **KRISTON B SCHELLINGER**
  - **Address:** 9333 GENESEE AVE STE 200
    - **City:** SAN DIEGO
    - **State:** CA
    - **Zip:** 92121
  - **Phone:** (800) 926-8273
  - **Fax:** (858) 966-6227
  - **After Hours Phone:** (858) 966-6227
  - **Website:** N/A
  - **Accepting New Patients:** Yes
  - **Site English Spoken:** Y
  - **TDD:** U
  - **Min/Max Age:** 0\-999
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Hours:** M-F 8:00AM-5:00PM

**SCHELLINGER, KRISTON**
- **Provider Gender:** Female
- **License Number:** PSY26313
- **NPI:** 1710234273
- **Provider English Spoken:** Y
- **Cultural Competency:** N
- **KRISTON B SCHELLINGER**
  - **Address:** 330 LEWIS ST
    - **City:** SAN DIEGO
    - **State:** CA
    - **Zip:** 92103
  - **Phone:** (858) 246-1979
  - **Fax:** (858) 246-1979
  - **After Hours Phone:** (858) 246-1979
  - **Website:** N/A
  - **Accepting New Patients:** Yes
  - **Site English Spoken:** Y
  - **TDD:** U
  - **Min/Max Age:** 0\-999
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Hours:** M-F 8:00AM-5:00PM
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Website</th>
<th>Accepting New Patients</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHLOSSER, TARA</td>
<td>Female</td>
<td>MFC107868</td>
<td>1407220437</td>
<td>(800) 926-8273</td>
<td></td>
<td>(800) 926-8273</td>
<td>N/A</td>
<td>Yes</td>
<td>0/999</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F</td>
</tr>
<tr>
<td>SERIO, TAYLOR</td>
<td>Female</td>
<td>LCS107050</td>
<td>1093217382</td>
<td>(858) 810-8700</td>
<td>(858) 633-4680</td>
<td>(858) 810-8700</td>
<td>N/A</td>
<td>Yes</td>
<td>0/999</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F</td>
</tr>
<tr>
<td>SHU, I WEI</td>
<td>Male</td>
<td>A103813</td>
<td>1992840144</td>
<td>(858) 279-0925</td>
<td>(858) 633-4680</td>
<td>(858) 279-0925</td>
<td>N/A</td>
<td>Yes</td>
<td>0/999</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F</td>
</tr>
<tr>
<td>SILVEY, CHRISTOPHER</td>
<td>Male</td>
<td>LCS85942</td>
<td>1932793502</td>
<td>(858) 578-4220</td>
<td>(858) 578-4417</td>
<td>(858) 578-4220</td>
<td>N/A</td>
<td>Yes</td>
<td>0/999</td>
<td>N</td>
<td>CONTACT</td>
<td>M-F</td>
</tr>
</tbody>
</table>
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

SOLORIO JR, ROBERTO
Provider Gender: Male
License Number: LCS102729
NPI: 1972088185
Provider English Spoken: Y
Cultural Competency: N
ROBERTO SOLORIO JR
4690 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 662-4100
After Hours Phone: (619) 662-4119
Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

SWEIGERT, JAMIE
Provider Gender: Female
License Number: LCS112304
NPI: 1396353595
Provider English Spoken: Y
Cultural Competency: N
JAMIE L SWEIGERT
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
Fax: (619) 234-0505
After Hours Phone: (619) 234-2158
Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

SUAREZ, ROBERTO
Provider Gender: Male
License Number: MFC25098
NPI: 1386785160
Provider English Spoken: Y
Cultural Competency: N
ROBERTO SUAREZ
3025 BEYER BLVD
SAN DIEGO, CA 92154
Phone: (619) 662-4100
Fax: (619) 662-4119
After Hours Phone: (619) 662-4100
Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

THIESSEN, KAREN
Provider Gender: Female
License Number: MFC52523
NPI: 1184798241
Provider English Spoken: Y
Cultural Competency: N
KAREN A THIESSEN
350 DICKINSON ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999

Accessibility: CONTACT PROVIDER

TARLE, STEPHANIE
Provider Gender: Female
License Number: PSY32155
NPI: 1659920403
Provider English Spoken: Y
Cultural Competency: N
STEPHANIE J TARLE
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
D6. 心理健康提供者名录

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

TILTON, PETER
Provider Gender: Male
License Number: G27781
NPI: 1538258694
Provider English Spoken: Y
Cultural Competency: N

PETER A TILTON
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
Fax: (619) 234-0505
After Hours Phone: (619) 234-2158
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

TO, TUAN
Provider Gender: Male
License Number: PSY30204
NPI: 1255696183
Provider English Spoken: Y
Cultural Competency: N

TUAN TO
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

TO, TUAN
Provider Gender: Male
License Number: PSY30204
NPI: 1255696183
Provider English Spoken: Y
Cultural Competency: N

TUAN TO
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

TO, TUAN
Provider Gender: Male
License Number: PSY30204
NPI: 1255696183
Provider English Spoken: Y
Cultural Competency: N

TO, TUAN
Provider Gender: Male
License Number: PSY30204
NPI: 1255696183
Provider English Spoken: Y
Cultural Competency: N

TROYER, EMILY
Provider Gender: Female
License Number: A149101
NPI: 1326484437
Provider English Spoken: Y
Cultural Competency: N

EMILY A TROYER
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
Fax: (858) 633-4681
After Hours Phone: (619) 563-0250
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

TO, TUAN
Provider Gender: Male
License Number: PSY30204
NPI: 1255696183
Provider English Spoken: Y
Cultural Competency: N

TO, TUAN
Provider Gender: Male
License Number: PSY30204
NPI: 1255696183
Provider English Spoken: Y
Cultural Competency: N

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D6. 心理健康提供者名录

TROYER, EMILY
Provider Gender: Female
License Number: A149101
NPI: 1326484437
Provider English Spoken: Y
Cultural Competency: N
EMILY A TROYER
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

VIERLING, SABRINA
Provider Gender: Female
License Number: PSY26117
NPI: 1215288238
Provider English Spoken: Y
Cultural Competency: N
SABRINA C VIERLING
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM

VANFOSSEN, BRIAN
Provider Gender: Male
License Number: PSY23462
NPI: 1396072500
Provider English Spoken: Y
Cultural Competency: N
BRIAN VANFOSSEN
3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110
Phone: (619) 325-1161
Fax: (619) 325-1717
After Hours Phone: (619) 325-1161
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

WEISSMAN, CORY
Provider Gender: Male
License Number: A174625
NPI: 1528720661
Provider English Spoken: Y
Cultural Competency: N
CORY R WEISSMAN
16918 DOVE CANYON RD
STE 100
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

WU, MICHELLE
Provider Gender: Female
License Number: A125139
NPI: 1043650088
Provider English Spoken: Y
Cultural Competency: N
MICHELLE L WU
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8145
Fax: (858) 966-8145
After Hours Phone: (858) 966-8145
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D6. 心里健康提供者名录

 PROVIDER
   Hours: M-F
   8:00AM-5:00PM

YAGUDAYEVA, RAISA
Provider Gender: Female
License Number: 20A14848
NPI: 1942555990
Provider English Spoken: Y
Russian
Cultural Competency: N
RAISA YAGUDAYEVA
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
   Site English Spoken: Y
   Site Languages(s) Spoken: Spanish
   TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
   Hours: M-F
   8:30AM-5:30PM

ZAYAS, MARIO
Provider Gender: Male
License Number: MFC111273
NPI: 1275943557
Provider English Spoken: Y
Cultural Competency: N
MARIO E ZAYAS
3025 BEYER BLVD STE E-101
SAN DIEGO, CA 92154
Phone: (619) 662-4100
Fax: (619) 428-5535
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
   Site English Spoken: Y
   Site Languages(s) Spoken: Spanish
   TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
   Hours: M-F
   8:00AM-5:00PM

ZIMMERMAN, JENNIFER
Provider Gender: Female
License Number: LCS28729
NPI: 1811449077
Provider English Spoken: Y
Cultural Competency: N
JENNIFER A ZIMMERMAN
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-9676
Fax: (858) 633-4680
After Hours Phone: (858) 279-9676
Website: N/A
Accepting New Patients: Yes
   Site English Spoken: Y
   Site Languages(s) Spoken: Spanish
   TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
   Hours: M-F
   8:00AM-5:00PM

ZIMMERMAN, JENNIFER
Provider Gender: Female
License Number: LCS28729
NPI: 1811449077
Provider English Spoken: Y
Cultural Competency: N
JENNIFER A ZIMMERMAN
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: N/A
Accepting New Patients: Yes
ALTAMIRANO, LEON
Provider Gender: Male
License Number: PSY23734
NPI: 1619271517
Provider English Spoken: Y
Spanish
Cultural Competency: N
LEON ALTAMIRANO
 unusually 150 VALPREDA RD
SAN MARCOS, CA 92069
 unusually Phone: (760) 736-6767
Fax: (760) 736-8740
 unusually After Hours Phone: (760) 736-6767
 unusually Website: N/A
 Accepting New Patients: Yes
 uniquely Site English Spoken: Y
 uniquely Site Languages(s) Spoken: Spanish
 unusually TDD: U
 unusually Min/Max Age: 0\999
 unusually American Sign Language (ASL): N
 unusually Accessibility: CONTACT PROVIDER
 unusually Hours: M-F
 unusually 8:00AM-5:00PM

CORTIZO, ROSA
Provider Gender: Female
License Number: PSY22278
NPI: 1952316648
Provider English Spoken: Y
Spanish
Cultural Competency: N
ROSA CORTIZO
 unusually 150 VALPREDA RD
SAN MARCOS, CA 92069
 unusually Phone: (760) 736-6767
Fax: (760) 736-8740
 unusually After Hours Phone: (760) 736-6767
 unusually Website: N/A
 Accepting New Patients: Yes
 uniquely Site English Spoken: Y
 uniquely Site Languages(s) Spoken: Spanish
 unusually TDD: U
 unusually Min/Max Age: 0\999
 unusually American Sign Language (ASL): N
 unusually Accessibility: CONTACT PROVIDER

FLYNN, DANIELLE
Provider Gender: Female
License Number: PSY26184
NPI: 1477785137
Provider English Spoken: Y
Cultural Competency: N
DANIELLE I FLYNN
 unusually 150 VALPREDA RD
SAN MARCOS, CA 92069
 unusually Phone: (760) 736-6767
Fax: (760) 736-8740
 unusually After Hours Phone: (760) 736-6767
 unusually Website: N/A
 Accepting New Patients: Yes
 uniquely Site English Spoken: Y

GEORGIEV, MARY JO
Provider Gender: Female
License Number: PSY17954
NPI: 1518996875
Provider English Spoken: Y
Cultural Competency: N
MARY-JO GEORGIEV
 unusually 150 VALPREDA RD
SAN MARCOS, CA 92069
 unusually Phone: (760) 737-6767
Fax: (760) 736-8740
 unusually After Hours Phone: (760) 737-6767
 unusually American Sign Language (ASL): N
 unusually Accessibility: CONTACT PROVIDER

ARIELLA, LYnda
Provider Gender: Female
License Number: PSY19450
NPI: 1073518965
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>English Spoken</th>
<th>ASL</th>
<th>Accessibility</th>
<th>Site Languages(s) Spoken</th>
<th>Contact Information</th>
<th>Cultural Competency</th>
<th>Accepting New Patients</th>
<th>Website</th>
<th>TDD</th>
<th>Hours</th>
<th>Min/Max Age</th>
<th>American Sign Language (ASL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMAM, SYED</td>
<td>Male</td>
<td>PSY27695</td>
<td>1447428271</td>
<td>Y</td>
<td>N</td>
<td>CONTACT</td>
<td>Hindi</td>
<td>150 VALPREDA RD</td>
<td>N</td>
<td>Yes</td>
<td>N/A</td>
<td>U</td>
<td>M-F</td>
<td>0-999</td>
<td>N</td>
</tr>
<tr>
<td>REEG, JESSICA</td>
<td>Female</td>
<td>MFC124306</td>
<td>1144382987</td>
<td>Y</td>
<td>N</td>
<td>CONTACT</td>
<td>Hindi</td>
<td>150 VALPREDA RD</td>
<td>N</td>
<td>Yes</td>
<td>N/A</td>
<td>U</td>
<td>M-F</td>
<td>0-999</td>
<td>N</td>
</tr>
<tr>
<td>SIMPSON, ERIC</td>
<td>Male</td>
<td>PSY28885</td>
<td>1710110416</td>
<td>Y</td>
<td>N</td>
<td>CONTACT</td>
<td>Spanish</td>
<td>150 VALPREDA RD</td>
<td>N</td>
<td>Yes</td>
<td>N/A</td>
<td>U</td>
<td>M-F</td>
<td>0-999</td>
<td>Spanish</td>
</tr>
<tr>
<td>SOLORIO JR, ROBERTO</td>
<td>Male</td>
<td>LCS102729</td>
<td>1972088185</td>
<td>Y</td>
<td>N</td>
<td>CONTACT</td>
<td>Hindi</td>
<td>150 VALPREDA RD</td>
<td>N</td>
<td>Yes</td>
<td>N/A</td>
<td>U</td>
<td>M-F</td>
<td>0-999</td>
<td>N</td>
</tr>
<tr>
<td>TONG, GARRICK</td>
<td>Male</td>
<td>A102192</td>
<td>1831361278</td>
<td>Y</td>
<td>N</td>
<td>CONTACT</td>
<td>Spanish</td>
<td>150 VALPREDA RD</td>
<td>N</td>
<td>Yes</td>
<td>N/A</td>
<td>U</td>
<td>M-F</td>
<td>0-999</td>
<td>N</td>
</tr>
</tbody>
</table>

Your PCP’s physician group may have mental health providers in its network. Please refer to the list above. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D6. 心理健康提供者名录

- **Site English Spoken**: Y
- **Site Languages(s) Spoken**: Spanish
- **TDD**: U
- **Min/Max Age**: 4\999
- **American Sign Language (ASL)**: N
- **Accessibility**: CONTACT PROVIDER
- **Hours**: M-F 8:00AM-8:00PM
  SA 8:00AM-5:00PM

### TORRES, HECTOR

**Provider Gender**: Male  
**License Number**: PSY13309  
**NPI**: 1720265614  
**Provider English Spoken**: Y  
**Spanish**  
**Cultural Competency**: N

**HECTOR M TORRES**  
**150 VALPREDA RD**  
SAN MARCOS, CA 92069  
**Phone**: (760) 736-6767  
**Fax**: (760) 736-8740  
**After Hours Phone**: (760) 736-6767  
**Website**: N/A  
**Accepting New Patients**: Yes

### CRAWFORD-DAY, ANN

**Provider Gender**: Female  
**License Number**: A166646  
**NPI**: 1386149706  
**Provider English Spoken**: Y  
**Spanish**  
**Cultural Competency**: N

**ANN E CRAWFORD-DAY**  
**4004 BEYER BLVD**  
SAN YSIDRO, CA 92173  
**Phone**: (619) 662-4100  
**Fax**: (619) 205-6341  
**After Hours Phone**: (619) 662-4100  
**Website**: N/A  
**Accepting New Patients**: Yes

### DEPAOLO, AMANDA

**Provider Gender**: Female  
**License Number**: LCS99056  
**NPI**: 1215420138  
**Provider English Spoken**: Y  
**Cultural Competency**: N

**AMANDA L DEPAOLO**  
**4004 BEYER BLVD**  
SAN YSIDRO, CA 92173  
**Phone**: (619) 662-4100  
**Fax**: (619) 205-6305  
**After Hours Phone**: (619) 662-4100  
**Website**: N/A  
**Accepting New Patients**: Yes

### BALTRUS, JUSTINE

**Provider Gender**: Female  
**License Number**: MFC132018  
**NPI**: 1285040709  
**Provider English Spoken**: Y  
**Cultural Competency**: N

**JUSTINE A BALTRUS**  
**1666 PRECISION PARK LN**  
SAN YSIDRO, CA 92173  
**Phone**: (619) 662-4100  
**Fax**: (619) 600-4870  
**After Hours Phone**: (619) 662-4100  
**Website**: N/A  
**Accepting New Patients**: Yes

**SAN YSIDRO**

### DIA, ALI

**Provider Gender**: Male  
**License Number**: A47803  
**NPI**: 1912031030  
**Provider English Spoken**: Y  
**Arabic**
<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Min/Max Age</th>
<th>Site Language(s)</th>
<th>TDD</th>
<th>Accessibility</th>
<th>Provider Group</th>
<th>Phone</th>
<th>After Hours Phone</th>
<th>Fax</th>
<th>Website</th>
<th>Accepting New Patients</th>
<th>Site English Spoken</th>
<th>American Sign Language (ASL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ali R Dia</td>
<td>Male</td>
<td>G49072</td>
<td>1780734343</td>
<td>Yes</td>
<td>N</td>
<td>0\999</td>
<td>N</td>
<td>U</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>N/A</td>
<td>Yes</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Louis A Fontana</td>
<td>Male</td>
<td>PSY22080</td>
<td>1740394386</td>
<td>Yes</td>
<td>N</td>
<td>0\999</td>
<td>N</td>
<td>U</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>N/A</td>
<td>Yes</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Amy Jennings</td>
<td>Female</td>
<td>LCS100075</td>
<td>1609549161</td>
<td>Yes</td>
<td>N</td>
<td>0\999</td>
<td>Spanish</td>
<td>U</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>N/A</td>
<td>Yes</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Nancy Jimenez</td>
<td>Female</td>
<td>1215321955</td>
<td></td>
<td>Yes</td>
<td>N</td>
<td>0\999</td>
<td>N</td>
<td>U</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>(619) 662-4100</td>
<td>(619) 205-6305</td>
<td>(619) 662-4100</td>
<td>N/A</td>
<td>Yes</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.

PLASCENCIA, CINDY
Provider Gender: Female
License Number: MFC113536
NPI: 1952723736
Provider English Spoken: Y
Cultural Competency: N
CINDY PLASCENCIA
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Phone: (760) 742-9919
Fax: (360) 462-2750
After Hours Phone: (760) 742-9919
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

ACOSTA, AZUCENA
Provider Gender: Female
License Number: LCS98304
NPI: 1255937496
Provider English Spoken: Y
Spanish
Cultural Competency: N
AZUCENA ACOSTA
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CHRISTIANSON, WARREN
Provider Gender: Male
License Number: 20A9664
NPI: 1932359445
Provider English Spoken: Y
Spanish
Cultural Competency: N
WARREN R CHRISTIANSON II
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

VISTA
ACOSTA, AZUCENA
Provider Gender: Female
License Number: LCS98304
NPI: 1255937496
Provider English Spoken: Y
Spanish
Cultural Competency: N
AZUCENA ACOSTA
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CHRISTIANSON, WARREN
Provider Gender: Male
License Number: 20A9664
NPI: 1932359445
Provider English Spoken: Y
Spanish
Cultural Competency: N
WARREN R CHRISTIANSON II
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CHRISTIANSON, WARREN
Provider Gender: Male
License Number: 20A9664
NPI: 1932359445
Provider English Spoken: Y
Spanish
Cultural Competency: N
WARREN R CHRISTIANSON II
134 GRAPEVINE RD
CHRISTIANSON, WARREN
Provider Gender: Male
License Number: 20A9664
NPI: 1932359445
Provider English Spoken: Y
Spanish
Cultural Competency: N

CHRISTIANSON, WARREN II
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8:00AM-7:00PM
F 8:00AM-5:00PM
SA 9:00AM-4:00PM

CRUZ, VANESSA
Provider Gender: Female
License Number: LCS87166
NPI: 1285170662
Provider English Spoken: Y
Cultural Competency: N

CRUZ, VANESSA II
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Vietnamese, Chinese, Estonian, Farsi, French, Hindi, Korean, Marathi, Spanish, Tagalog, Telugu
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU 8:00AM-8:00PM
W 9:00AM-7:00PM
TH 8:00AM-8:00PM
F 8:00AM-5:00PM
SA 9:00AM-4:00PM
Estonian, Farsi, French, Hindi, Korean, Marathi, Spanish, Tagalog, Telugu

CRUZ, VANESSA
Provider Gender: Female
License Number: LCS87166
NPI: 1285170662
Provider English Spoken: Y
Cultural Competency: N

VANESSA Y CRUZ
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 4\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

DOUGHERTY, CHRISTINE
Provider Gender: Female
License Number: LCS26686
NPI: 1003194960
Provider English Spoken: Y
Cultural Competency: N

CHRISTINE A DOUGHERTY
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Chinese, Estonian, Farsi, French, Hindi, Korean, Marathi, Spanish, Telugu, Vietnamese, Tagalog
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

MENDEZ, ADRIANA
Provider Gender: Female
<table>
<thead>
<tr>
<th>License Number: LCS86435</th>
<th>Min/Max Age: 0\999</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPI: 1356777361</td>
<td>American Sign Language (ASL): N</td>
</tr>
<tr>
<td>Provider English Spoken: Y</td>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>Spanish</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency: N</td>
<td></td>
</tr>
<tr>
<td>ADRIANA J MENDEZ</td>
<td></td>
</tr>
<tr>
<td>1000 VALE TERRACE DR</td>
<td></td>
</tr>
<tr>
<td>VISTA, CA 92084</td>
<td></td>
</tr>
<tr>
<td>Phone: (760) 631-5000</td>
<td></td>
</tr>
<tr>
<td>After Hours Phone: (760) 631-5000</td>
<td></td>
</tr>
<tr>
<td>Website: N/A</td>
<td></td>
</tr>
<tr>
<td>Accepting New Patients: Yes</td>
<td></td>
</tr>
<tr>
<td>Site English Spoken: Y</td>
<td></td>
</tr>
<tr>
<td>TDD: U</td>
<td></td>
</tr>
<tr>
<td>Google Maps: N/A</td>
<td></td>
</tr>
<tr>
<td>Hours: M-F</td>
<td></td>
</tr>
<tr>
<td>8:00AM-8:00PM</td>
<td></td>
</tr>
<tr>
<td>SA 9:00AM-4:00PM</td>
<td></td>
</tr>
</tbody>
</table>

**MEYERHOF, GRETA**

Provider Gender: Female
License Number: MFC32299
NPI: 1487196333
Provider English Spoken: Y
Cultural Competency: N
GRETA R MEYERHOF
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

**NEVILLE, MARGARET**

Provider Gender: Female
License Number: LCS82407
NPI: 1073682407
Provider English Spoken: Y
Cultural Competency: N
MARGARET R NEVILLE
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Languages(s) Spoken: Arabic, Chinese, Lithuanian, Farsi, Spanish, Tagalog, Urdu, Vietnamese
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:00AM-5:00PM
SA 8:00AM-4:00PM
D6. 心理健康提供者名录

Provider Gender: Female
License Number: LCS82407
NPI: 1073682407
Provider English Spoken: Y
Cultural Competency: N
MARGARET R NEVILLE
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PATTEL, MITESH
Provider Gender: Male
License Number: A181164
NPI: 1568880292
Provider English Spoken: Y
Cultural Competency: N
MITESH K PATTEL
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 18\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

SANCHEZ, ADRIANA
Provider Gender: Female
License Number: LCS97093
NPI: 1609450451
Provider English Spoken: Y
Spanish
Cultural Competency: N
ADRIANA SANCHEZ
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

SMITH, SONYA
Provider Gender: Female
License Number: LCS82598
NPI: 1902070857
Provider English Spoken: Y
Spanish
Cultural Competency: N
SONYA L SMITH
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

WILSON, CARLENE
Provider Gender: Female
License Number: LCS74685
NPI: 1508327081
Provider English Spoken: Y
Cultural Competency: N
CARLENE WILSON
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

SMITH, SONYA
Provider Gender: Female
License Number: LCS82598
NPI: 1902070857
Provider English Spoken: Y
Spanish
Cultural Competency: N
SONYA L SMITH
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

WILSON, CARLENE
Provider Gender: Female
License Number: LCS74685
NPI: 1508327081
Provider English Spoken: Y
Cultural Competency: N
CARLENE WILSON
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Hours: M-TH
8:00AM-8:00PM
F 8:00AM-5:00PM
SA 9:00AM-4:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D7. 视力提供者名录 - 眼科和视力服务

**ALPINE**

**AOTO, KIM, OD**
Provider Gender: Female
License Number: 14524
NPI: 1780935650
Provider English Spoken: Y
Spanish, Vietnamese
Cultural Competency: Y
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
☎ Phone: (619) 445-2687
Fax: (619) 445-0801
—at Hours Phone: (619) 445-2687
Accepting New Patients: Yes
□ Site English Spoken: Y
□ American Sign Language (ASL): N
Access: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
_hours: M 9:00AM-5:00PM
TU 10:00AM-6:00PM
W 9:00AM-5:00PM
TH 8:00AM-5:00PM
F 9:00AM-4:00PM

**BAUMANN, DANIELA, OD**
Provider Gender: Female
License Number: 34530
NPI: 1982232146
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
☎ Phone: (619) 445-2687
Fax: (619) 445-0801
—at Hours Phone: (619) 445-2687
Accepting New Patients: Yes
□ Site English Spoken: Y
□ American Sign Language (ASL): N
Access: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
_hours: M 9:00AM-5:00PM
TU 10:00AM-6:00PM
W 9:00AM-5:00PM
TH 8:00AM-5:00PM
F 9:00AM-4:00PM

**DEAN, MOENA, OD**
Provider Gender: Female
License Number: 33955
NPI: 1265927578
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
☎ Phone: (619) 445-2687
Fax: (619) 445-0801
—at Hours Phone: (619) 445-2687
Accepting New Patients: Yes
□ Site English Spoken: Y
□ American Sign Language (ASL): N
Access: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
_hours: M 9:00AM-5:00PM
TU 10:00AM-6:00PM
W 9:00AM-5:00PM
TH 8:00AM-5:00PM
F 9:00AM-4:00PM

**DYER, SHARON, OD**
Provider Gender: Female
License Number: 33450
NPI: 1063866887
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
☎ Phone: (619) 445-2687
Fax: (619) 445-0801
—at Hours Phone: (619) 445-2687
Accepting New Patients: Yes
□ Site English Spoken: Y
D7. 视力提供者名录 - 眼科和视力服务

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9:00AM-5:00PM
TU 10:00AM-6:00PM
W 9:00AM-5:00PM
TH 8:00AM-5:00PM
F 9:00AM-4:00PM

KALBAKJI, NATALY, OD
Provider Gender: Female
License Number: 34943
NPI: 1700556438
Provider English Spoken: Y
Arabic
Cultural Competency: Y
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
Phone: (619) 445-2687
Fax: (619) 445-0801
After Hours Phone: (619) 445-2687
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9:00AM-5:00PM
TU 10:00AM-6:00PM
W 9:00AM-5:00PM
TH 8:00AM-5:00PM
F 9:00AM-4:00PM

KATZMAN, BARRY, OD
Provider Gender: Male
License Number: 35137
NPI: 1275263584
Provider English Spoken: Y
Arabic
Cultural Competency: Y
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
Phone: (619) 445-2687
Fax: (619) 445-0801
After Hours Phone: (619) 445-2687
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9:00AM-5:00PM
TU 10:00AM-6:00PM
W 9:00AM-5:00PM
TH 8:00AM-5:00PM
F 9:00AM-4:00PM

KHALIL, VADY, OD
Provider Gender: Male
License Number: 35302
NPI: 1235857525
Provider English Spoken: Y
Arabic
Cultural Competency: Y
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
Phone: (619) 445-2687
Fax: (619) 445-0801
After Hours Phone: (619) 445-2687
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9:00AM-5:00PM
TU 10:00AM-6:00PM
W 9:00AM-5:00PM
TH 8:00AM-5:00PM
F 9:00AM-4:00PM

MARR, RYAN, OD
Provider Gender: Male
License Number: A155228
NPI: 1235857525
Provider English Spoken: Y
Arabic
Cultural Competency: Y
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
Phone: (619) 445-2687
Fax: (619) 445-0801
After Hours Phone: (619) 445-2687
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9:00AM-5:00PM
TU 10:00AM-6:00PM
W 9:00AM-5:00PM
TH 8:00AM-5:00PM
F 9:00AM-4:00PM

MCGRAW, JOSEPH, MD
Provider Gender: Male
License Number: A155228
NPI: 1235857525
Provider English Spoken: Y
Arabic
Cultural Competency: Y
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
Phone: (619) 445-2687
Fax: (619) 445-0801
After Hours Phone: (619) 445-2687
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9:00AM-5:00PM
TU 10:00AM-6:00PM
W 9:00AM-5:00PM
TH 8:00AM-5:00PM
F 9:00AM-4:00PM
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D7. 视力提供者名录 - 眼科和视力服务

TON-NU, MY LINH, OD
Provider Gender: Female
License Number: 34990
NPI: 1245733476
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
Phone: (619) 445-2687
Fax: (619) 445-0801
After Hours Phone: (619) 445-2687
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N

HO, TRAM, OD
Provider Gender: Female
License Number: 13485
NPI: 1245464460
Provider English Spoken: Y
Vietnamese
Cultural Competency: Y
EYE STYLE OPTOMETRY
5814 VAN ALLEN WAY STE 146
CARLSBAD, CA 92008
Phone: (760) 606-2020
After Hours Phone: (760) 606-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N

VIVIRITO, MARY, OD
Provider Gender: Female
License Number: 33798
NPI: 1477968667
Provider English Spoken: Y
Spanish
Cultural Competency: Y
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
Phone: (619) 445-2687
Fax: (619) 445-0801
After Hours Phone: (619) 445-2687
Accepting New Patients: Yes
Site English Spoken: Y

CHÁ, DANIEL, OD
Provider Gender: Male
License Number: 14779
NPI: 1386078020
Provider English Spoken: Y
Spanish
Cultural Competency: Y
EYECARE OF BONITA
4502 BONITA RD
BONITA, CA 91902
Phone: (619) 479-7334
Fax: (619) 475-3456
After Hours Phone: (619) 479-7334
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish

CARLSBAD
D7. 视力提供者名录 - 眼科和视力服务

SA 9:00AM-3:00PM

**CHULA VISTA**

**CASTILLEJOS, MARIA, MD**
Provider Gender: Female
License Number: A37652
NPI: 1043395098
Provider English Spoken: Y
Spanish
Cultural Competency: Y
CASTILLEJOS EYE INSTITUTE MED GROUP

- 342 F ST
  CHULA VISTA, CA 91910
- Phone: (619) 422-1471
- Fax: (619) 271-7044
- After Hours Phone: (619) 422-1471

Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: French, Spanish, Tagalog
American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 9:00AM-6:00PM

**CASTILLEJOS, DAVID, MD**
Provider Gender: Male
License Number: A44482
NPI: 1558446401
Provider English Spoken: Y
French, Portuguese, Spanish, Tagalog
Cultural Competency: Y
CASTILLEJOS EYE INSTITUTE MED GROUP

- 342 F ST
  CHULA VISTA, CA 91910
- Phone: (619) 422-1471
- Fax: (619) 271-7044
- After Hours Phone: (619) 422-1471

Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: French, Spanish, Tagalog
American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 9:00AM-6:00PM

**CHAN, KWOK FUNG, OD**
Provider Gender: Male
License Number: 35087
NPI: 1407508385
Provider English Spoken: Y
Cultural Competency: Y
VILLA OPTOMETRY INC

- 531 TELEGRAPH CANYON RD
  CHULA VISTA, CA 91910
- Phone: (619) 482-2020
- Fax: (619) 482-2671
- After Hours Phone: (619) 482-2671

Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: Arabic, Hindi, Spanish
American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
- Hours: M-F 9:00AM-4:00PM
  SU 10:00AM-2:00PM
  SA 9:00AM-5:00PM

**CHISHOLM, KAREN, OD**
License Number: 35450
NPI: 1568155190
Provider English Spoken: Y
Spanish
Cultural Competency: Y
OTAY RANCH EYEWORKS OPTOMETRY

- 1741 EASTLAKE PKWY STE 101
  CHULA VISTA, CA 91915
- Phone: (619) 421-6600
- Fax: (619) 421-6006
- After Hours Phone: (619) 421-6600

Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: Arabic, Hindi, Spanish
American Sign Language (ASL): N

- Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
- Hours: SU 10:00AM-2:00PM
  M-F 9:00AM-7:00PM
  SA 9:00AM-5:00PM

**HUANG, PETER, OD**
Provider Gender: Male
License Number: 11659
NPI: 1639100522
Provider English Spoken: Y
Spanish

Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
- Hours: M-F 9:00AM-6:00PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Cultural Competency: Y
PETER D HUANG OD INC
557 H ST
CHULA VISTA, CA 91910
Phone: (619) 422-0139
Fax: (619) 422-0066
After Hours Phone: (619) 422-0139
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9:00AM-5:00PM
TU 9:00AM-6:00PM
W 9:00AM-5:00PM
TH 9:00AM-6:00PM
F 8:00AM-4:00PM
SA 9:00AM-2:00PM

KALRA, ANKUR, OD
Provider Gender: Male
License Number: 11898
NPI: 1124195789
Provider English Spoken: Y
Hindi
Cultural Competency: Y
OTAY RANCH EYEWORKS OPTOMETRY
1741 EASTLAKE PKWY STE 101
CHULA VISTA, CA 91915
Phone: (619) 421-6600
Fax: (619) 421-6006
After Hours Phone: (619) 421-6600
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: SU 10:00AM-4:00PM
M-F 9:00AM-7:00PM
SA 9:00AM-5:00PM

KEDDINGTON, JOAN, OD
Provider Gender: Female
License Number: 6263
NPI: 1992872691
Provider English Spoken: Y
Spanish
Cultural Competency: Y
OTAY RANCH EYEWORKS OPTOMETRY
1741 EASTLAKE PKWY STE 101
CHULA VISTA, CA 91915
Phone: (619) 421-6600
Fax: (619) 421-6006
After Hours Phone: (619) 421-6600
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Hindi, Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: SU 10:00AM-4:00PM
M-F 9:00AM-7:00PM
SA 9:00AM-5:00PM

MASCARENO, EFRAIN, OD
Provider Gender: Male
License Number: 10906
NPI: 1457507279
Provider English Spoken: Y
Cultural Competency: Y
CLEAR VISION OPTOMETRY
DR MASCARENO
440 4TH AVE
CHULA VISTA, CA 91910
Phone: (619) 422-0139
Fax: (619) 422-0066
After Hours Phone: (619) 422-0139
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Hindi, Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: SU 10:00AM-4:00PM
M-F 9:00AM-7:00PM
SA 9:00AM-5:00PM

KING, MARY, OD
Provider Gender: Female
License Number: 13711
NPI: 1578792107
Provider English Spoken: Y
Spanish
Cultural Competency: Y
OTAY RANCH EYEWORKS OPTOMETRY
1741 EASTLAKE PKWY STE 101
CHULA VISTA, CA 91915
Phone: (619) 421-6600
Fax: (619) 421-6006
After Hours Phone: (619) 421-6600
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Hindi, Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: SU 10:00AM-4:00PM
M-F 9:00AM-7:00PM
SA 9:00AM-5:00PM
D7. 视力提供者名录 - 眼科和视力服务

[mask]

Phone: (619) 421-6600
Fax: (619) 421-6006
After Hours Phone: (619) 421-6600
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Hindi, Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U

1741 EASTLAKE PKWY STE 101
CHULA VISTA, CA 91915

NGUYEN, TRACY, OD
Provider Gender: Female
License Number: 10859
NPI: 1265596621
Provider English Spoken: Y
Vietnamese
Cultural Competency: Y
ESSENTIAL EYECARE OPTOMETRY
345 F ST STE 240
CHULA VISTA, CA 91910
Phone: (858) 467-0655
Fax: (619) 425-9797
After Hours Phone: (858) 467-0655
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U

Hours: SU 10:00AM-4:00PM
M-F 9:00AM-7:00PM
SA 9:00AM-5:00PM

PLUCINIK, STANLEY, OD
Provider Gender: Male
License Number: 35255
NPI: 1124751417
Provider English Spoken: Y
Cultural Competency: Y
CASTILLEJOS EYE INSTITUTE MED GROUP
342 F ST
CHULA VISTA, CA 91910
Phone: (619) 422-1471
Fax: (619) 271-7044
After Hours Phone: (619) 422-1471
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: French, Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
D7. 视力提供者名录 - 眼科和视力服务

PROVIDER
Public transportation (within 1/2 mile from Site): 1T

SCOVILL, ALEXANDRA, OD
Provider Gender: Female
License Number: 33711
NPI: 1184146094
Provider English Spoken: Y
Spanish
Cultural Competency: Y
CASTILLEJOS EYE INSTITUTE MED GROUP

SOLIS, KEVIN, OD
Provider Gender: Male
License Number: 10420
NPI: 1538362116
Provider English Spoken: Y
Cultural Competency: Y

OTAY RANCH EYEWORKS OPTOMETRY

VILLA, ANGELICA, OD
Provider Gender: Female
License Number: 10561
NPI: 1962544965
Provider English Spoken: Y
Spanish
Cultural Competency: Y
VILLA OPTOMETRY INC

TOUBIA, ELIAS, OD
Provider Gender: Male
License Number: 33758
NPI: 1740701481
Provider English Spoken: Y
Arabic
Cultural Competency: Y
OTAY RANCH EYEWORKS OPTOMETRY

KATZMAN, LEE, MD

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D7.视力提供者名录 - 眼科和视力服务

Provider Gender: Male
License Number: A135673
NPI: 1912297284
Provider English Spoken: Y
Cultural Competency: Y
ALVARADO EYE ASSOCIATES MED CLINIC INC
801 ORANGE AVE STE 204
CORONADO, CA 92118
Phone: (619) 437-4406
Fax: (619) 522-7983
After Hours Phone: (619) 437-4406
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9:00AM-4:30PM
TU 9:00AM-3:00PM
W-TH 9:00AM-4:30PM

OU, JOCELYN, OD
Provider Gender: Female
License Number: 34063
NPI: 1225518996
Provider English Spoken: Y
Cultural Competency: Y
ALVARADO EYE ASSOCIATES MED CLINIC INC
801 ORANGE AVE STE 204
CORONADO, CA 92118
Phone: (619) 437-4406
Fax: (619) 522-7983
After Hours Phone: (619) 437-4406
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9:00AM-4:30PM
TU 9:00AM-3:00PM
W-TH 9:00AM-4:30PM

MANNEN, JOSEPH, OD
Provider Gender: Male
License Number: 33650
NPI: 1851827034
Provider English Spoken: Y
Cultural Competency: Y
ALVARADO EYE ASSOCIATES MED CLINIC INC
801 ORANGE AVE STE 204
CORONADO, CA 92118
Phone: (619) 437-4406
Fax: (619) 522-7983
After Hours Phone: (619) 437-4406
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9:00AM-4:30PM
TU 9:00AM-3:00PM
W-TH 9:00AM-4:30PM

YOUNG, ALLA, OD
Provider Gender: Female
License Number: 34191
NPI: 1285085142
Provider English Spoken: Y
Russian
Cultural Competency: Y
ALVARADO EYE ASSOCIATES MED CLINIC INC
801 ORANGE AVE STE 204
CORONADO, CA 92118
Phone: (619) 437-4406
Fax: (619) 522-7983
After Hours Phone: (619) 437-4406
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9:00AM-4:30PM
TU 9:00AM-3:00PM
W-TH 9:00AM-4:30PM

EL CAJON

AOTO, KIM, OD
Provider Gender: Female
License Number: 14524
NPI: 1780935650
Provider English Spoken: Y
Spanish, Vietnamese
Cultural Competency: Y
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Phone: (619) 440-5400
Fax: (619) 440-0239
After Hours Phone: (619) 440-5400
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N

2338
D7. 视力提供者名录 - 眼科和视力服务

Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6:00PM

ASIS, STEPHANIE, OD
Provider Gender: Female
License Number: 34013
NPI: 1902383540
Provider English Spoken: Y
Cultural Competency: Y
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Phone: (619) 440-5400
Fax: (619) 440-0239
After Hours Phone: (619) 440-5400
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6:00PM

BINDER, NICHOLAS, MD
Provider Gender: Male
License Number: A124698
NPI: 1306076716
Provider English Spoken: Y
Cultural Competency: Y
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Phone: (619) 440-5400
Fax: (619) 440-0239
After Hours Phone: (619) 440-5400
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6:00PM

BAUMANN, DANIELA, OD
Provider Gender: Female
License Number: 34530
NPI: 198232146
Provider English Spoken: Y
Cultural Competency: Y
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Phone: (619) 440-5400
Fax: (619) 440-0239
After Hours Phone: (619) 440-5400
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6:00PM

BUTLER, KIM, OD
Provider Gender: Male
License Number: 6405
NPI: 1467444844
Provider English Spoken: Y
Cultural Competency: Y
KIM J BUTLER OD
1273 BROADWAY
EL CAJON, CA 92021
Phone: (619) 579-2345
Fax: (619) 579-0876
After Hours Phone: (619) 579-2345
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9:00AM-5:00PM
SATURDAY 9:00AM-12:00AM

CHAN, KWOK FUNG, OD
Provider Gender: Male
License Number: 35087
NPI: 1407508385
Provider English Spoken: Y
Cultural Competency: Y
WERNER OPTOMETRY
2650 JAMACHA RD STE 155
EL CAJON, CA 92019
Phone: (619) 670-6296
Fax: (619) 670-8852
After Hours Phone: (619) 670-6296
Accepting New Patients: Yes
Site English Spoken: Y
Italian, Spanish
American Sign Language (ASL):
## D7. 视力提供者名录 - 眼科和视力服务

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Accessibility</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Accepting New Patients</th>
<th>Site English Spoken</th>
<th>American Sign Language (ASL)</th>
<th>Address</th>
<th>Work Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEAN, MOENA, OD</td>
<td>Female</td>
<td>33955</td>
<td>1265927578</td>
<td>Y</td>
<td>Y</td>
<td>CONTACT PROVIDER</td>
<td>(619) 440-5400</td>
<td>(619) 440-0239</td>
<td>(619) 440-5400</td>
<td>Yes</td>
<td>Y</td>
<td></td>
<td>300 S PIERCE ST STE 200 EL CAJON, CA 92020</td>
<td>M-F 8:30AM-6:00PM</td>
</tr>
<tr>
<td>DYER, SHARON, OD</td>
<td>Female</td>
<td>33450</td>
<td>1063866887</td>
<td>Y</td>
<td>Y</td>
<td>CONTACT PROVIDER</td>
<td>(619) 440-5400</td>
<td>(619) 440-0239</td>
<td>(619) 440-5400</td>
<td>Yes</td>
<td>Y</td>
<td></td>
<td>300 S PIERCE ST STE 200 EL CAJON, CA 92020</td>
<td>M-F 8:30AM-6:00PM</td>
</tr>
<tr>
<td>HAMOUIE, JUDY, OD</td>
<td>Female</td>
<td>34984</td>
<td>1518638287</td>
<td>Y</td>
<td>Y</td>
<td>CONTACT PROVIDER</td>
<td>(619) 440-5400</td>
<td>(619) 440-0239</td>
<td>(619) 440-5400</td>
<td>Yes</td>
<td>Y</td>
<td></td>
<td>300 S PIERCE ST STE 200 EL CAJON, CA 92020</td>
<td>M-F 8:30AM-6:00PM</td>
</tr>
<tr>
<td>HSU, CHRISTOPHER, MD</td>
<td>Male</td>
<td>34171</td>
<td>1750802195</td>
<td>Y</td>
<td>Y</td>
<td>CONTACT PROVIDER</td>
<td>(619) 440-5400</td>
<td>(619) 440-0239</td>
<td>(619) 440-5400</td>
<td>Yes</td>
<td>Y</td>
<td></td>
<td>300 S PIERCE ST STE 200 EL CAJON, CA 92020</td>
<td>M-F 8:30AM-6:00PM</td>
</tr>
</tbody>
</table>
KATZMAN, BARRY, MD
Provider Gender: Male
License Number: A34834
NPI: 1760473797
Provider English Spoken: Y
Provider Arabic
Cultural Competency: Y
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Phone: (619) 440-5400
Fax: (619) 440-0239
After Hours Phone: (619) 440-5400
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:30AM-6:00PM

KHALIL, VADY, OD
Provider Gender: Male
License Number: 35137
NPI: 1275263584
Provider English Spoken: Y
Arabic
Cultural Competency: Y
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Phone: (619) 440-5400
Fax: (619) 440-0239
After Hours Phone: (619) 440-5400
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:30AM-6:00PM

MARR, RYAN, OD
Provider Gender: Male
License Number: 35302
NPI: 1235857525
Provider English Spoken: Y
Cultural Competency: Y
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Phone: (619) 440-5400
Fax: (619) 440-0239
After Hours Phone: (619) 440-5400
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:30AM-6:00PM

KHIUEU, TINA, OD
Provider Gender: Female
License Number: 34777
NPI: 1962031617
Provider English Spoken: Y
Cultural Competency: Y
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Phone: (619) 440-5400
Fax: (619) 440-0239
After Hours Phone: (619) 440-5400
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:30AM-6:00PM

MCMURREN, BRITTANY, OD
Provider Gender: Female
License Number: 14824
NPI: 1104243815
Provider English Spoken: Y
Cultural Competency: Y
WERNER OPTOMETRY
2650 JAMACHA RD STE 155
EL CAJON, CA 92019
D7. 眼科和视力服务

- **PATEL, GINTANE, MD**
  - Provider Gender: Male
  - License Number: A108603
  - NPI: 1710171434
  - Site English Spoken: Y
  - Site Languages(s) Spoken: Italian, Spanish
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Public transportation (within 1/2 mile from Site): 1T
  - Hours: M-F 8:30AM-6:00PM

- **PATEL, SARJAN, MD**
  - Provider Gender: Male
  - License Number: A114976
  - NPI: 1316199326
  - Site English Spoken: Y
  - Site Languages(s) Spoken: Gujarati, Hindi, Spanish
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Public transportation (within 1/2 mile from Site): 1T
  - Hours: M-F 8:30AM-6:00PM

- **TON-NU, MY LINH, OD**
  - Provider Gender: Female
  - License Number: 34990
  - NPI: 1245733476
  - Site English Spoken: Y
  - Site Languages(s) Spoken: Filipino, French
  - American Sign Language (ASL): N
  - Accessibility: CONTACT PROVIDER
  - Public transportation (within 1/2 mile from Site): 1T
  - Hours: M-F 8:30AM-6:00PM

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
### Providers

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>English Spoken</th>
<th>Cultural Competency</th>
<th>Site Languages(s)</th>
<th>Public Transportation</th>
<th>Accepting New Patients</th>
<th>Hours</th>
<th>After Hours</th>
<th>Accessibility</th>
<th>Additional Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>TONNU, ANH, OD</td>
<td>Female</td>
<td>11318</td>
<td>1679521280</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>1T</td>
<td>M-F 8:30AM-6:00PM</td>
<td>(619) 440-5400</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>VINH, JOHN, OD</td>
<td>Male</td>
<td>14177</td>
<td>1003102724</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>1T</td>
<td>M-F 8:00AM-6:00PM</td>
<td>(619) 440-5400</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
<tr>
<td>WERNER, REX, OD</td>
<td>Male</td>
<td>9378</td>
<td>1891760716</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>1T</td>
<td>M-F 8:30AM-6:00PM</td>
<td>(619) 440-5400</td>
<td>CONTACT PROVIDER</td>
<td></td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D7. 视力提供者名录 - 眼科和视力服务

ZHAO, TAILUN, MD
Provider Gender: Male
License Number: CI86414
NPI: 1952659203
Provider English Spoken: Y
Cultural Competency: Y
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Phone: (619) 440-5400
Fax: (619) 440-0239
After Hours Phone: (619) 440-5400
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): IT
Hours: M-F 8:30AM-6:00PM

ZVANUT, DONALD, OD
Provider Gender: Male
License Number: 8642
NPI: 1336211804
Provider English Spoken: Y
Cultural Competency: Y
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Phone: (619) 440-5400
Fax: (619) 440-0239
After Hours Phone: (619) 440-5400
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): IT
Hours: M-F 8:30AM-6:00PM

ENCINITAS

ADAMS, MONA, OD
Provider Gender: Female
License Number: 14457
NPI: 1942564521
Provider English Spoken: Y
Cultural Competency: Y
RADY CHILDRENS HOSPITAL ENCINITAS
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024
Phone: (858) 309-7702
Fax: (858) 966-7403
After Hours Phone: (858) 309-7702
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): IT
Hours: M-F 8:00AM-5:00PM

BANSAL, PREETI, MD
Provider Gender: Female
License Number: A90890
NPI: 1871664631
Provider English Spoken: Y
Spanish
Cultural Competency: Y
RADY CHILDRENS HOSPITAL ENCINITAS
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024
Phone: (858) 309-7702
Fax: (858) 966-7403
After Hours Phone: (858) 309-7702
D7. 视力提供者名录 - 眼科和视力服务

Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-5:00PM

BAUMANN, DANIELA, OD
Provider Gender: Female
License Number: 34530
NPI: 1982232146
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Phone: (760) 943-7141
Fax: (760) 943-0371
After Hours Phone: (760) 943-7141
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-5:00PM

CHANG, TOM, MD
Provider Gender: Male
License Number: A69909
NPI: 1609848969
Provider English Spoken: Y
Spanish
Cultural Competency: Y
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Phone: (760) 943-7141
Fax: (760) 943-0371
After Hours Phone: (760) 943-7141
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

DEAN, MOENA, OD
Provider Gender: Female
License Number: 33955
NPI: 1265927578
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Phone: (760) 943-7141
Fax: (760) 943-0371
After Hours Phone: (760) 943-7141
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM
HAMOUIE, JUDY, OD  
Provider Gender: Female  
License Number: 34984  
NPI: 1518638287  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Phone: (760) 943-7141  
Fax: (760) 943-0371  
After Hours Phone: (760) 943-7141  
Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F 8:00AM-5:00PM

DYER, SHARON, OD  
Provider Gender: Female  
License Number: 33450  
NPI: 1063866887  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Phone: (760) 943-7141  
Fax: (760) 943-0371  
After Hours Phone: (760) 943-7141  
Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F 8:00AM-5:00PM

HUDSON, HENRY, MD  
Provider Gender: Male  
License Number: G76091  
NPI: 1851349195  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Phone: (760) 943-7141  
Fax: (760) 943-0371  
After Hours Phone: (760) 943-7141  
Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F 8:00AM-5:00PM

KALBAKJI, NATALY, OD  
Provider Gender: Female  
License Number: 34943  
NPI: 1700556438  
Provider English Spoken: Y  
Arabic  
Cultural Competency: Y  
ACUITY EYE GROUP  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Phone: (760) 943-7141  
Fax: (760) 943-0371  
After Hours Phone: (760) 943-7141  
Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F 8:00AM-5:00PM

KHALIL, VADY, OD  
Provider Gender: Male  
License Number: 35137  
NPI: 1275263584  
Provider English Spoken: Y  
Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F 8:00AM-5:00PM
D7. 视力提供者名录 - 眼科和视力服务

Provider English Spoken: Y
Arabic
Cultural Competency: Y
ACUITY EYE GROUP
(mapped)
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Phone: (760) 943-7141
Fax: (760) 943-0371
After Hours Phone: (760) 943-7141
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-5:00PM

MARR, RYAN, OD
Provider Gender: Male
License Number: 35302
NPI: 1235857525
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
(mapped)
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Phone: (760) 943-7141
Fax: (760) 943-0371
After Hours Phone: (760) 943-7141
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-5:00PM

MCGRAW, JOSEPH, MD
Provider Gender: Male
License Number: A155228
NPI: 1588624852
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
(mapped)
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Phone: (760) 943-7141
Fax: (760) 943-0371
After Hours Phone: (760) 943-7141
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-5:00PM
D7. 视力提供者名录 - 眼科和视力服务

**MORRISON REYES, JOSHUA, MD**
Provider Gender: Male  
License Number: A125435  
NPI: 1235366782  
Provider English Spoken: Y  
Indonesian, Spanish  
Cultural Competency: Y  
ACUITY EYE GROUP  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Phone: (760) 943-7141  
Fax: (760) 943-0371  
After Hours Phone: (760) 943-7141  
Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:00AM-5:00PM

**SAMUEL, MICHAEL, MD**
Provider Gender: Male  
License Number: A83237  
NPI: 1730175670  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Phone: (760) 943-7141  
Fax: (760) 943-0371  
After Hours Phone: (760) 943-7141  
Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:00AM-5:00PM

**O HALLORAN, HENRY, MD**
Provider Gender: Male  
License Number: A73282  
NPI: 1235287947  
Provider English Spoken: Y  
German, Spanish  
Cultural Competency: Y  
R A D Y C H I L D R E N S H O S P I T A L  
ENCINITAS  
477 N EL CAMINO REAL  
ACUITY EYE GROUP  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Phone: (760) 943-7141  
Fax: (760) 943-0371  
After Hours Phone: (760) 943-7141  
Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:00AM-5:00PM

**TON-NU, MY LINH, OD**
Provider Gender: Female  
License Number: 34990  
NPI: 1245733476  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Phone: (760) 943-7141  
Fax: (760) 943-0371  
After Hours Phone: (760) 943-7141  
Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:00AM-5:00PM

**VINH, JOHN, OD**
Provider Gender: Male  
License Number: 14177  
NPI: 1003102724  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Phone: (760) 943-7141  
Fax: (760) 943-0371  
After Hours Phone: (760) 943-7141  
Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:00AM-5:00PM
D7. 视力提供者名录 - 眼科和视力服务

- **Site Languages(s) Spoken:** Spanish
- **American Sign Language (ASL):** N
- **Accessibility:** CONTACT PROVIDER
- **Public transportation (within 1/2 mile from Site):** 1T
- **Hours:** M-F 8:00AM-5:00PM

**VIVIRITO, MARY, OD**
Provider Gender: Female
License Number: 33798
NPI: 1477968667
Provider English Spoken: Y
Spanish
Cultural Competency: Y
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Phone: (760) 943-7141
Fax: (760) 943-0371
After Hours Phone: (760) 943-7141
Accepting New Patients: Yes
- **Site English Spoken:** Y
- **Site Languages(s) Spoken:** Spanish

**ZHAO, TAILUN, MD**
Provider Gender: Male
License Number: C186414
NPI: 1952659203
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Phone: (760) 943-7141
Fax: (760) 943-0371
After Hours Phone: (760) 943-7141
Accepting New Patients: Yes
- **Site English Spoken:** Y
- **Site Languages(s) Spoken:** Spanish

**ZVANUT, DONALD, OD**
Provider Gender: Male
License Number: 8642
NPI: 1336211804
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Phone: (760) 943-7141
Fax: (760) 943-0371
After Hours Phone: (760) 943-7141
Accepting New Patients: Yes
- **Site English Spoken:** Y
- **Site Languages(s) Spoken:** Spanish

**ADAMS, MONA, OD**
Provider Gender: Female
License Number: 14457
NPI: 1942564521
Provider English Spoken: Y
Cultural Competency: Y
RACY CHILDREN'S SPECIALISTS
2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Accepting New Patients: Yes
- **Site English Spoken:** Y
- **Site Languages(s) Spoken:** Y

**ASIS, STEPHANIE, OD**
Provider Gender: Female
License Number: 34013
NPI: 1902383540
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
2349
ESCONDIDO
8:00AM-5:00PM
D7. 视力提供者名录 - 眼科和视力服务

700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
📞 Phone: (760) 743-5872
Fax: (760) 743-5879
⏰ After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
เช่น ภาษาที่พูดในสถานที่: บราซิล
ภาษาอื่นที่พูดในสถานที่: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
⏰ Hours: M-F
8:30AM-4:30PM

BAUMANN, DANIELA, OD
Provider Gender: Female
License Number: 34530
NPI: 1982232146
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
📞 Phone: (760) 743-5872
Fax: (760) 743-5879
⏰ After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
เช่น ภาษาที่พูดในสถานที่: บราซิล
ภาษาอื่นที่พูดในสถานที่: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
⏰ Hours: M-F
8:00AM-5:00PM

BANSAL, PREETI, MD
Provider Gender: Female
License Number: A90890
NPI: 1871664631
Provider English Spoken: Y
Cultural Competency: Y
RADY CHILDREN'S SPECIALISTS
2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
📞 Phone: (760) 755-7600
Fax: (760) 755-7699
⏰ After Hours Phone: (760) 755-7600
Accepting New Patients: Yes
เช่น ภาษาที่พูดในสถานที่: บราซิล
ภาษาอื่นที่พูดในสถานที่: Spanish
American Sign Language (ASL): Y
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
⏰ Hours: M-F
8:00AM-5:00PM

BERGMARK, JAMIE, OD
Provider Gender: Female
License Number: 33657
NPI: 1669920757
Provider English Spoken: Y
Cultural Competency: Y
RADY CHILDREN'S SPECIALISTS
2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
📞 Phone: (760) 755-7600
Fax: (760) 755-7699
⏰ After Hours Phone: (760) 755-7600
Accepting New Patients: Yes
เช่น ภาษาที่พูดในสถานที่: บราซิล
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
⏰ Hours: M-F
8:30AM-4:30PM
D7. 视力提供者名录 - 眼科和视力服务

**BINDER, NICHOLAS, MD**
Provider Gender: Male
License Number: A124698
NPI: 1306076716
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes

- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-5:00PM

**DUONG, KIM, OD**
Provider Gender: Female
License Number: 34222
NPI: 1114448651
Provider English Spoken: Y
Vietnamese
Cultural Competency: Y
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Accepting New Patients: Yes

- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-5:00PM

**HAMOUIE, JUDY, OD**
Provider Gender: Female
License Number: 34984
NPI: 1518638287
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes

- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-5:00PM

**GOLDSTONE, ADAM, OD**
Provider Gender: Male
License Number: 11051
NPI: 1316972995
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes

- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-5:00PM

**CHANG, TOM, MD**
Provider Gender: Male
License Number: A69909
NPI: 1609848969
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes

- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D7. 视力提供者名录 - 眼科和视力服务

Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-5:00PM

ACUITY EYE GROUP

HSU, CHRISTOPHER, MD
Provider Gender: Male
License Number: A65973
NPI: 1336167618
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-5:00PM

KALBAKJI, NATALY, OD
Provider Gender: Female
License Number: 34943
NPI: 1700556438
Provider English Spoken: Y
Arabic
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-5:00PM

KHALIL, VADY, OD
Provider Gender: Male
License Number: 35137
NPI: 1275263584
Provider English Spoken: Y
Arabic
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-5:00PM

KARAPETIAN, ELENA, OD
Provider Gender: Female
License Number: 34514
NPI: 1184250417
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-5:00PM
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Phone</th>
<th>Accepting New Patients</th>
<th>NPI</th>
<th>License Number</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>Accessibility</th>
<th>Public transportation (within 1/2 mile from Site)</th>
<th>Hours</th>
<th>Site Languages(s) Spoken</th>
<th>American Sign Language (ASL)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACUITY EYE GROUP</td>
<td>700 W EL NORTE PKWY STE 200</td>
<td>(760) 743-5872</td>
<td>(760) 743-5879</td>
<td>(760) 743-5872</td>
<td>Yes</td>
<td>34777</td>
<td>33893</td>
<td>Yes</td>
<td>Y</td>
<td>N</td>
<td>700 W EL NORTE PKWY STE 200 ESCONDIDO, CA 92026</td>
<td>M-F 8:00AM-5:00PM</td>
<td>Spanish</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>KIM, PHILIP, OD</td>
<td>700 W EL NORTE PKWY STE 200</td>
<td>(760) 743-5872</td>
<td>(760) 743-5879</td>
<td>(760) 743-5872</td>
<td>Yes</td>
<td>1376929034</td>
<td>12617</td>
<td>Yes</td>
<td>Y</td>
<td>N</td>
<td>2125 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029</td>
<td>M-F 8:30AM-4:30PM</td>
<td>Spanish, Vietnamese</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>LE, TAM, OD</td>
<td>700 W EL NORTE PKWY STE 200</td>
<td>(760) 743-5872</td>
<td>(760) 743-5879</td>
<td>(760) 743-5872</td>
<td>Yes</td>
<td>1235268707</td>
<td>1396876611</td>
<td>Yes</td>
<td>Y</td>
<td>N</td>
<td>TAM T LE OD INC 1711 E VALLEY PKWY STE 109 ESCONDIDO, CA 92027</td>
<td>M-F 8:00AM-5:00PM</td>
<td>Spanish, Vietnamese</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>
1/2 mile from Site): 1T

LEE, JASON, OD
Provider Gender: Male
License Number: 14881
NPI: 1679985584
Provider English Spoken: Y
Spanish
Cultural Competency: Y
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

MARR, RYAN, OD
Provider Gender: Male
License Number: 35302
NPI: 1235857525
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:30AM-4:30PM

MCGRAW, JOSEPH, MD
Provider Gender: Male
License Number: A155228
NPI: 1588624852
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

MOLL, ANGELA, MD
Provider Gender: Female
License Number: A105472
NPI: 1861648602
Provider English Spoken: Y
Cultural Competency: Y
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:30AM-4:30PM

MORRISON REYES, JOSHUA, MD
Provider Gender: Male
License Number: A125435
NPI: 1235366782
Provider English Spoken: Y
Indonesian, Spanish
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:30AM-4:30PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D7. 视力提供者名录 - 眼科和视力服务

**O HALLORAN, HENRY, MD**
Provider Gender: Male  
License Number: A73282  
NPI: 1235287947  
Provider English Spoken: Y  
German, Spanish  
Cultural Competency: Y  
RADY CHILDRENS SPECIALISTS  
Phone: (760) 755-7600  
Fax: (760) 755-7699  
After Hours Phone: (760) 755-7600  
Accepting New Patients: Yes  
Site English Spoken: Y  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:30AM-4:30PM

**PANSARA, MEGHA, MD**
Provider Gender: Female  
License Number: A143429  
NPI: 1184983728  
Provider English Spoken: Y  
Gujarati  
Cultural Competency: Y  
RADY CHILDRENS SPECIALISTS  
Phone: (760) 755-7600  
Fax: (760) 755-7699  
After Hours Phone: (760) 755-7600  
Accepting New Patients: Yes  
Site English Spoken: Y  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:30AM-4:30PM
D7. 视力提供者名录 - 眼科和视力服务

**PATEL, GITANE, MD**
Provider Gender: Male  
License Number: A108603  
NPI: 1710171434  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
700 W EL NORTE PKWY STE 200  
ESCONDIDO, CA 92026  
Phone: (760) 743-5872  
Fax: (760) 743-5879  
ĭ After Hours Phone: (760) 743-5872  
Accepting New Patients: Yes  
(site English Spoken: Y  
site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:00AM-5:00PM

**SAMUEL, MICHAEL, MD**
Provider Gender: Male  
License Number: A83237  
NPI: 1730175670  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
700 W EL NORTE PKWY STE 200  
ESCONDIDO, CA 92026  
Phone: (760) 743-5872  
Fax: (760) 743-5879  
ĭ After Hours Phone: (760) 743-5872  
Accepting New Patients: Yes  
(site English Spoken: Y  
site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:00AM-5:00PM

**PRABHU, SUJATA, MD**
Provider Gender: Female  
License Number: 115965  
NPI: 1982872552  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y  
ACUITY EYE GROUP  
700 W EL NORTE PKWY STE 200  
ESCONDIDO, CA 92026  
Phone: (760) 743-5872  
Fax: (760) 743-5879  
ĭ After Hours Phone: (760) 743-5872  
Accepting New Patients: Yes  
(site English Spoken: Y  
site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:00AM-5:00PM

**THACH, TERILYN, OD**
Provider Gender: Female  
License Number: 11456  
NPI: 1710030861  
Provider English Spoken: Y  
Vietnamese  
Cultural Competency: Y  
ACUITY EYE GROUP  
700 W EL NORTE PKWY STE 200  
ESCONDIDO, CA 92026  
Phone: (760) 743-5872  
Fax: (760) 743-5879  
ĭ After Hours Phone: (760) 743-5872  
Accepting New Patients: Yes  
(site English Spoken: Y  
site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:00AM-5:00PM

**TON-NU, MY LINH, OD**
Provider Gender: Female  
License Number: 34990  
NPI: 1245733476  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
700 W EL NORTE PKWY STE 200  
ESCONDIDO, CA 92026  
Phone: (760) 743-5872  
Fax: (760) 743-5879  
ĭ After Hours Phone: (760) 743-5872  
Accepting New Patients: Yes

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D7. 视力提供者名录 - 眼科和视力服务

- **Site English Spoken**: Yes
- **Site Languages(s) Spoken**: Spanish
- **American Sign Language (ASL)**: No
- **Accessibility**: CONTACT PROVIDER
- **Public transportation (within 1/2 mile from Site)**: 1T
- **Hours**: M-F 8:00AM-5:00PM

TRAN, ALEXANDER, OD
Provider Gender: Male
License Number: 14136
NPI: 1902414790
Provider English Spoken: Yes
Cultural Competency: Yes
Rady Children’s Specialists
2125 Citracado Pkwy
Ste 200
Escondido, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Accepting New Patients: Yes
- **Site English Spoken**: Yes
- **Site Languages(s) Spoken**: Arabic, French, Spanish
- **American Sign Language (ASL)**: No
- **Accessibility**: CONTACT PROVIDER
- **Public transportation (within 1/2 mile from Site)**: 1T
- **Hours**: M-TU 9:00AM-6:00PM
W-TH 9:00AM-8:00PM

VIVIRITO, MARY, OD
Provider Gender: Female
License Number: 33798
NPI: 1477968667
Provider English Spoken: Yes
Cultural Competency: Yes
Acuity Eye Group
700 W El Norte Pkwy
Ste 200
Escondido, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
- **Site English Spoken**: Yes
- **Site Languages(s) Spoken**: Spanish
- **American Sign Language (ASL)**: No
- **Accessibility**: CONTACT PROVIDER
- **Public transportation (within 1/2 mile from Site)**: 1T
- **Hours**: M-F 8:00AM-5:00PM

ZHAO, TAILUN, MD
Provider Gender: Male
License Number: C186414
NPI: 1952659203
Provider English Spoken: Yes
Spanish
American Sign Language (ASL): No
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-5:00PM
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

FALLBROOK

ARCHIBALD, JOHN, OD
Provider Gender: Male
License Number: 11813
NPI: 1902893357
Provider English Spoken: Y
Cultural Competency: Y
INLAND EYE SPECIALISTS
521 E ELDER ST STE 102
FALLBROOK, CA 92028
Phone: (760) 728-5728
Fax: (760) 728-5934
After Hours Phone: (760) 728-5728
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-5:00PM

ZVANUT, DONALD, OD
Provider Gender: Male
License Number: 8642
NPI: 1336211804
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

COLEMAN, BROOKE, OD
Provider Gender: Female
License Number: 13551
NPI: 1700040748
Provider English Spoken: Y
Cultural Competency: Y
INLAND EYE SPECIALISTS
521 E ELDER ST STE 102
FALLBROOK, CA 92028
Phone: (760) 728-5728
Fax: (760) 728-5934
After Hours Phone: (760) 728-5728
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-5:00PM

CONNOR, JEFFREY, OD
Provider Gender: Male
License Number: 33683
NPI: 1063968980
Provider English Spoken: Y
Spanish
Cultural Competency: Y
INLAND EYE SPECIALISTS
521 E ELDER ST STE 102
FALLBROOK, CA 92028
Phone: (760) 728-5728
Fax: (760) 728-5934
After Hours Phone: (760) 728-5728
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-5:00PM
<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Accepting New Patients</th>
<th>Site Languages(s) Spoken</th>
<th>American Sign Language (ASL):</th>
<th>Accessibility: CONTACT PROVIDER</th>
<th>Public transportation (within 1/2 mile from Site):</th>
<th>Hours:</th>
<th>Site English Spoken:</th>
<th>Cultural Competency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>COOPER, MICHAEL, OD</td>
<td>521 E ELDER ST STE 102 FALLBROOK, CA 92028</td>
<td>(760) 728-5728</td>
<td>(760) 728-5934</td>
<td>(760) 728-5728</td>
<td>Yes</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>1U</td>
<td>M-F</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>GEORGE, KENDALL, OD</td>
<td>1102 S MAIN AVE FALLBROOK, CA 92028</td>
<td>(760) 723-8417</td>
<td>(760) 758-2063</td>
<td>(760) 723-8417</td>
<td>Yes</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>1T</td>
<td>M</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>DUONG, CHERYL, OD</td>
<td>521 E ELDER ST STE 102 FALLBROOK, CA 92028</td>
<td>(760) 728-5728</td>
<td>(760) 728-5934</td>
<td>(760) 728-5728</td>
<td>Yes</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>1T</td>
<td>M</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>KHINDA, SUNEHA, OD</td>
<td>521 E ELDER ST STE 102 FALLBROOK, CA 92028</td>
<td>(760) 728-5728</td>
<td>(760) 728-5934</td>
<td>(760) 728-5728</td>
<td>Yes</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>1T</td>
<td>M</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>
Fax: (760) 728-5934
 After Hours Phone: (760) 728-5728
Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
 Hours: M-F 8:00AM-5:00PM

TEW, JOHN, MD
Provider Gender: Male
License Number: A83206
NPI: 1174593354
Provider English Spoken: Y
Portuguese
Cultural Competency: Y
INLAND EYE SPECIALISTS
 521 E ELDER ST STE 102
FALLBROOK, CA 92028
 Phone: (760) 728-5728
Fax: (760) 728-5934
 After Hours Phone: (760) 728-5728
Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
 Hours: M-F 8:00AM-5:00PM

HANONO, HELFON, OD
Provider Gender: Male
License Number: 6681
NPI: 1619942034
Provider English Spoken: Y
Spanish
Cultural Competency: Y
IMPERIAL BEACH
OPTOMETRY INC APC
 894 PALM AVE STE B
IMPERIAL BEACH, CA 91932
 Phone: (619) 424-9333
Fax: (619) 424-3356
 After Hours Phone: (619) 424-9333
Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
 Hours: M-F 9:00AM-6:00PM

HANONO, ABRAHAM, OD
Provider Gender: Male
License Number: 14900
NPI: 1356754741
Provider English Spoken: Y
Hebrew, Spanish
Cultural Competency: Y
IMPERIAL BEACH
OPTOMETRY INC APC
 894 PALM AVE STE B
IMPERIAL BEACH, CA 91932
 Phone: (619) 424-9333
Fax: (619) 424-3356
 After Hours Phone: (619) 424-9333
Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
 Hours: M-F 9:00AM-6:00PM

LA JOLLA

BAUMANN, DANIELA, OD
Provider Gender: Female
License Number: 34530
NPI: 1982232146
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
 Phone: (858) 457-3010
Fax: (858) 457-0028
 After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
 Hours: M-F 9:00AM-6:00PM
CHIU, STEPHAN, MD
Provider Gender: Male
License Number: A172634
NPI: 1053846956
Provider English Spoken: Y
Spanish
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
📞 Phone: (858) 457-3010
Fax: (858) 457-0028
วก. After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
✔ Site English Spoken: Y
✔ Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
✔ Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F
8:00AM-4:30PM

DEAN, MOENA, OD
Provider Gender: Female
License Number: 33955
NPI: 1265927578
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
📞 Phone: (858) 457-3010
Fax: (858) 457-0028
วก. After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
✔ Site English Spoken: Y
✔ Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
✔ Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F
8:00AM-4:30PM

DYER, SHARON, OD
Provider Gender: Female
License Number: 33450
NPI: 1063866887
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
📞 Phone: (858) 457-3010
Fax: (858) 457-0028
วก. After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
✔ Site English Spoken: Y
✔ Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
✔ Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F
8:00AM-4:30PM

HO, AMIEE, OD
Provider Gender: Female
License Number: 14527
NPI: 1396009478
Provider English Spoken: Y
Cultural Competency: Y
PERLMAN
OPHTHALMOLOGY-UCSD
9350 CAMPUS POINT DR STE 1B
LA JOLLA, CA 92037
📞 Phone: (858) 534-6290
Fax: (858) 732-0921
วก. After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
✔ Site English Spoken: Y
✔ Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
✔ Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F
D7. 视力提供者名录 - 眼科和视力服务

HO, AMIEE, OD
Provider Gender: Female
License Number: 14527
NPI: 1396009478
Provider English Spoken: Y
Cultural Competency: Y
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

HO, PAMELA, OD
Provider Gender: Female
License Number: 11033
NPI: 1275566010
Provider English Spoken: Y
Cultural Competency: Y
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

HOUSTANA, LARA, OD
Provider Gender: Female
License Number: 11472
NPI: 1235161597
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM

HUDSON, HENRY, MD
Provider Gender: Male
License Number: G76091
NPI: 1851349195
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM

HUSTANA, LARA, OD
Provider Gender: Female
License Number: 11472
NPI: 1235161597
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM

HUDSON, HENRY, MD
Provider Gender: Male
License Number: G76091
NPI: 1851349195
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM

HUSTANA, LARA, OD
Provider Gender: Female
License Number: 11472
NPI: 1235161597
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM

HUDSON, HENRY, MD
Provider Gender: Male
License Number: G76091
NPI: 1851349195
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM

HUSTANA, LARA, OD
Provider Gender: Female
License Number: 11472
NPI: 1235161597
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM

HUSTANA, LARA, OD
Provider Gender: Female
License Number: 11472
NPI: 1235161597
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM

HUSTANA, LARA, OD
Provider Gender: Female
License Number: 11472
NPI: 1235161597
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM

HUSTANA, LARA, OD
Provider Gender: Female
License Number: 11472
NPI: 1235161597
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM
D7. 视力提供者名录 - 眼科和视力服务

OPHTHALMOLOGY-UCSD
9350 CAMPUS POINT DR STE 1B
LA JOLLA, CA 92037
☎ Phone: (858) 534-6290
Fax: (858) 732-0921
⏰ After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
⏰ Hours: M-F 8:00AM-4:30PM

HUSTANA, LARA, OD
Provider Gender: Female
License Number: 11472
NPI: 1235161597
Provider English Spoken: Y
French
Cultural Competency: Y
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
☎ Phone: (858) 534-6290
Fax: (858) 732-0921
⏰ After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F 8:00AM-4:30PM

KALBAKJI, NATALY, OD
Provider Gender: Female
License Number: 34943
NPI: 1700556438
Provider English Spoken: Y
Arabic
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
☎ Phone: (858) 457-3010
Fax: (858) 457-0028
⏰ After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F 8:00AM-4:30PM

KHALIL, VADY, OD
Provider Gender: Male
License Number: 35137
NPI: 1275263584
Provider English Spoken: Y
Arabic
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
☎ Phone: (858) 457-3010
Fax: (858) 457-0028
⏰ After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F 8:00AM-4:30PM

M A R Y L I N A ,  L A R A ,  O D
Provider Gender: Female
License Number: 34777
NPI: 1962031617
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
☎ Phone: (858) 457-3010
Fax: (858) 457-0028
⏰ After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F 8:00AM-4:30PM
D7. 视力提供者名录 - 眼科和视力服务

8:00AM-4:30PM

KIM, PHILIP, OD
Provider Gender: Male
License Number: 33893
NPI: 1376929034
Provider English Spoken: Y
Cultural Competency: Y
PERLMAN
OPHTHALMOLOGY-UCSD
9350 CAMPUS POINT DR
STE 1B
LA JOLLA, CA 92037
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM
SA 8:00AM-2:00PM

KULISCHAK, JOHN, OD
Provider Gender: Male
License Number: 9279
NPI: 1740205236
Provider English Spoken: Y
Cultural Competency: Y
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

KIM, PHILIP, OD
Provider Gender: Male
License Number: 33893
NPI: 1376929034
Provider English Spoken: Y
Cultural Competency: Y
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM
SA 8:00AM-2:00PM

KULISCHAK, JOHN, OD
Provider Gender: Male
License Number: 9279
NPI: 1740205236
Provider English Spoken: Y
Cultural Competency: Y
PERLMAN
OPHTHALMOLOGY-UCSD
9350 CAMPUS POINT DR
STE 1B
LA JOLLA, CA 92037
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

LAM, ANNE, OD
Provider Gender: Female
License Number: 12810
NPI: 1174550768
Provider English Spoken: Y
Cultural Competency: Y
PERLMAN
OPHTHALMOLOGY-UCSD
9350 CAMPUS POINT DR
STE 1B
LA JOLLA, CA 92037
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D7.视力提供者名录 - 眼科和视力服务

1/2 mile from Site): 1T

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>English Spoken</th>
<th>Cultural Competency</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>Accepting New Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lam, Anne, OD</td>
<td>Female</td>
<td>12810</td>
<td>1174550768</td>
<td>Y</td>
<td>Yes</td>
<td>(858) 534-6290</td>
<td>(858) 732-0921</td>
<td>(858) 534-6290</td>
<td>Yes</td>
</tr>
<tr>
<td>Lusby, Franklin, MD</td>
<td>Male</td>
<td>G41830</td>
<td>1265526180</td>
<td>Y</td>
<td>Yes</td>
<td>(858) 459-6200</td>
<td>(858) 459-2025</td>
<td>(858) 459-6200</td>
<td>Yes</td>
</tr>
<tr>
<td>Mcclean, Esmeralda, OD</td>
<td>Female</td>
<td>15001</td>
<td>1962817981</td>
<td>Y</td>
<td>Yes</td>
<td>(858) 534-6290</td>
<td>(858) 732-0921</td>
<td>(858) 534-6290</td>
<td>Yes</td>
</tr>
<tr>
<td>Mizoguchi, Lianne, OD</td>
<td>Female</td>
<td>10104</td>
<td>1619900313</td>
<td>Y</td>
<td>Yes</td>
<td>(858) 457-3010</td>
<td>(858) 457-0028</td>
<td>(858) 457-3010</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Provider English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

UCSD SHILEY EYE CENTER
9415 Campus Point Dr
La Jolla, CA 92037
Phone: (858) 534-6290
Fax: (858) 732-0921

Marr, Ryan, OD
Provider Gender: Male
License Number: 35302
NPI: 1235857525
Provider English Spoken: Y
Cultural Competency: Y
Acuity Eye Group
9850 Genesee Ave Ste 310
La Jolla, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 459-6200
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

Lusby Vision Institute
9850 Genesee Ave Ste 220
La Jolla, CA 92037
Phone: (858) 459-6200
Fax: (858) 459-2025
After Hours Phone: (858) 459-6200
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

Mcclean, Esmeralda, OD
Provider Gender: Female
License Number: 15001
NPI: 1962817981
Provider English Spoken: Y
Spanish
Cultural Competency: Y
Perlman
Ophthalmology-UCSD
9350 Campus Point Dr Ste 1B
La Jolla, CA 92037
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

Perlman
Ophthalmology-UCSD
9350 Campus Point Dr Ste 1B
La Jolla, CA 92037
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

Mizoguchi, Lianne, OD
Provider Gender: Female
License Number: 10104
NPI: 1619900313
Provider English Spoken: Y
Cultural Competency: Y
Perlman
Ophthalmology-UCSD
9350 Campus Point Dr Ste 1B
La Jolla, CA 92037
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D7.视力提供者名录 - 眼科和视力服务

N
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

MIZOGUCHI, LIANNE, OD
Provider Gender: Female
License Number: 10104
NPI: 1619900313
Provider English Spoken: Y
Cultural Competency: Y
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

MOOR, TRACY, OD
Provider Gender: Female
License Number: 35085
NPI: 1184283277
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM

MORRISON REYES, JOSHUA, MD
Provider Gender: Male
License Number: A125435
NPI: 1235366782
Provider English Spoken: Y
Indonesian, Spanish
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

PERRY, ARTHUR, MD
Provider Gender: Male
License Number: C37934
NPI: 1194832725
Provider English Spoken: Y
Spanish
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
D7. 视力提供者名录 - 眼科和视力服务

Phone: (858) 457-3010
Fax: (858) 457-0028
接受新患者: 是
- 电话: 858-457-3010
- 传真: 858-457-0028
- 接受新患者: 是
- 语言: 英语
- 语言(语言): 西班牙语, 菲律宾语
- 美国手语 (ASL): 否
- 可访问性: 联系提供者
- 公共交通(在距离本机构1/2英里以内): 1U
- 工作时间: M-F 8:00AM-4:30PM

TÓN-NU, MY LINH, OD
提供者性别: 女性
- 许可证号: 34990
- NPI: 1245733476
- 语言: 西班牙语
- 文化竞争力: 是
ACUITY EYE GROUP
- 电话: (858) 457-3010
- 传真: (858) 457-0028
- 接受新患者: 是
- 语言(语言): 西班牙语, 菲律宾语
- 美国手语 (ASL): 否
- 可访问性: 联系提供者
- 公共交通(在距离本机构1/2英里以内): 1U
- 工作时间: M-F 8:00AM-4:30PM

PRATT, STEVEN, MD
提供者性别: 男性
- 许可证号: G32379
- NPI: 1407963044
- 语言: 西班牙语
- 文化竞争力: 是
ACUITY EYE GROUP
- 电话: (858) 457-3010
- 传真: (858) 457-0028
- 接受新患者: 是
- 语言(语言): 西班牙语
- 美国手语 (ASL): 否
- 可访问性: 联系提供者
- 公共交通(在距离本机构1/2英里以内): 1U
- 工作时间: M-F 8:00AM-4:30PM

TONNU, ANH, OD
提供者性别: 女性
- 许可证号: 11318
- NPI: 1679521280
- 语言: 越南语
- 文化竞争力: 是
ACUITY EYE GROUP
- 电话: (858) 457-3010
- 传真: (858) 457-0028
- 接受新患者: 是
- 语言(语言): 西班牙语, 菲律宾语
- 美国手语 (ASL): 否
- 可访问性: 联系提供者
- 公共交通(在距离本机构1/2英里以内): 1U
- 工作时间: M-F 8:00AM-4:30PM

VINH, JOHN, OD
提供者性别: 男性
- 许可证号: 14177
- NPI: 1003102724
- 语言: 越南语
- 文化竞争力: 是
ACUITY EYE GROUP
- 电话: (858) 457-3010
- 传真: (858) 457-0028
- 接受新患者: 是
- 语言(语言): 西班牙语, 菲律宾语
- 美国手语 (ASL): 否
- 可访问性: 联系提供者
- 公共交通(在距离本机构1/2英里以内): 1U
- 工作时间: M-F 8:00AM-4:30PM

您的全科医生所在的医生团体可能有本网络内的心理健康提供者。请参阅下方列表。
您可直接联系这些提供者。请注意，某些服务可能要求心理健康提供者从Blue Shield获得预授权，以便服务能够覆盖。
访问心理健康提供者列表，请访问blueshieldca.com/fad。
VIVRITO, MARY, OD
Provider Gender: Female
License Number: 33798
NPI: 1477968667
Provider English Spoken: Y
Spanish
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028

VO, ANDREW MINH, OD
Provider Gender: Male
License Number: 33869
NPI: 1790291565
Provider English Spoken: Y
Vietnamese
Cultural Competency: Y
PERLMAN
OPHTHALMOLOGY-UCSD
9350 CAMPUS POINT DR STE 1B
LA JOLLA, CA 92037
Phone: (858) 534-6290
Fax: (858) 732-0921

YU, CAROL, OD
Provider Gender: Female
License Number: 34047
NPI: 1639697451
Provider English Spoken: Y
Spanish, Chinese
Cultural Competency: Y
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (858) 534-6290
Fax: (858) 732-0921
D7. 视力提供者名录 - 眼科和视力服务

- Site English Spoken: Y
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-4:30PM

ZHAO, TAILUN, MD
Provider Gender: Male
License Number: C186414
NPI: 1952659203
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-4:30PM

LA MESA

ABOUL-HOSN, RYAN, OD
Provider Gender: Male
License Number: 13688
NPI: 146751919
Provider English Spoken: Y
Arabic
Cultural Competency: Y
DAVID M NEWMAN OD
5642 LAKE MURRAY BLVD
LA MESA, CA 91942
Phone: (619) 589-6263
Fax: (619) 589-6264
After Hours Phone: (619) 589-6263
Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-5:00PM

ASIS, STEPHANIE, OD
Provider Gender: Female
License Number: 1902383540
NPI: 1780935650
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-5:00PM
### EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Languages(s) Spoken</th>
<th>American Sign Language (ASL)</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Site Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAGHOUMIAN, MARINEH, OD</td>
<td>Female</td>
<td>14842</td>
<td>1972929438</td>
<td>Spanish</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>8:00AM-5:00PM</td>
</tr>
<tr>
<td>BAUMANN, DANIELA, OD</td>
<td>Female</td>
<td>34530</td>
<td>1982232146</td>
<td>Spanish</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F</td>
<td>8:00AM-5:00PM</td>
</tr>
</tbody>
</table>

Contact Blue Shield for prior authorization information.
D7. 视力提供者名录 - 眼科和视力服务

- **BINDER, NICHOLAS, MD**
  
  Provider Gender: Male  
  License Number: A124698  
  NPI: 1306076716  
  Provider English Spoken: Y  
  Cultural Competency: Y  

  EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
  7339 EL CAJON BLVD STE J  
  LA MESA, CA 91942  
  Phone: (619) 722-8460  
  Fax: (619) 722-8465  
  After Hours Phone: (619) 722-8460  
  Accepting New Patients: Yes  

  Site English Spoken: Y  
  Site Languages(s) Spoken: Spanish  

  American Sign Language (ASL): N  

  Accessibility: CONTACT PROVIDER  

  Public transportation (within 1/2 mile from Site): 1T  

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

- **CHEW, WESLEY, OD**
  
  Provider Gender: Male  
  License Number: 14901  
  NPI: 1952714446  
  Provider English Spoken: Y  
  Cultural Competency: Y  

  EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
  7339 EL CAJON BLVD STE J  
  LA MESA, CA 91942  
  Phone: (619) 722-8460  
  Fax: (619) 722-8465  
  After Hours Phone: (619) 722-8460  
  Accepting New Patients: Yes  

  Site English Spoken: Y  
  Site Languages(s) Spoken: Spanish  

  American Sign Language (ASL): N  

  Accessibility: CONTACT PROVIDER  

  Public transportation (within 1/2 mile from Site): 1T  

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

- **CAUCHI, CAROLINE GUERRERO, OD**
  
  Provider Gender: Female  
  License Number: 6882  
  NPI: 1831268903  
  Provider English Spoken: Y  
  Spanish  
  Cultural Competency: Y  

  VISION SOLUTIONS OPTOMETRY  
  8235 UNIVERSITY AVE  
  LA MESA, CA 91942  

  Phone: (619) 465-2020  
  Fax: (619) 698-1189  
  After Hours Phone: (619) 465-2020  
  Accepting New Patients: Yes  

  Site English Spoken: Y  
  Site Languages(s) Spoken: Spanish  

  American Sign Language (ASL): N  

  Accessibility: CONTACT PROVIDER  

  Public transportation (within 1/2 mile from Site): 1T  

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

- **CHANG, TOM, MD**
  
  Provider Gender: Male  
  License Number: A69909  
  NPI: 1609848969  
  Provider English Spoken: Y  
  Cultural Competency: Y  

  EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
  5565 GROSSMONT CENTER DR # 551  
  LA MESA, CA 91942  
  Phone: (619) 465-2020  
  Fax: (619) 698-1189  
  After Hours Phone: (619) 465-2020  
  Accepting New Patients: Yes  

  Site English Spoken: Y  
  Site Languages(s) Spoken: Spanish  

  American Sign Language (ASL): N  

  Accessibility: CONTACT PROVIDER  

  Public transportation (within 1/2 mile from Site): 1T  

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

- **CHIU, STEPHAN, MD**
  
  Provider Gender: Male  
  License Number: A172634  
  NPI: 1053846956  
  Provider English Spoken: Y  
  Spanish  
  Cultural Competency: Y  

  EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
  Phone: (619) 461-4913  
  Fax: (888) 509-6483  
  After Hours Phone: (619) 461-4913  
  Accepting New Patients: Yes  

  Site English Spoken: Y  
  Site Languages(s) Spoken: Spanish  

  American Sign Language (ASL): N  

  Accessibility: CONTACT PROVIDER  

  Public transportation (within 1/2 mile from Site): 1U  

  Hours: M-F  
  8:00AM-5:00PM
5565 GROSSMONT
CENTER DR # 551
LA MESA, CA 91942
📞 Phone: (619) 465-2020
Fax: (619) 698-1189
📞 After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
☑ Site English Spoken: Y
☑ Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F 8:00AM-5:00PM

DEAN, MOENA, OD
Provider Gender: Female
License Number: 33955
NPI: 1265927578
Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
📞 Phone: (619) 465-2020
Fax: (619) 698-1189
📞 After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
☑ Site English Spoken: Y
☑ Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F 8:00AM-4:30PM

CONRAD, RANDALL, OD
Provider Gender: Male
License Number: 6423
NPI: 1962617464
Provider English Spoken: Y
Spanish
Cultural Competency: Y
ALVARADO EYE ASSOCIATES MED CLINIC INC
7877 PARKWAY DR STE 100
LA MESA, CA 91942
📞 Phone: (619) 460-3711
Fax: (619) 460-2184
📞 After Hours Phone: (619) 460-3711
Accepting New Patients: Yes
☑ Site English Spoken: Y
☑ Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F 8:00AM-5:00PM

DEAN, MOENA, OD
Provider Gender: Female
License Number: 33955
NPI: 1265927578
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
📞 Phone: (619) 722-8460
Fax: (619) 722-8465
📞 After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
☑ Site English Spoken: Y
☑ Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
⏰ Hours: M-F 8:00AM-5:00PM

DYER, SHARON, OD
Provider Gender: Female
License Number: 33450
NPI: 1063866887
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
📞 Phone: (619) 722-8460
Fax: (619) 722-8465
📞 After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
☑ Site English Spoken: Y
☑ Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
⏰ Hours: M-F 8:00AM-5:00PM
DYER, SHARON, OD
Provider Gender: Female
License Number: 33450
NPI: 1063866887
Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 8:00AM-4:00PM
TU 9:00AM-6:00PM
W 8:00AM-4:00PM
TH 9:00AM-6:00PM
F 9:00AM-5:00PM
SA 8:00AM-1:00PM

GOLLOGLY, HEIDRUN, MD
Provider Gender: Female
License Number: A134761
NPI: 1477879823
Provider English Spoken: Y
German, French, Spanish
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-5:00PM

HAIGHT, BRUCE, MD
Provider Gender: Male
License Number: G41117
NPI: 1427029628
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-5:00PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D7. 影视提供者名录 - 眼科和视力服务

- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-5:00PM

HAIGHT, BRUCE, MD
Provider Gender: Male
License Number: G41117
NPI: 1427029628
Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-5:00PM

HAN, SULKI, OD
Provider Gender: Female
License Number: 34171
NPI: 1750802195
Provider English Spoken: Y
Korean
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1U
- Hours: M 8:00AM-4:00PM
 TU 9:00AM-6:00PM
 W 8:00AM-6:00PM
 TH 9:00AM-6:00PM
 F 9:00AM-5:00PM
 SA 8:00AM-1:00PM

HAMOUIE, JUDY, OD
Provider Gender: Female
License Number: 34984
NPI: 1518638287
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-5:00PM

HIXSON, THOMAS, OD
Provider Gender: Male
License Number: 7490
NPI: 1528072683
Provider English Spoken: Y
Cultural Competency: Y
LA MESA VISION CARE
8007 LA MESA BLVD
LA MESA, CA 91942
Phone: (619) 466-5665
Fax: (619) 466-5688
After Hours Phone: (619) 466-5665
Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1U
- Hours: M 8:00AM-4:00PM
 TU 9:00AM-6:00PM
 W 8:00AM-6:00PM
 TH 9:00AM-6:00PM
 F 9:00AM-5:00PM
 SA 8:00AM-1:00PM

HSU, CHRISTOPHER, MD
Provider Gender: Male
License Number: A65973
NPI: 1336167618
Provider English Spoken: Y

2374
<table>
<thead>
<tr>
<th>Provider</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>American Sign Language (ASL)</th>
<th>Site Information</th>
<th>Public Transportation</th>
<th>Hours</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hudson, Henry, MD</td>
<td>Male</td>
<td>G76091</td>
<td>1851349195</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>ACUITY EYE GROUP</td>
<td>7339 EL CAJON BLVD STE J</td>
<td>LA MESA, CA 91942</td>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td>Hudson, Henry, MD</td>
<td>Male</td>
<td>G76091</td>
<td>1851349195</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>ACUITY EYE GROUP</td>
<td>7339 EL CAJON BLVD STE J</td>
<td>LA MESA, CA 91942</td>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
<tr>
<td>Hung, Janice, OD</td>
<td>Female</td>
<td>34296</td>
<td>1750917936</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>ACUITY EYE GROUP</td>
<td>7339 EL CAJON BLVD STE J</td>
<td>LA MESA, CA 91942</td>
<td>Hours: M-F 8:00AM-5:00PM</td>
</tr>
</tbody>
</table>
D7. 视力提供者名录 - 眼科和视力服务

Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F
8:00AM-5:00PM

KALBAKJI, NATALY, OD
Provider Gender: Female
License Number: 34943
NPI: 1700556438
Provider English Spoken: Y
Arabic
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F
8:30AM-4:30PM

KATZMAN, BARRY, MD
Provider Gender: Male
License Number: A34834
NPI: 1760473797
Provider English Spoken: Y
Spanish
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F
8:00AM-5:00PM

KHALIL, VADY, OD
Provider Gender: Male
License Number: 35137
NPI: 1275263584
Provider English Spoken: Y
Arabic
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F
8:00AM-5:00PM

KHALIL, VADY, OD
Provider Gender: Male
License Number: 35137
NPI: 1275263584
Provider English Spoken: Y
Arabic
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
M After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-5:00PM

LEE, JENNIFER, OD
Provider Gender: Female
License Number: 33443
NPI: 1891147351
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
M After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-5:00PM

MARR, RYAN, OD
Provider Gender: Male
License Number: 35302
NPI: 1235857525
Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
M After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8:00AM-5:00PM
D7. 视力提供者名录 - 眼科和视力服务

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-5:00PM

MCGRAW, JOSEPH, MD
Provider Gender: Male
License Number: A155228
NPI: 1588624852
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

MCGRAW, JOSEPH, MD
Provider Gender: Male
License Number: A155228
NPI: 1588624852
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

MORRISON REYES, JOSHUA, MD
Provider Gender: Male
License Number: A125435
NPI: 1235366782
Provider English Spoken: Y
Indonesian, Spanish
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

MERALI, MURTAZA, OD
Provider Gender: Female
License Number: 14558
NPI: 1972944189
Provider English Spoken: Y
Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM
D7. 视力提供者名录 - 眼科和视力服务

- **MORRISON REYES, JOSHUA, MD**
  - Provider Gender: Male
  - License Number: A125435
  - NPI: 1235366782
  - Provider English Spoken: Y
  - Cultural Competency: Y
  - EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
  - Hours: M-F
    - 8:00AM-5:00PM
  - Public transportation (within 1/2 mile from Site): 1T

- **NEWMAN, DAVID, OD**
  - Provider Gender: Male
  - License Number: 12746
  - NPI: 1750490413
  - Provider English Spoken: Y
  - Cultural Competency: Y
  - ACUITY EYE GROUP
  - Hours: M: 10:00AM-4:00PM
    - W: 10:00AM-4:00PM
    - F: 10:00AM-4:00PM
  - Public transportation (within 1/2 mile from Site): 1T

- **NGUYEN, THY, OD**
  - Provider Gender: Female
  - License Number: 34025
  - NPI: 1063182822
  - Provider English Spoken: Y
  - Cultural Competency: Y
  - ACUITY EYE GROUP
  - Hours: M-F
    - 8:00AM-5:00PM

- **OU, JOCELYN, OD**
  - Provider Gender: Female
  - License Number: 925435
  - NPI: 1235366782
  - Provider English Spoken: Y
  - Cultural Competency: Y
  - EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
  - Hours: M-F
    - 8:00AM-5:00PM

- **PANDYA, BHUMIKA, OD**
  - Provider Gender: Female
  - License Number: 35025
  - NPI: 1063182822
  - Provider English Spoken: Y
  - Cultural Competency: Y
  - ACUITY EYE GROUP
  - Hours: M-F
    - 8:30AM-4:30PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D7. 视力提供者名录 - 眼科和视力服务

Fax: (619) 722-8465
.month After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Directions: M-F 8:00AM-5:00PM

PATEL, GITANE, MD
Provider Gender: Male
License Number: A108603
NPI: 1710171434
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Directions: M-F 8:00AM-5:00PM

PATEL, SARJAN, MD
Provider Gender: Male
License Number: A114976
NPI: 1316199326
Provider English Spoken: Y
Gujarati, Hindi, Spanish
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Directions: M-F 8:00AM-5:00PM

PETERS, JAMIE, OD
Provider Gender: Female
License Number: 10724
NPI: 1073691077
Provider English Spoken: Y
Spanish
Cultural Competency: Y
VISION SOLUTIONS OPTOMETRY
8235 UNIVERSITY AVE
LA MESA, CA 91942
Phone: (619) 461-4913
Fax: (888) 509-6483
After Hours Phone: (619) 461-4913
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Directions: M-TU 9:00AM-5:30PM
W 8:00AM-5:00PM
TH 9:00AM-6:00PM
F 8:00AM-1:00PM

PRABHU, SUJATA, MD
Provider Gender: Female
License Number: A115965
NPI: 1982872552
Provider English Spoken: Y
Spanish
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Directions: M-F 8:00AM-5:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
PRABHU, SUJATA, MD
Provider Gender: Female
License Number: A115965
NPI: 1982872552
Provider English Spoken: Y
Spanish
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

SAMUEL, MICHAEL, MD
Provider Gender: Male
License Number: A83237
NPI: 1730175670
Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

TILLMAN, SYLVIA, OD
Provider Gender: Female
License Number: 9726
NPI: 1174730824
Provider English Spoken: Y
Spanish
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619)
8:00AM-5:00PM

SCOTT, JEFFREY, OD
Provider Gender: Male
License Number: 34978
NPI: 1568813434
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

QUACH, PHUC, OD
Provider Gender: Male
License Number: 12891
NPI: 1770617805
Provider English Spoken: Y
Spanish, Vietnamese
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D7. 视力提供者名录 - 眼科和视力服务

722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
⏰ Hours: M-F 8:00AM-5:00PM

TON-NU, MY LINH, OD
Provider Gender: Female
License Number: 34990
NPI: 1245733476
Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
📞 Phone: (619) 465-2020
Fax: (619) 698-1189
⏰ After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
⏰ Hours: M-F 8:00AM-5:00PM

TRAN, HENRY, OD
Provider Gender: Male
License Number: 15159
NPI: 1467846709
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
📞 Phone: (619) 722-8460
Fax: (619) 722-8465
⏰ After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
⏰ Hours: M-F 8:00AM-5:00PM

TSUI, NANCY, OD
Provider Gender: Female
License Number: 33944
NPI: 1841785037
Provider English Spoken: Y
D7. 视力提供者名录 - 眼科和视力服务

Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-5:00PM

VINVH, JOHN, OD
Provider Gender: Male
License Number: 14177
NPI: 1003102724
Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8:00AM-5:00PM

TU, BEVERLY, OD
Provider Gender: Female
License Number: 34108
NPI: 1053892794
Provider English Spoken: Y
Spanish, Vietnamese
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-5:00PM

VIVIRITO, MARY, OD
Provider Gender: Female
License Number: 33798
NPI: 1477968667
Provider English Spoken: Y
Spanish
Cultural Competency: Y
ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8:00AM-5:00PM

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8:00AM-5:00PM

VIVIRITO, MARY, OD
Provider Gender: Female
License Number: 33798
NPI: 1477968667
Provider English Spoken: Y
Spanish
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-5:00PM
D7. 着力提供者名录 - 眼科和视力服务

WONG, SHARON, OD
Provider Gender: Female
License Number: 15137
NPI: 1497159552
Provider English Spoken: Y
Spanish
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 460-3711
Fax: (619) 460-2184
After Hours Phone: (619) 460-3711
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

YOUNG, ALLA, OD
Provider Gender: Female
License Number: 34191
NPI: 1285085142
Provider English Spoken: Y
Russian
Cultural Competency: Y
ALVARADO EYE ASSOCIATES MED CLINIC INC
7877 PARKWAY DR STE 100
LA MESA, CA 91942
Phone: (619) 460-3711
Fax: (619) 460-2184
After Hours Phone: (619) 460-3711
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:30AM-4:30PM

ZVANUT, DONALD, OD
Provider Gender: Male
License Number: 8642
NPI: 1336211804
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-5:00PM

FLEMING, JOHN, OD
Provider Gender: Male
License Number: 8461
NPI: 1033192133
Provider English Spoken: Y
Cultural Competency: Y
JOHN C FLEMING OD
9710 WINTER GARDENS BLVD STE A
## D7. 眼科和视力服务

<table>
<thead>
<tr>
<th>Provider</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>English Spoken</th>
<th>ASL Spoken</th>
<th>Accessibility</th>
<th>Hours</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>After Hours Phone</th>
<th>New Patients</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JOHNSON, CHRISTOPHER, OD</strong></td>
<td>Male</td>
<td>15100</td>
<td>1568861425</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-TH 9:00AM-5:00PM, F 9:00AM-4:00PM</td>
<td>9710 WINTER GARDENS BLVD STE A, LAKESIDE, CA 92040</td>
<td>(619) 443-1075</td>
<td>(619) 443-9382</td>
<td>(619) 443-1075</td>
<td>Yes</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td><strong>JOHN C FLEMING OD</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HOANG, KENNY, OD</strong></td>
<td>Male</td>
<td>35207</td>
<td>1740868603</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-TH 9:00AM-5:00PM, F 9:00AM-4:00PM</td>
<td>9710 WINTER GARDENS BLVD STE A, LAKESIDE, CA 92040</td>
<td>(619) 443-1075</td>
<td>(619) 443-9382</td>
<td>(619) 443-1075</td>
<td>Yes</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td><strong>AOTO, KIM, OD</strong></td>
<td>Female</td>
<td>14524</td>
<td>1780935650</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-TH 9:00AM-5:00PM, F 9:00AM-4:00PM</td>
<td>2240 E PLAZA BLVD STE FG, NATIONAL CITY, CA 91950</td>
<td>(619) 470-2700</td>
<td>(619) 267-8221</td>
<td>(619) 470-2700</td>
<td>Yes</td>
<td>CONTACT PROVIDER</td>
</tr>
<tr>
<td><strong>BAUMANN, DANIELA, OD</strong></td>
<td>Female</td>
<td>34530</td>
<td>1982232146</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>M-F 8:00AM-4:30PM</td>
<td>2240 E PLAZA BLVD STE FG, NATIONAL CITY, CA 91950</td>
<td>(619) 470-2700</td>
<td>(619) 267-8221</td>
<td>(619) 470-2700</td>
<td>Yes</td>
<td>CONTACT PROVIDER</td>
</tr>
</tbody>
</table>

*Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.*
D7. 视力提供者名录 - 眼科和视力服务

Cultural Competency: Y

ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

DEAN, MOENA, OD
Provider Gender: Female
License Number: 33955
NPI: 1265927578
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

DEAN, MOENA, OD
Provider Gender: Female
License Number: 33955
NPI: 1265927578
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

DYER, SHARON, OD
Provider Gender: Female
License Number: 33450
NPI: 1063866887
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

DYER, SHARON, OD
Provider Gender: Female
License Number: 33450
NPI: 1063866887
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:30PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

DYER, SHARON, OD  
Provider Gender: Female  
License Number: 33450  
NPI: 1063866887  
Provider English Spoken: Y  
Cultural Competency: Y

WEST COAST EYE CARE  
2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
Phone: (619) 470-2700  
Fax: (619) 267-8221  
After Hours Phone: (619) 470-2700

Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F 8:00AM-4:30PM

GOLLOGLY, HEIDRUN, MD  
Provider Gender: Female  
License Number: A134761  
NPI: 1477879823  
Provider English Spoken: Y  
German, French, Spanish  
Cultural Competency: Y

ACUITY EYE GROUP  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Phone: (619) 472-1010  
Fax: (619) 479-5233  
After Hours Phone: (619) 472-1010

Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F 8:00AM-4:30PM

HAIGHT, BRUCE, MD  
Provider Gender: Male  
License Number: G41117  
NPI: 1427029628  
Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Phone: (619) 472-1010  
Fax: (619) 479-5233  
After Hours Phone: (619) 472-1010

Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F 8:00AM-4:30PM

HUDSON, HENRY, MD  
Provider Gender: Male  
License Number: G76091  
NPI: 1851349195  
Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Phone: (619) 472-1010  
Fax: (619) 479-5233  
After Hours Phone: (619) 472-1010

Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-TU 8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

HUNG, JANICE, OD  
Provider Gender: Female  
License Number: 34296  
NPI: 1750917936  
Provider English Spoken: Y  
Cultural Competency: Y

WEST COAST EYE CARE  
2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-TU 8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM
D7. 视力提供者名录 - 眼科和视力服务

KALBAKJI, NATALY, OD
Provider Gender: Female
License Number: 34943
NPI: 1700556438
Provider English Spoken: Y
Arabic
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8:00AM-4:30PM

TH 8:00AM-6:00PM
F 8:00AM-5:00PM

KALRA, ANKUR, OD
Provider Gender: Male
License Number: 11898
NPI: 1124195789
Provider English Spoken: Y
Hindi
Cultural Competency: Y
LUSTRO EYEWORKS OPTOMETRY
1481 E PLAZA BLVD
NATIONAL CITY, CA 91950
Phone: (619) 477-2159
Fax: (619) 477-2128
After Hours Phone: (619) 477-2159
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Hindi, Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: SU 10:00AM-4:00PM
M-F 9:00AM-6:00PM
SA 9:00AM-5:00PM

KEDDINGTON, JOAN, OD
2388
D7. 视力提供者名录 - 眼科和视力服务

Provider Gender: Female
License Number: 6263
NPI: 1992872691
Provider English Spoken: Y
Spanish
Cultural Competency: Y
LUSTRO EYEWORKS
OPTOMETRY
1481 E PLAZA BLVD
NATIONAL CITY, CA 91950
Phone: (619) 477-2159
Fax: (619) 477-2128
After Hours Phone: (619) 477-2159
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Hindi, Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: SU 10:00AM-4:00PM
M-F 8:00AM-4:30PM

KHALIL, VADY, OD
Provider Gender: Male
License Number: 35137
NPI: 1275263584
Provider English Spoken: Y
Arabic
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-4:30PM

KHALIL, VADY, OD
Provider Gender: Male
License Number: 35137
NPI: 1275263584
Provider English Spoken: Y
Arabic
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Hindi, Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-4:30PM

KING, MARY, OD
Provider Gender: Female
License Number: 13711
NPI: 1578792107
Provider English Spoken: Y
Spanish
Cultural Competency: Y
LUSTRO EYEWORKS
OPTOMETRY
1481 E PLAZA BLVD
NATIONAL CITY, CA 91950
Phone: (619) 477-2159
Fax: (619) 477-2128
After Hours Phone: (619) 477-2159
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Hindi, Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-4:30PM

KHIEU, TINA, OD
Provider Gender: Female
License Number: 34777
NPI: 1962031617
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Hindi, Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-4:30PM
D7. 视力提供者名录 - 眼科和视力服务

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: SU 10:00AM-4:00PM
M-F 9:00AM-6:00PM
SA 9:00AM-5:00PM

LEE, AUSTIN, OD
Provider Gender: Male
License Number: 14519
NPI: 1922356914
Provider English Spoken: Y
Cultural Competency: Y
VIVE OPTOMETRY
1033 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 477-2771
Fax: (619) 477-1680
After Hours Phone: (619) 477-2771
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: TU 10:00AM-5:00PM
W-F 9:30AM-5:00PM

LEE, SALLY, DO
Provider Gender: Female
License Number: 20A8088
NPI: 1457468514
Provider English Spoken: Y
Spanish, Chinese
Cultural Competency: Y
SAN DIEGO EYE PROFESSIONALS
2345 E 8TH ST STE 111
NATIONAL CITY, CA 91950
Phone: (619) 583-4295
Fax: (619) 825-7300
After Hours Phone: (619) 583-4295
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 10:00AM-6:00PM

MARR, RYAN, OD
Provider Gender: Male
License Number: 35302
NPI: 1235857525
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8:00AM-4:30PM

MARR, RYAN, OD
Provider Gender: Male
License Number: 35302
NPI: 1235857525
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8:00AM-6:00PM
W 8:30AM-5:00PM
TH 8:00AM-6:00PM
F 8:00AM-5:00PM

MCGRAW, JOSEPH, MD
Provider Gender: Male
License Number: A155228
NPI: 1588624852
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8:00AM-4:30PM

MENDOZA, RAYMUNDO, OD
Provider Gender: Male
License Number: 8150
NPI: 1306837760
Provider English Spoken: Y
Spanish
Cultural Competency: Y
NATIONAL CITY EYECARE
2403 E PLAZA BLVD
NATIONAL CITY, CA 91950
Phone: (619) 475-2184
Fax: (619) 475-3917
After Hours Phone: (619) 475-2184
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-TU 10:00AM-5:00PM
TH-F 10:00AM-5:00PM

MORRISON REYES, JOSHUA, MD
Provider Gender: Male
License Number: A125435
NPI: 1235366782
Provider English Spoken: Y
Indonesian, Spanish
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8:00AM-4:30PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D7. 视力提供者名录 - 眼科和视力服务

**MD**

*Provider Gender: Male*

License Number: A125435  
NPI: 1235366782  
Provider English Spoken: Y  
Indonesian, Spanish  
Cultural Competency: Y

**ACUITY EYE GROUP**

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Phone: (619) 472-1010  
Fax: (619) 479-5233  
After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): IT  
Hours: M-TU 8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

**NGUYEN, THERESA, OD**

*Provider Gender: Female*

License Number: 35530TLG  
NPI: 1609555713  
Provider English Spoken: Y  
Cultural Competency: Y  
LUSTRO EYEWORKS OPTOMETRY  
1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Phone: (619) 477-2159  
Fax: (619) 477-2128  
After Hours Phone: (619) 477-2159  
Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken: Arabic, Hindi, Spanish  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): IT  
Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-6:00PM  
SA 9:00AM-5:00PM

**PATEL, SARJAN, MD**

*Provider Gender: Male*

License Number: A114976  
NPI: 1316199326  
Provider English Spoken: Y  
Gujarati, Hindi, Spanish  
Cultural Competency: Y  
WEST COAST EYE CARE  
2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
Phone: (619) 470-2700  
Fax: (619) 267-8221  
After Hours Phone: (619) 470-2700  
Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): IT  
Hours: M-F 8:00AM-4:30PM

**PATEL, GITANE, MD**

*Provider Gender: Male*

License Number: A108603  
NPI: 1710171434  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE  
2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
Phone: (619) 470-2700  
Fax: (619) 267-8221  
After Hours Phone: (619) 470-2700  
Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): IT  
Hours: M-F 8:00AM-4:30PM

**PRABHU, SUJATA, MD**

*Provider Gender: Female*

License Number: A115965  
NPI: 1982872552  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y  
WEST COAST EYE CARE  
2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
Phone: (619) 470-2700  
Fax: (619) 267-8221  
After Hours Phone: (619) 470-2700  
Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): IT  
Hours: M-F 8:00AM-4:30PM

---

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
TOUBIA, ELIAS, OD
Provider Gender: Male
License Number: 33758
NPI: 1740701481
Provider English Spoken: Y
Arabic
Cultural Competency: Y
LUSTRO EYEWORKS
OPTOMETRY
1481 E PLAZA BLVD
NATIONAL CITY, CA 91950
Phone: (619) 477-2159
Fax: (619) 477-2128
After Hours Phone: (619) 477-2159
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Hindi, Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: SU 10:00AM-4:00PM
M-F 9:00AM-6:00PM
SA 9:00AM-5:00PM

TON-NU, MY LINH, OD
Provider Gender: Female
License Number: 34990
NPI: 1245733476
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: SU 10:00AM-4:00PM
M-F 9:00AM-6:00PM
SA 9:00AM-5:00PM

VINH, JOHN, OD
Provider Gender: Male
License Number: 14177
NPI: 1003102724
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
D7. 视力提供者名录 - 眼科和视力服务

Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM

VINH, JOHN, OD
Provider Gender: Male
License Number: 1003102724
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM

VIVIRITO, MARY, OD
Provider Gender: Female
License Number: 33798
NPI: 1477968667
Provider English Spoken: Y
Spanish
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-4:30PM

WU, EVA, OD
Provider Gender: Female
License Number: 14743
NPI: 1073954442
Provider English Spoken: Y
Spanish, Chinese
Cultural Competency: Y
VIVE OPTOMETRY
1033 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 477-2771
Fax: (619) 477-1680
After Hours Phone: (619) 477-2771
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: TU 10:00AM-5:00PM
W-F 9:30AM-5:00PM

ZVANUT, DONALD, OD
Provider Gender: Male
License Number: 8642
NPI: 1336211804
### OCEANSIDE

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>American Sign Language (ASL):</th>
<th>Site Languages(s) Spoken:</th>
<th>Accessibility: CONTACT PROVIDER</th>
<th>Public transportation (within 1/2 mile from Site):</th>
<th>Hours:</th>
<th>Phone:</th>
<th>After Hours Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>KASAI, SARAH, OD</td>
<td>Female</td>
<td>34226</td>
<td>1023406238</td>
<td>N</td>
<td>Spanish</td>
<td>N</td>
<td>1T</td>
<td>M-TU</td>
<td>(760) 757-8771</td>
<td>(760) 757-8771</td>
</tr>
<tr>
<td>RING, ROBERT, OD</td>
<td>Male</td>
<td>6781</td>
<td>1336228840</td>
<td>N</td>
<td>Spanish</td>
<td>N</td>
<td>1T</td>
<td>M-TU</td>
<td>(760) 726-9383</td>
<td>(760) 726-9383</td>
</tr>
<tr>
<td>ROSA, ADAM, OD</td>
<td>Male</td>
<td>34093</td>
<td>1295250264</td>
<td>N</td>
<td>Spanish</td>
<td>N</td>
<td>1T</td>
<td>M-TU</td>
<td>(760) 757-8771</td>
<td>(760) 757-8771</td>
</tr>
</tbody>
</table>
D7. 视力提供者名录 - 眼科和视力服务

N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9:00AM-6:00PM
W 10:00AM-7:00PM
TH 9:00AM-6:00PM
F 9:00AM-5:00PM

RANOMA

HOMESLEY, SUSAN, OD
Provider Gender: Female
License Number: 6693
NPI: 1720068984
Provider English Spoken: Y
Spanish
Cultural Competency: Y
SUSAN D HOMESLEY OD
1516 MAIN ST STE 102
RAMONA, CA 92065
Phone: (760) 789-0950
Fax: (760) 789-6057
After Hours Phone: (760) 789-0950
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M 8:00AM-5:00PM
TU-TH 9:00AM-6:00PM
F 8:00AM-5:00PM

SAN DIEGO

ACKROYD, ARCHIE, OD
Provider Gender: Male
License Number: 4774
NPI: 1629107172
Provider English Spoken: Y
Cultural Competency: Y
VAN HOUSE OPTOMETRIC CORPORATION
7246 CLAIREDOUT MESA BLVD
SAN DIEGO, CA 92111
Phone: (858) 292-7193
Fax: (858) 292-8247
After Hours Phone: (858) 292-7193
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 7:00AM-5:00PM

AOTO, KIM, OD
Provider Gender: Female
License Number: 14524
NPI: 1780935650
Provider English Spoken: Y
Spanish, Vietnamese
Cultural Competency: Y
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Phone: (858) 565-8822
Fax: (858) 565-2449
After Hours Phone: (858) 565-8822
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 10:00AM-6:00PM
TU 8:30AM-5:00PM
W 7:30AM-4:00PM
TH 9:30AM-5:00PM
F 8:00AM-4:00PM

AOTO, KIM, OD
Provider Gender: Female
License Number: 14524
D7. 视力提供者名录 - 眼科和视力服务

WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Phone: (858) 565-8822
Fax: (858) 565-2449
After Hours Phone: (858) 565-8822
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
8:00AM-5:00PM
SA 8:30AM-2:00PM

BANSAL, PREETI, MD
Provider Gender: Female
License Number: A90890
NPI: 1871664631
Provider English Spoken: Y
Spanish
Cultural Competency: Y
RADY CHILDRENS SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 309-7702
Fax: (858) 966-8901
After Hours Phone: (858) 309-7702
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 10:00AM-6:00PM
TU 8:30AM-5:00PM
W 7:30AM-4:00PM
TH 9:30AM-5:00PM
F 8:00AM-4:00PM

BAUMANN, DANIELA, OD
Provider Gender: Female
License Number: 34530
NPI: 1982232146
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Phone: (858) 565-8822
Fax: (858) 565-2449
After Hours Phone: (858) 565-8822
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
7:00AM-5:00PM
BERGMARK, JAMIE, OD
Provider Gender: Female
License Number: 33657
NPI: 1669920757
Provider English Spoken: Y
Cultural Competency: Y
RADIY CHILDRENS SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 309-7702
Fax: (858) 966-8901
After Hours Phone: (858) 309-7702
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
7:00AM-5:00PM

BINDER, NICHOLAS, MD
Provider Gender: Male
License Number: A124698
NPI: 1306076716
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Phone: (858) 565-8822
Fax: (858) 565-2449
After Hours Phone: (858) 565-8822
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 10:00AM-6:00PM
TU 8:30AM-5:00PM
W 7:30AM-4:00PM
TH 9:30AM-5:00PM
F 8:00AM-4:00PM

BINDER, NICHOLAS, MD
Provider Gender: Male
License Number: A124698
NPI: 1306076716
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 697-4600
Fax: (619) 697-2410
After Hours Phone: (619) 697-4600
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 7:30AM-4:30PM
TU 8:00AM-5:00PM
W 8:30AM-5:00PM
TH 8:00AM-6:00PM
F 8:00AM-4:00PM

BOECK, CARL, OD
Provider Gender: Male
License Number: 6620
NPI: 1588656151
Provider English Spoken: Y
German, Spanish
Cultural Competency: Y
VAN HOOSE OPTOMETRIC CORPORATION
7246 CLAIREMONT MESA BLVD
SAN DIEGO, CA 92111
Phone: (858) 292-7193
Fax: (858) 292-8247
After Hours Phone: (858) 292-7193

2398
D7. 显示提供者名录 - 眼科和视力服务

Accepting New Patients: Yes

Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T

Hours: M 8:00AM-5:00PM
TU-TH 9:00AM-6:00PM
F 8:00AM-5:00PM

CAO, STEPHANIE, OD
Provider Gender: Female
License Number: 35158
NPI: 1215660436
Provider English Spoken: Y
Cultural Competency: Y
OPTOM-EYES VISION CARE

5638 MISSION CENTER RD
STE 103
SAN DIEGO, CA 92108
Phone: (619) 295-2900
Fax: (888) 210-5799
After Hours Phone: (619) 295-2900

Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 9:00AM-5:30PM
SA 9:00AM-3:00PM

CAO, STEPHANIE, OD
Provider Gender: Female
License Number: 35158
NPI: 1215660436
Provider English Spoken: Y
Cultural Competency: Y
FASHION VALLEY EYE CARE

7007 FRIARS RD STE 351
SAN DIEGO, CA 92108
Phone: (619) 291-2020
Fax: (888) 210-5799
After Hours Phone: (619) 291-2020

Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 10:00AM-7:00PM
SA 9:00AM-3:00PM

CHAIN, PEI CHI, OD
Provider Gender: Female
License Number: 34439
NPI: 1730676727
Provider English Spoken: Y
Spanish, Chinese
Cultural Competency: Y
SPOTLIGHT OPTOMETRY

7835 HIGHLANDS VLG PL D
106
SAN DIEGO, CA 92129
Phone: (858) 250-0052
Fax: (858) 788-0287
After Hours Phone: (858) 250-0052

Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 9:00AM-5:00PM
W 10:00AM-6:00PM

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
### D7. 视力提供者名录 - 眼科和视力服务

<table>
<thead>
<tr>
<th>名称</th>
<th>性别</th>
<th>执照号码</th>
<th>NPI</th>
<th>英语能力和中文能力</th>
<th>文化能力</th>
<th>办公室地址</th>
<th>电话</th>
<th>传真</th>
<th>接受新患者</th>
<th>公共交通</th>
<th>工作时间</th>
<th>其他信息</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEN, LESLIE, OD</td>
<td>女</td>
<td>12792</td>
<td>1508953332</td>
<td>是</td>
<td>是</td>
<td>4475 UNIVERSITY AVE, SAN DIEGO, CA 92105</td>
<td>(619) 521-2020</td>
<td>(619) 521-2025</td>
<td>是</td>
<td>是</td>
<td>9:00AM-5:00PM</td>
<td>眼科和视力服务</td>
</tr>
<tr>
<td>DAVIS, JADE, OD</td>
<td>女</td>
<td>11765</td>
<td>1457303398</td>
<td>是</td>
<td>是</td>
<td>7007 FRIARS RD STE 351, SAN DIEGO, CA 92108</td>
<td>(619) 291-2020</td>
<td>(888) 210-5799</td>
<td>是</td>
<td>是</td>
<td>10:00AM-7:00PM</td>
<td>脑健康服务</td>
</tr>
<tr>
<td>COLEMAN, BROOKE, OD</td>
<td>女</td>
<td>10476</td>
<td>1164586244</td>
<td>是</td>
<td>是</td>
<td>16615 DOVE CANYON RD STE 105, SAN DIEGO, CA 92127</td>
<td>(858) 487-7900</td>
<td>(858) 487-1896</td>
<td>是</td>
<td>是</td>
<td>8:00AM-5:00PM</td>
<td>眼科和视力服务</td>
</tr>
<tr>
<td>COOPER, MICHAEL, OD</td>
<td>男</td>
<td>10476</td>
<td>1164586244</td>
<td>是</td>
<td>是</td>
<td>16615 DOVE CANYON RD STE 105, SAN DIEGO, CA 92127</td>
<td>(858) 487-7900</td>
<td>(858) 487-1896</td>
<td>是</td>
<td>否</td>
<td>8:00AM-5:00PM</td>
<td>眼科和视力服务</td>
</tr>
<tr>
<td>DAVIS, JADE, OD</td>
<td>女</td>
<td>11765</td>
<td>1457303398</td>
<td>是</td>
<td>是</td>
<td>5638 MISSION CENTER RD STE 103, SAN DIEGO, CA 92108</td>
<td>(619) 295-2900</td>
<td>(888) 210-5799</td>
<td>是</td>
<td>是</td>
<td>8:00AM-5:00PM</td>
<td>眼科和视力服务</td>
</tr>
</tbody>
</table>

*您的全科医生的医疗集团可能有心理健康服务提供者在您的诊疗计划中，具体信息请参见以下列表。

*您可以直接联系这些提供者。

*部分服务可能需要提前授权，以便受到保险覆盖。

*欲获取心理健康服务提供者列表，请访问 blueshieldca.com/fad。
D7. 视力提供者名录 - 眼科和视力服务

- **DUONG, KIM, OD**
  - Provider Gender: Female
  - License Number: 34222
  - NPI: 1114448651
  - Provider English Spoken: Y
  - Vietnamese
  - Cultural Competency: Y
  - Rady Childrens Specialists
  - Hours: M-F 9:00AM-5:30PM
  - SA 9:00AM-3:00PM
  - WEST COAST EYE CARE
  - 4344 CONVOY ST STE C2
  - SAN DIEGO, CA 92111
  - Phone: (858) 565-8822
  - Fax: (858) 565-2449
  - After Hours Phone: (858) 565-8822

- **DUONG, CHERYL, OD**
  - Provider Gender: Female
  - License Number: 34070
  - NPI: 1366935678
  - Provider English Spoken: Y
  - Cultural Competency: Y
  - Eyelux Optometry
  - Hours: M 10:00AM-6:00PM
  - TU 8:30AM-5:00PM
  - W 7:30AM-4:00PM
  - TH 9:30AM-5:00PM
  - F 8:00AM-4:00PM
  - WEST COAST EYE CARE
  - 4344 CONVOY ST STE C2
  - SAN DIEGO, CA 92111
  - Phone: (858) 565-8822
  - Fax: (858) 565-2449
  - After Hours Phone: (858) 565-8822

- **DYER, SHARON, OD**
  - Provider Gender: Female
  - License Number: 33450
  - NPI: 1063866887
  - Provider English Spoken: Y
  - Cultural Competency: Y
  - Hours: M-F 7:00AM-5:00PM
  - SA 8:30AM-2:00PM
  - WEST COAST EYE CARE
  - 4344 CONVOY ST STE C2
  - SAN DIEGO, CA 92111
  - Phone: (858) 565-8822
  - Fax: (858) 565-2449
  - After Hours Phone: (858) 565-8822

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
| Health Plan | NPI: 1063866887 | Provider English Spoken: Y | Cultural Competency: Y | WEST COAST EYE CARE | 6945 EL CAJON BLVD | SAN DIEGO, CA 92115 | Phone: (619) 697-4600 | Fax: (619) 697-2410 | After Hours Phone: (619) 697-4600 | Accepting New Patients: Yes | Site English Spoken: Y | American Sign Language (ASL): N | Accessibility: CONTACT PROVIDER | Public transportation (within 1/2 mile from Site): 1T | Hours: M-F 9:00AM-5:00PM | SA 9:00AM-1:00PM |
|-------------|-----------------|---------------------------|----------------------|---------------------|--------------------------|--------------------------|----------------------------|--------------------------|---------------------------------|--------------------------|-------------------|----------------.|---------------------|------------------------|-----------------------------|------------------------|-----------------------------|
| N | Accessibility: CONTACT PROVIDER | Public transportation (within 1/2 mile from Site): 1T | Hours: M-F 9:00AM-5:00PM | SA 9:00AM-1:00PM |
| GIANG, STEVEN, OD | Provider Gender: Male | License Number: 34489 | NPI: 1730710104 | Provider English Spoken: Y | Cultural Competency: Y | JASMINE P NGUYEN OD INC | 4029 43RD ST STE 300 | SAN DIEGO, CA 92105 | Phone: (619) 284-3937 | Fax: (619) 284-3938 | After Hours Phone: (619) 284-3937 | Accepting New Patients: Yes | Site English Spoken: Y | American Sign Language (ASL): N | Accessibility: CONTACT PROVIDER | Public transportation (within 1/2 mile from Site): 1T | Hours: M-F 8:00AM-4:00PM |
| HO, AMIEE, OD | Provider Gender: Female | License Number: 14527 | NPI: 1396009478 | Provider English Spoken: Y | Cultural Competency: Y | HILLCREST EYE CENTER-UCSD | 4060 4TH AVE STE 610 | SAN DIEGO, CA 92103 | Phone: (619) 543-6244 | Fax: (619) 295-5034 | After Hours Phone: (619) 543-6244 | Accepting New Patients: Yes | Site English Spoken: Y | American Sign Language (ASL): N | Accessibility: CONTACT PROVIDER | Public transportation (within 1/2 mile from Site): 1T | Hours: TH-F 9:00AM-5:00PM |
| HO, AMIEE, OD | Provider Gender: Female | License Number: 14527 | NPI: 1396009478 | Provider English Spoken: Y | Cultural Competency: Y | UC SAN DIEGO HEALTH | 16950 VIA TAZON | SAN DIEGO, CA 92127 | Phone: (858) 534-6290 | Fax: (858) 732-0921 | After Hours Phone: (858) 534-6290 | Accepting New Patients: Yes | Site English Spoken: Y | American Sign Language (ASL): N | Accessibility: CONTACT PROVIDER | Public transportation (within 1/2 mile from Site): 1T | Hours: M-F 8:00AM-5:00PM |

You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
HOANG, KEVIN, OD
Provider Gender: Male
License Number: 34401
NPI: 1790339216
Provider English Spoken: Y
Spanish
Cultural Competency: Y
JASMINE P NGUYEN OD INC
4029 43RD ST STE 300
SAN DIEGO, CA 92105
Phone: (619) 284-3937
Fax: (619) 284-3938
After Hours Phone: (619) 284-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
9:00AM-5:00PM
SA 9:00AM-1:00PM

HOM, GREGORY, OD
Provider Gender: Male
License Number: 9694
NPI: 1154473916
Provider English Spoken: Y
Cultural Competency: Y
GREGORY G HOM OD
11230 SORRENTO VLY RD
STE 145
SAN DIEGO, CA 92121
Phone: (858) 535-9835
Fax: (858) 535-1266
After Hours Phone: (858) 535-9835
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH
9:00AM-5:00PM
F 9:00AM-4:00PM

HUDSON, HENRY, MD
Provider Gender: Male
License Number: G76091
NPI: 1851349195
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 697-4600
Fax: (619) 697-2410
After Hours Phone: (619) 697-4600
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM
TU 8:00AM-5:00PM
W 8:30AM-5:00PM
TH 8:00AM-6:00PM
F 8:00AM-4:00PM

HUSTANA, LARA, OD
Provider Gender: Female
License Number: 11472
NPI: 1235161597
Provider English Spoken: Y
French
Cultural Competency: Y
HILLCREST EYE CENTER-UCSD
 4060 4TH AVE STE 610
SAN DIEGO, CA 92103
 Phone: (619) 543-6244
Fax: (619) 295-5034
 After Hours Phone: (619) 543-6244
Accepting New Patients: Yes
 Site English Spoken: Y
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
 Hours: M-F
8:00AM-5:00PM

ADVANCED EYE AND LASER CTR OF CA INC
 4844 UNIVERSITY AVE STE A
SAN DIEGO, CA 92105
 Phone: (619) 283-1303
Fax: (619) 283-1666
 After Hours Phone: (619) 283-1303
Accepting New Patients: Yes
 Site English Spoken: Y
American Sign Language (ASL): Y
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
 Hours: M-F
8:00AM-5:00PM

HUYNH, PAUL, MD
Provider Gender: Male
License Number: A79141
NPI: 1871577056
Provider English Spoken: Y
Vietnamese
Cultural Competency: Y
CRYSTAL EYESITE OPTOMETRY
 9225 MIRA MESA BLVD STE 108
SAN DIEGO, CA 92126
 Phone: (858) 547-3988
Fax: (844) 367-5161
 After Hours Phone: (858) 547-3988
Accepting New Patients: Yes
 Site English Spoken: Y
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
 Hours: M-F
8:00AM-4:00PM

HUYNH, CHI, OD
Provider Gender: Female
License Number: 12901
NPI: 1922187426
Provider English Spoken: Y
Vietnamese
Cultural Competency: Y
ADVANCED EYE AND LASER CTR OF CA INC
 10737 CAMINO RUIZ STE 100
SAN DIEGO, CA 92126
 Phone: (858) 549-3200
Fax: (858) 549-3207
 After Hours Phone: (858) 549-3200
Accepting New Patients: Yes
 Site English Spoken: Y
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
 Hours: M 9:30AM-6:00PM
W 9:30AM-6:00PM
TH-F 10:00AM-6:00PM
SA 9:00AM-3:00PM

HUYNH, LOAN, OD
Provider Gender: Female
License Number: 34472
NPI: 1003454604
Provider English Spoken: Y

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Vietnamese
Cultural Competency: Y
NORTH COUNTY OPTOMETRY
11835 CARMEL MTN RD STE 1313
SAN DIEGO, CA 92128
Phone: (858) 674-1276
Fax: (858) 674-5863
After Hours Phone: (858) 674-1276
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9:00AM-4:00PM
TU 7:00AM-1:00PM
W-TH 10:00AM-7:00PM
F 10:00AM-3:00PM
SA 9:00AM-2:00PM

KALBAKJI, NATALY, OD
Provider Gender: Female
License Number: 34943
NPI: 1700556438
Provider English Spoken: Y
Arabic
Cultural Competency: Y
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Phone: (858) 565-8822
Fax: (858) 565-2449
After Hours Phone: (858) 565-8822
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 7:30AM-4:30PM
TU 8:00AM-5:00PM
W 8:30AM-5:00PM
TH 8:00AM-6:00PM
F 8:00AM-4:00PM

KATZMAN, BARRY, MD
Provider Gender: Male
License Number: A34834
NPI: 1760473797
Provider English Spoken: Y
Spanish
Cultural Competency: Y
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 697-4600
Fax: (619) 697-2410
After Hours Phone: (619) 697-4600
Accepting New Patients: Yes
Site English Spoken: Y
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Gender</th>
<th>License Number</th>
<th>NPI</th>
<th>Provider English Spoken</th>
<th>Cultural Competency</th>
<th>American Sign Language (ASL):</th>
<th>Accessibility: CONTACT PROVIDER</th>
<th>Public transportation (within 1/2 mile from Site):</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>KHALIGHI, PAYMAN, OD</td>
<td>Male</td>
<td>13014</td>
<td>1396897880</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>1U</td>
<td>M 7:30AM-4:30PM, TU 8:00AM-5:00PM, W 8:30AM-5:00PM, TH 8:00AM-6:00PM, F 8:00AM-4:00PM</td>
</tr>
<tr>
<td>JASMINE P NGUYEN OD INC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>M-F 9:00AM-5:00PM, SA 9:00AM-1:00PM</td>
</tr>
<tr>
<td>KHALIL, VADY, OD</td>
<td>Male</td>
<td>35137</td>
<td>1275263584</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>1T</td>
<td>M 7:30AM-4:30PM, TU 8:00AM-5:00PM, W 8:30AM-5:00PM, TH 8:00AM-6:00PM, F 8:00AM-4:00PM</td>
</tr>
<tr>
<td>KHAN, FAHAD, MD</td>
<td>Male</td>
<td>A163142</td>
<td>1548605843</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>CONTACT PROVIDER</td>
<td>1T</td>
<td>M-TH 8:00AM-5:00PM, F 8:00AM-4:00PM</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Provider Gender: Female
License Number: 34777
NPI: 1962031617
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Phone: (858) 565-8822
Fax: (858) 565-2449
After Hours Phone: (858) 565-8822
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8:00AM-5:00PM
SA 8:30AM-2:00PM

KIM, PHILIP, OD
Provider Gender: Male
License Number: 33893
NPI: 1376929034
Provider English Spoken: Y
Cultural Competency: Y
HILLCREST EYE CENTER-UCSD
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Phone: (619) 543-6244
Fax: (619) 295-5034
After Hours Phone: (619) 543-6244
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8:00AM-4:00PM

KHINDA, SUNEHA, OD
Provider Gender: Female
License Number: 35494
NPI: 1750066726
Provider English Spoken: Y
Cultural Competency: Y
EYELUX OPTOMETRY
16615 DOVE CANYON RD
STE 105
SAN DIEGO, CA 92127
Phone: (858) 487-7900
Fax: (858) 487-1896
After Hours Phone: (858) 487-7900
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-4:00PM

KLAREN, AMANDA, OD
Provider Gender: Female
License Number: 12617
NPI: 1396876611
Provider English Spoken: Y
Cultural Competency: Y
RACY CHILDREN'S SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 309-7702
Fax: (858) 966-8901
After Hours Phone: (858) 309-7702
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 7:00AM-5:00PM

KULISCHAK, JOHN, OD
Provider Gender: Male
License Number: 9279
NPI: 1740205236
Provider English Spoken: Y
Cultural Competency: Y
HILLCREST EYE CENTER-UCSD
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Phone: (619) 543-6244
Fax: (619) 295-5034
After Hours Phone: (619) 543-6244
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-4:00PM
Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-4:00PM

LAU, KUEN CHINE, OD
Provider Gender: Male
License Number: 11166
NPI: 1821001645
Provider English Spoken: Y
Cultural Competency: Y
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-4:00PM

LAU, JANICE, OD
Provider Gender: Female
License Number: 13037
NPI: 1952453300
Provider English Spoken: Y
Cultural Competency: Y
American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 8:00AM-4:00PM
D7. 视力提供者名录 - 眼科和视力服务

748-1265
Accepting New Patients: Yes
.Site English Spoken: Y
.Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U

LAU, KUEN CHINE, OD
Provider Gender: Male
License Number: 11166
NPI: 1821001645
Provider English Spoken: Y
Cultural Competency: Y
OPTOM-EYES VISION CARE OPTOMETRY
1555 PALM AVE STE A2
SAN DIEGO, CA 92154
Phone: (619) 297-2020
Fax: (888) 210-5799
After Hours Phone: (619) 297-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U

LEE, JACQUELIN, OD
Provider Gender: Female
License Number: 10962
NPI: 1487610432
Provider English Spoken: Y
Spanish, Vietnamese
Cultural Competency: Y
SAN DIEGO VISION CARE OPTOMETRY
3807 FAIRMOUNT AVE STE 200
SAN DIEGO, CA 92105
Phone: (619) 508-5678
Fax: (619) 501-0686
After Hours Phone: (619) 508-5678
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U

LIN, HENRY, OD
Provider Gender: Male
License Number: 11368
NPI: 1861405664
Provider English Spoken: Y
Spanish, Chinese
Cultural Competency: Y
FASHION VALLEY EYE CARE OPTOMETR
7007 FRIARS RD STE 351
SAN DIEGO, CA 92108
Phone: (619) 291-2020
Fax: (888) 210-5799
After Hours Phone: (619) 291-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U

2409
D7. 视力提供者名录 - 眼科和视力服务

SA 10:00AM-7:00PM

LIN, HENRY, OD
Provider Gender: Male
License Number: 11368
NPI: 1861405664
Provider English Spoken: Y
Spanish, Chinese
Cultural Competency: Y
OPTOM-EYES VISION CARE
OPTOMETRY
5638 MISSION CENTER RD
STE 103
SAN DIEGO, CA 92108
Phone: (619) 295-2900
Fax: (888) 210-5799
After Hours Phone: (619) 295-2900
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
9:00AM-6:00PM
SA 9:00AM-3:00PM

LIN, HENRY, OD
Provider Gender: Male
License Number: 11368
NPI: 1861405664
Provider English Spoken: Y
Spanish, Chinese
Cultural Competency: Y
OPTOM-EYES VISION CARE
OPTOMETRY
1555 PALM AVE STE A2
SAN DIEGO, CA 92154
Phone: (619) 297-2020
Fax: (888) 210-5799
After Hours Phone: (619) 297-2020
Accepting New Patients: Yes
Site English Spoken: Y
Spanish, Chinese
Cultural Competency: Y
OPTOM-EYES VISION CARE
OPTOMETRY

MARR, RYAN, OD
Provider Gender: Male
License Number: 8782
NPI: 1235857525
Provider English Spoken: Y
Spanish, Tagalog
Cultural Competency: Y
SEE KLEER EYECARE CENTER
9580 BLACK MOUNTAIN RD STE J
SAN DIEGO, CA 92126
Phone: (858) 536-8952
Fax: (858) 536-8951
After Hours Phone: (858) 536-8952
Accepting New Patients: Yes
Site English Spoken: Y
Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-TH
11:00AM-6:00PM
F 1:00PM-5:00PM
SA 9:00AM-1:00PM

MARR, RYAN, OD
Provider Gender: Male
License Number: 35302
NPI: 1235857525
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Phone: (858) 565-8822
Fax: (858) 565-2449
After Hours Phone: (858) 565-8822
Accepting New Patients: Yes
Site English Spoken: Y
Spanish, Tagalog
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-TH
11:00AM-6:00PM
F 1:00PM-5:00PM
TH 9:30AM-5:00PM
F 8:00AM-4:00PM

MARR, RYAN, OD
Provider Gender: Male
License Number: 35302
NPI: 1235857525
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
D7. 視力提供者名录 - 眼科和视力服务

Phone: (619) 697-4600
Fax: (619) 697-2410

After Hours Phone: (619) 697-4600
Accepting New Patients: Yes

Site English Spoken: Y
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM
TU 8:00AM-5:00PM
W 8:30AM-5:00PM
TH 8:00AM-6:00PM
F 8:00AM-4:00PM

MCCLEAN, ESMERALDA, OD
Provider Gender: Female
License Number: 15001
NPI: 1962817981
Provider English Spoken: Y
Spanish
Cultural Competency: Y
HILLCREST EYE CENTER-UCSD
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Phone: (619) 543-6244
Fax: (619) 295-5034

After Hours Phone: (619) 543-6244
Accepting New Patients: Yes

Site English Spoken: Y
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM
TU 8:00AM-5:00PM
W 8:30AM-5:00PM
TH 8:00AM-6:00PM
F 8:00AM-4:00PM

MCGRAW, JOSEPH, MD
Provider Gender: Male
License Number: A155228
NPI: 1588624852
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 697-4600
Fax: (619) 697-2410

After Hours Phone: (619) 697-4600
Accepting New Patients: Yes

Site English Spoken: Y
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U

Hours: M 10:00AM-6:00PM
TU 8:30AM-5:00PM
W 7:30AM-4:00PM
TH 9:30AM-5:00PM
F 8:00AM-4:00PM

MIZOGUCHI, LIANNE, OD
Provider Gender: Female
License Number: 10104
NPI: 1619900313
Provider English Spoken: Y
Cultural Competency: Y
HILLCREST EYE CENTER-UCSD
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Phone: (619) 543-6244
Fax: (619) 295-5034

After Hours Phone: (619) 543-6244
Accepting New Patients: Yes

Site English Spoken: Y
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U

Hours: M-F
8:00AM-4:00PM

MOLL, ANGELA, MD
Provider Gender: Female
License Number: A105472

Site English Spoken: Y
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T

Hours: M-F
8:00AM-4:00PM
D7. 视力提供者名录 - 眼科和视力服务

NPI: 1861648602
Provider English Spoken: Y
Cultural Competency: Y
RADY CHILDRENS SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 309-7702
Fax: (858) 966-8901
After Hours Phone: (858) 309-7702
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-4:00PM

MOOR, TRACY, OD
Provider Gender: Female
License Number: 35085
NPI: 1184283277
Provider English Spoken: Y
Cultural Competency: Y
UC SAN DIEGO HEALTH
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:00AM-5:00PM

MOOR, TRACY, OD
Provider Gender: Female
License Number: 35085
NPI: 1184283277
Provider English Spoken: Y
Cultural Competency: Y
HILLCREST EYE CENTER-UCSD
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Phone: (619) 543-6244
Fax: (619) 295-5034
After Hours Phone: (619) 543-6244
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M 7:30AM-4:30PM
TU 8:00AM-5:00PM
W 8:30AM-5:00PM
TH 8:00AM-6:00PM
F 8:00AM-4:00PM

MORRISON REYES, JOSHUA, MD
Provider Gender: Male
License Number: A125435
NPI: 1235366782
Provider English Spoken: Y
Indonesian, Spanish
Cultural Competency: Y
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Phone: (858) 565-8822
Fax: (858) 565-2449
After Hours Phone: (858) 565-8822
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 10:00AM-6:00PM
TU 8:30AM-5:00PM
D7. 眼科和视力服务

NGUYEN, BRUCE, OD
Provider Gender: Male
License Number: 14156
NPI: 1376839019
Provider English Spoken: Y
Vietnamese
Cultural Competency: Y
CLAIREMONT OPTOMETRY
10715 TIERRASANTA BLVD
STE F
SAN DIEGO, CA 92124
Phone: (858) 279-6500
Fax: (858) 225-7174
After Hours Phone: (858) 279-6500
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-W 9:00AM-6:00PM
TH-F 9:00AM-5:00PM
SA 8:00AM-3:00PM

NGUYEN, JASMIN, OD
Provider Gender: Female
License Number: 11189
NPI: 1497896922
Provider English Spoken: Y
Vietnamese
Cultural Competency: Y
JASMINE P NGUYEN OD INC
4029 43RD ST STE 300
SAN DIEGO, CA 92105
Phone: (619) 284-3937
Fax: (619) 284-3938
After Hours Phone: (619) 284-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9:00AM-5:00PM
SA 9:00AM-1:00PM

NGUYEN, THANH, OD
Provider Gender: Female
License Number: 13126
NPI: 1992813323
Provider English Spoken: Y
Vietnamese
Cultural Competency: Y
JASMINE P NGUYEN OD INC
4029 43RD ST STE 300
SAN DIEGO, CA 92105
Phone: (619) 284-3937
Fax: (619) 284-3938
After Hours Phone: (619) 284-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9:00AM-5:00PM
SA 9:00AM-1:00PM

NGUYEN, HOA PHUONG, OD
Provider Gender: Female
License Number: 12630
NPI: 1962439265
Provider English Spoken: Y
Vietnamese
Cultural Competency: Y
COLLEGE GROVE OPTOMETRY
4560 COLLEGE AVE
SAN DIEGO, CA 92115
Phone: (619) 583-5744
Fax: (619) 582-6112
After Hours Phone: (619) 583-5744
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9:00AM-5:00PM

NGUYEN, KELVIN, OD
Provider Gender: Male
License Number: 11085
NPI: 1518923572
Provider English Spoken: Y
Spanish
Cultural Competency: Y
SAN DIEGO VISION CARE OPTOMETRY
D7. 视力提供者名录 - 眼科和视力服务

视力提供者名录
眼科和视力服务

3807 FAIRMOUNT AVE STE 200
SAN DIEGO, CA 92105
Phone: (619) 508-5678
Fax: (619) 501-0686
After Hours Phone: (619) 508-5678
Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9:00AM-5:00PM

NGUYEN, THANH, OD
Provider Gender: Female
License Number: 13126
NPI: 1992813323
Provider English Spoken: Y Vietnamese
Cultural Competency: Y
SABRE SPRINGS OPTOMETRY
12650 SABRE SPGS PKWY STE 203
SAN DIEGO, CA 92128
Phone: (858) 748-1265
Fax: (844) 269-9527
After Hours Phone: (858) 748-1265
Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-TU 9:00AM-5:00PM
W 10:00AM-6:00PM
TH 9:00AM-5:00PM
F 10:00AM-6:00PM

O HALLORAN, HENRY, MD
Provider Gender: Male
License Number: A73282
NPI: 1235287947
Provider English Spoken: Y German, Spanish
Cultural Competency: Y
RADY CHILDRENS SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 309-7702
Fax: (858) 966-8901
After Hours Phone: (858) 309-7702
Accepting New Patients: Yes
 Site English Spoken: Y
 American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 10:00AM-6:00PM
TU 8:30AM-5:00PM
W 7:30AM-4:00PM
TH 9:30AM-5:00PM
F 8:00AM-4:00PM

PATEL, SARJAN, MD
Provider Gender: Male
License Number: A114976
NPI: 1316199326
Provider English Spoken: Y Gujarati, Hindi, Spanish
Cultural Competency: Y
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Phone: (858) 565-8822
Fax: (858) 565-2449
After Hours Phone: (858) 565-8822
Accepting New Patients: Yes
 Site English Spoken: Y
 American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 7:00AM-5:00PM

PATEL, GITANE, MD
Provider Gender: Male
License Number: A108603
NPI: 1710171434
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Phone: (858) 565-8822
Fax: (858) 565-2449
After Hours Phone: (858) 565-8822
Accepting New Patients: Yes
 Site English Spoken: Y
 American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within
D7.视力提供者名录 - 眼科和视力服务

1/2 mile from Site): 1U

PATEL, GITANE, MD
Provider Gender: Male
License Number: A108603
NPI: 1710171434
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 697-4600
Fax: (619) 697-2410
After Hours Phone: (619) 697-4600
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 10:00AM-6:00PM
TU 8:30AM-5:00PM
W 7:30AM-4:00PM
TH 9:30AM-5:00PM
F 8:00AM-4:00PM

PHAM, TONY, OD
Provider Gender: Male
License Number: 12348
NPI: 1841271434
Provider English Spoken: Y
Spanish, Vietnamese
Cultural Competency: Y
MIRA MESA EYECARE
6755 MIRA MESA BLVD STE 141
SAN DIEGO, CA 92121
Phone: (858) 535-8282
Fax: (858) 535-0537
After Hours Phone: (858) 535-8282
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 7:30AM-4:30PM
TU 8:00AM-5:00PM
W 8:30AM-5:00PM
TH 8:00AM-6:00PM
F 8:00AM-4:00PM

PATEL, SARJAN, MD
Provider Gender: Male
License Number: A114976
NPI: 1316199326
Provider English Spoken: Y
Gujarati, Hindi, Spanish
Cultural Competency: Y
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 697-4600
Fax: (619) 697-2410
After Hours Phone: (619) 697-4600
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 7:30AM-4:30PM
TU 8:00AM-5:00PM
W 8:30AM-5:00PM
TH 8:00AM-6:00PM
F 8:00AM-4:00PM

PHUNG, RICHARD N V, OD
Provider Gender: Male
License Number: 9547
NPI: 1689661571
Provider English Spoken: Y
Vietnamese, Chinese
Cultural Competency: Y
SCRIPPS RANCH OPTOMETRIC CTR
9880 HIBERT ST STE E1
SAN DIEGO, CA 92131
Phone: (858) 693-9044
Fax: (858) 693-0704
After Hours Phone: (858) 693-9044
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 10:00AM-6:00PM
TU 10:00AM-2:00PM
W-TH 10:00AM-6:00PM
F 9:00AM-2:00PM
SA 9:00AM-2:00PM

POUSTI, SHEIVA, OD
Provider Gender: Female
License Number: 10403
NPI: 1730240052
视力提供者名录 - 眼科和视力服务

Provider English Spoken: Y
Cultural Competency: Y
SAN DIEGO EYE CLINIC
OPTOMETRY
📍 3560 FAIRMOUNT AVE STE A
SAN DIEGO, CA 92105
📞 Phone: (619) 431-2020
Fax: (619) 376-2100
⏰ After Hours Phone: (619) 431-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
สาขา Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M 10:00AM-6:00PM
TU 8:30AM-5:00PM
W 7:30AM-4:00PM
TH 9:30AM-5:00PM
F 8:00AM-4:00PM

PRABHU, SUJATA, MD
Provider Gender: Female
License Number: A115965
NPI: 1982872552
Provider English Spoken: Y
Spanish
Cultural Competency: Y
WEST COAST EYE CARE
📍 6945 EL CAJON BLVD
SAN DIEGO, CA 92115
📞 Phone: (619) 697-4600
Fax: (619) 697-2410
⏰ After Hours Phone: (619) 697-4600
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
สาขา Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
⏰ Hours: M-F
9:00AM-5:30PM
SA 9:00AM-3:00PM

SHULKIN, MITCHELL, OD
Provider Gender: Male
License Number: 8153
NPI: 1770531865
Provider English Spoken: Y
Cultural Competency: Y
NORTH COUNTY OPTOMETRY
📍 11835 CARMEL MTN RD STE 1313
SAN DIEGO, CA 92128
📞 Phone: (858) 674-1276
Fax: (858) 674-5863
⏰ After Hours Phone: (858) 674-1276
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken:
### SOLIS, KEVIN, OD

- **Provider Gender:** Male  
- **License Number:** 10420  
- **NPI:** 1538362116  
- **Provider English Spoken:** Y  
- **Cultural Competency:** Y  
- **OPTOM-EYES VISION CARE OPTOMETRY**  
  - **5638 MISSION CENTER RD STE 103**  
  - **SAN DIEGO, CA 92108**  
  - **Phone:** (619) 295-2900  
  - **Fax:** (888) 210-5799  
  - **After Hours Phone:** (619) 295-2900  
- **Accepting New Patients:** Yes  
- **Site English Spoken:** Y  
- **Site Languages(s) Spoken:** Spanish  
- **American Sign Language (ASL):** N  
- **Accessibility:** CONTACT PROVIDER  
- **Public transportation (within 1/2 mile from Site):** 1T  
- **Hours:** M-F 9:00AM-5:30PM  
  SA 9:00AM-3:00PM

### TA, TRANG, OD

- **Provider Gender:** Female  
- **License Number:** 12100  
- **NPI:** 1518381045  
- **Provider English Spoken:** Y  
- **Vietnamese**  
- **JASMINE P NGUYEN OD INC**  
  - **4029 43RD ST STE 300**  
  - **SAN DIEGO, CA 92105**  
  - **Phone:** (619) 284-3937  
  - **Fax:** (619) 284-3938  
  - **After Hours Phone:** (619) 284-3937  
- **Accepting New Patients:** Yes  
- **Site English Spoken:** Y  
- **Site Languages(s) Spoken:** Spanish, Vietnamese  
- **American Sign Language (ASL):** N  
- **Accessibility:** CONTACT PROVIDER  
- **Public transportation (within 1/2 mile from Site):** 1T  
- **Hours:** M-F 9:00AM-5:00PM  
  SA 9:00AM-1:00PM

### TAM, MAY, OD

- **Provider Gender:** Female
D7. 视力提供者名录 - 眼科和视力服务

**License Number: 11960**
NPI: 1548255896
Provider English Spoken: Y
Spanish
Cultural Competency: Y

**FASHION VALLEY EYE CARE OPTOMETR**

7007 FRIARS RD STE 351
SAN DIEGO, CA 92108
Phone: (619) 291-2020
Fax: (888) 210-5799
After Hours Phone: (619) 291-2020
Accepting New Patients: Yes

Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
9:00AM-5:30PM
SA 9:00AM-3:00PM

**TAM, MAY, OD**

Provider Gender: Female
License Number: 11960
NPI: 1548255896
Provider English Spoken: Y
Spanish
Cultural Competency: Y

**OPTOM-EYES VISION CARE OPTOMETRY**

1555 PALM AVE STE A2
SAN DIEGO, CA 92154
Phone: (619) 297-2020
Fax: (888) 210-5799
After Hours Phone: (619) 297-2020
Accepting New Patients: Yes

Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
9:30AM-6:00PM
SA 9:00AM-3:00PM

**TILLMAN, SYLVIA, OD**

Provider Gender: Female
License Number: 9726
NPI: 1174730824
Provider English Spoken: Y
Spanish
Cultural Competency: Y

**JASMINE P NGUYEN OD INC**

4029 43RD ST STE 300
SAN DIEGO, CA 92105
Phone: (619) 284-3937
Fax: (619) 284-3938
After Hours Phone: (619) 284-3937
Accepting New Patients: Yes

Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
9:00AM-5:00PM
SA 9:00AM-1:00PM

**TON-NU, MY LINH, OD**

Provider Gender: Female
License Number: 34990
NPI: 1245733476
Provider English Spoken: Y
Cultural Competency: Y

**WEST COAST EYE CARE**

6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 697-4600
Fax: (619) 697-2410
After Hours Phone: (619) 697-4600
Accepting New Patients: Yes
D7. 视力提供者名录 - 眼科和视力服务

- **Site English Spoken:** Y
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Public transportation (within 1/2 mile from Site):** 1U

  **Ton-Nu, My Linh, OD**
  - **Provider Gender:** Female
  - **License Number:** 34990
  - **NPI:** 1245733476
  - **Provider English Spoken:** Y
  - **Cultural Competency:** Y
  - **West Coast Eye Care**
    - **Address:** 4344 Convoy St STE C2
    - **Phone:** (858) 565-8822
    - **Fax:** (858) 565-2449
    - **After Hours Phone:** (858) 565-8822

- **Accepting New Patients:** Yes

- **Site English Spoken:** Y
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Public transportation (within 1/2 mile from Site):** 1U

  **Tonnu, Anh, OD**
  - **Provider Gender:** Female
  - **License Number:** 11318
  - **NPI:** 1679521280
  - **Provider English Spoken:** Y
  - **Vietnamese
  - **Cultural Competency:** Y
  - **West Coast Eye Care**
    - **Address:** 6945 El Cajon Blvd
    - **Phone:** (619) 697-4600
    - **Fax:** (619) 697-2410
    - **After Hours Phone:** (619) 697-4600

- **Accepting New Patients:** Yes

- **Site English Spoken:** Y
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Public transportation (within 1/2 mile from Site):** 1U

  **Tran, Alexander, OD**
  - **Provider Gender:** Male
  - **License Number:** 14136
  - **NPI:** 1902414790
  - **Provider English Spoken:** Y
  - **Cultural Competency:** Y
  - **Rady Childrens Specialists**
    - **Address:** 7910 Frost St STE 200
    - **Phone:** (858) 309-7702
    - **Fax:** (858) 966-8901
    - **After Hours Phone:** (858) 309-7702

- **Accepting New Patients:** Yes

- **Site English Spoken:** Y
  - **American Sign Language (ASL):** N
  - **Accessibility:** CONTACT PROVIDER
  - **Public transportation (within 1/2 mile from Site):** 1U

  **Trang, Chau, OD**
  - **Provider Gender:** Female
  - **License Number:** 9556
  - **NPI:** 1073671087
  - **Provider English Spoken:** Y
D7. 视力提供者名录 - 眼科和视力服务

- French, Spanish, Vietnamese, Chinese
- Cultural Competency: Y

CHAU H TRANG OD
- Address: 6947 LINDA VISTA RD STE A
- City: SAN DIEGO
- State: CA
- ZIP: 92111
- Phone: (858) 495-0592
- Fax: (858) 495-0560
- After Hours Phone: (858) 495-0592
- Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: French, Spanish, Vietnamese
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M-F 9:30AM-6:00PM
  SA 9:00AM-3:00PM

VAN HOUSE, MARC, OD
- Provider Gender: Male
- License Number: 12667
- NPI: 1932280054
- Provider English Spoken: Y
- Spanish
- Cultural Competency: Y
- VAN HOUSE OPTOMETRIC CORPORATION
- Address: 7246 CLAIREMONT MESA BLVD
- City: SAN DIEGO
- State: CA
- ZIP: 92111
- Phone: (858) 292-7193
- Fax: (858) 292-8247
- After Hours Phone: (858) 292-7193
- Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1U
- Hours: M 10:00AM-6:00PM
  TU-TH 9:30AM-5:00PM
  F 8:00AM-4:00PM

TU, CHARLES, OD
- Provider Gender: Male
- License Number: 34618
- NPI: 1073137691
- Provider English Spoken: Y
- Cultural Competency: Y
- OPTOM-EYES VISION CARE OPTOMETRY
- Address: 1555 PALM AVE STE A2
- City: SAN DIEGO
- State: CA
- ZIP: 92154
- Phone: (619) 297-2020
- Fax: (888) 210-5799
- After Hours Phone: (619) 297-2020
- Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: French, Spanish, Vietnamese
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1T
- Hours: M 10:00AM-3:00PM
  W 10:00AM-3:00PM
  F 10:00AM-5:00PM
  SA 9:00AM-1:00PM

VIVIRITO, MARY, OD
- Provider Gender: Female
- License Number: 33798
- NPI: 1477968667
- Provider English Spoken: Y
- Spanish
- Cultural Competency: Y
- WEST COAST EYE CARE
- Address: 4344 CONVOY ST STE C2
- City: SAN DIEGO
- State: CA
- ZIP: 92111
- Phone: (858) 565-8822
- Fax: (858) 565-2449
- After Hours Phone: (858) 565-8822
- Accepting New Patients: Yes
- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish
- American Sign Language (ASL): N
- Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1U
- Hours: M 10:00AM-6:00PM
  TU 8:30AM-5:00PM
  W 7:30AM-4:00PM
  TH 9:30AM-5:00PM
  F 8:00AM-4:00PM

VO, ANDREW MINH, OD
- Provider Gender: Male
- License Number: 33869
- NPI: 1790291565
- Provider English Spoken: Y
- Vietnamese
- Cultural Competency: Y
- HILLCREST EYE CENTER-UCSD
- Address: 4060 4TH AVE STE 610
- City: SAN DIEGO
- State: CA
- ZIP: 92103
- Phone: (619) 543-6244
- Fax: (619) 295-5034
- After Hours Phone: (619) 543-6244
D7. 视力提供者名录 - 眼科和视力服务

Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:00PM

YU, CAROL, OD
Provider Gender: Female
License Number: 34047
NPI: 1639697451
Provider English Spoken: Y
Spanish, Chinese
Cultural Competency: Y
HILLCREST EYE CENTER-UCSD
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Phone: (619) 543-6244
Fax: (619) 295-5034
After Hours Phone: (619) 543-6244
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-4:00PM

GUAN, HOWARD, MD
Provider Gender: Male
License Number: A119766
NPI: 1134427636
Provider English Spoken: Y
Spanish, Chinese
Cultural Competency: Y
RSF OPHTHALMOLOGY
100 N RANCHO SANTA FE RD STE 12
SAN MARCOS, CA 92069
Phone: (760) 598-0400
Fax: (760) 249-7394
After Hours Phone: (760) 598-0400
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Thai
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

SAN MARCOS

GARFF, KEVIN, MD
Provider Gender: Male
License Number: A160988
NPI: 1609258920
Provider English Spoken: Y
Spanish
Cultural Competency: Y
RSF OPHTHALMOLOGY
100 N RANCHO SANTA FE RD STE 12
SAN MARCOS, CA 92069
Phone: (760) 598-0400
Fax: (760) 249-7394
After Hours Phone: (760) 598-0400
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

ZHAO, TAILUN, MD
Provider Gender: Male
License Number: C186414
NPI: 1952659203
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Phone: (858) 565-8822
Fax: (858) 565-2449
After Hours Phone: (858) 565-8822
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

PRESTERA, TORY, MD
Provider Gender: Male
License Number: A62321
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Phone: (858) 565-8822
Fax: (858) 565-2449
After Hours Phone: (858) 565-8822
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
NPI: 1346224557
Provider English Spoken: Y
Spanish
Cultural Competency: Y
RSF OPHTHALMOLOGY
100 N RANCHO SANTA FE RD STE 12
SAN MARCOS, CA 92069
Phone: (760) 598-0400
Fax: (760) 249-7394
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F
9:00AM-3:00PM

TA, MINI, OD
Provider Gender: Female
License Number: 15170
NPI: 1578955605
Provider English Spoken: Y
Cultural Competency: Y
NEW OPTIX OPTOMETRY
640 GRAND AVE STE 101
SAN MARCOS, CA 92078
Phone: (760) 736-0020
Fax: (760) 736-0019
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Thai
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:00AM-5:00PM

SKAY, RICHARD, OD
Provider Gender: Male
License Number: 7649
NPI: 1639251945
Provider English Spoken: Y
Cultural Competency: Y
RICHARD M SKAY OD
1903 W SAN MARCOS BLVD STE 130
SAN MARCOS, CA 92078
Phone: (760) 727-2211
Fax: (760) 727-2533
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
9:00AM-5:00PM
TU 9:00AM-6:00PM
W 9:00AM-5:00PM
TH 9:00AM-6:00PM
F 9:00AM-5:00PM

THAI, AMANDA, OD
Provider Gender: Female
License Number: 34861
NPI: 1457928558
Provider English Spoken: Y
Cultural Competency: Y
NEW OPTIX OPTOMETRY
640 GRAND AVE STE 101
SAN MARCOS, CA 92078
Phone: (760) 736-0020
Fax: (760) 736-0019
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9:00AM-5:00PM
TU 9:00AM-6:00PM
W 9:00AM-5:00PM
TH 9:00AM-6:00PM
F 9:00AM-5:00PM

TRAN, MICHAEL, OD
Provider Gender: Male
License Number: 14530
NPI: 1649524216
Provider English Spoken: Y
Vietnamese
Cultural Competency: Y
NEW OPTIX OPTOMETRY
640 GRAND AVE STE 101
SAN MARCOS, CA 92078
Phone: (760) 736-0020
Fax: (760) 736-0019
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9:00AM-5:00PM
TU 9:00AM-6:00PM
W 9:00AM-5:00PM
TH 9:00AM-6:00PM
F 9:00AM-5:00PM

SPRING VALLEY

FLEMING, JOHN, OD
Provider Gender: Male
License Number: 8461
NPI: 1033192133
Provider English Spoken: Y
Cultural Competency: Y
JOHN C FLEMING OD
9628 CAMPO RD STE C
SPRING VALLEY, CA 91977
Phone: (619) 463-9318
Fax: (619) 463-9640
After Hours Phone: (619) 463-9318
Accepting New Patients: Yes
Site English Spoken: Y
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9:00AM-5:00PM
TU 9:00AM-6:00PM
W-TH 9:00AM-5:00PM
F 9:00AM-5:00PM

KALRA, ANKUR, OD
Provider Gender: Male
License Number: 11898
NPI: 1124195789
Provider English Spoken: Y
Hindi
Cultural Competency: Y
EYE CARE OPTOMETRY ASSOCIATES
687 SWEETWATER RD
SPRING VALLEY, CA 91977
Phone: (619) 466-9444
Fax: (619) 466-9314
After Hours Phone: (619) 466-9444
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9:00AM-6:00PM
SA 9:00AM-5:00PM

KEDDINGTON, JOAN, OD
Provider Gender: Female
License Number: 6263
NPI: 1992872691
Provider English Spoken: Y
## D7. 视力提供者名录

### 眼科和视力服务

| Name               | Gender | License Number | NPI          | Languages | Cultural Competency | Accessibility | Site Languages(s) | Site English Spoken | Public Transportation | Phone                  | Fax                     | After Hours Phone | Accepting New Patients | Provider Phone       | Accessibility | Site English Spoken | Site Languages(s) Spoken | Phone                  | Fax                     | After Hours Phone | Accepting New Patients | Provider Phone |
|--------------------|--------|----------------|--------------|-----------|--------------------|---------------|-------------------|--------------------|----------------------|-----------------------|------------------------|-----------------------|---------------------|-----------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------------|---------------------|-----------------------|------------------------|
| NGUYEN, THERESA, OD| Female | 35530TLG      | 1609555713   | Arabic, Spanish | Y             | CONTACT PROVIDER | 1/2 mile from Site | Y | M-F 9:00AM-6:00PM  |
| KING, MARY, OD     | Female | 13711          | 1578792107   | Arabic, Spanish | Y             | CONTACT PROVIDER | 1/2 mile from Site | Y | M-F 9:00AM-6:00PM  |
| TOUBIA, ELIAS, OD  | Male   | 33758          | 1740701481   | Arabic, Spanish | Y             | CONTACT PROVIDER | 1/2 mile from Site | Y | M-F 9:00AM-6:00PM  |
D7. 视力提供者名录 - 眼科和视力服务

GRASSO, GINA, OD
Provider Gender: Female
License Number: 11139TLG
NPI: 1700899952
Provider English Spoken: Y
Cultural Competency: Y
VALLEY CENTER OPTOMETRY
29115 VALLEY CENTER RD
STE E
VALLEY CENTER, CA 92082
Phone: (760) 751-8771
Fax: (760) 751-8772
After Hours Phone: (760) 751-8771
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9:00AM-6:00PM
SA 9:00AM-5:00PM

LE, TAM, OD
Provider Gender: Female
License Number: 12951
NPI: 1235268707
Provider English Spoken: Y
Spanish, Vietnamese
Cultural Competency: Y
VALLEY CENTER OPTOMETRY
29115 VALLEY CENTER RD
STE E
VALLEY CENTER, CA 92082
Phone: (760) 751-8771
Fax: (760) 751-8772
After Hours Phone: (760) 751-8771
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9:00AM-6:00PM
TU-F 9:00AM-5:00PM

JOYCE, ROBERT, OD
Provider Gender: Male
License Number: 11833
NPI: 1275585127
Provider English Spoken: Y
Spanish
Cultural Competency: Y
VALLEY CENTER OPTOMETRY
29115 VALLEY CENTER RD
STE E
VALLEY CENTER, CA 92082
Phone: (760) 751-8771
Fax: (760) 751-8772
After Hours Phone: (760) 751-8771
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9:00AM-6:00PM
TU-F 9:00AM-5:00PM

VISTA

DEMLINGER, GLENN, OD
Provider Gender: Male
License Number: 8954
NPI: 1508932518
Provider English Spoken: Y
Spanish
Cultural Competency: Y
SHADOWRIDGE FAMILY VISION
741 SHADOWRIDGE DR
VISTA, CA 92083
Phone: (760) 727-1844
Fax: (760) 727-3044
After Hours Phone: (760) 727-1844
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9:00AM-6:00PM
TU-F 9:00AM-5:00PM
GEORGE, BRUCE, OD
Provider Gender: Male
License Number: 7696
NPI: 1356414551
Provider English Spoken: Y
Korean, Spanish
Cultural Competency: Y
BRUCE D GEORGE OD
931 ANZA AVE STE B
VISTA, CA 92084
Phone: (760) 758-2340
Fax: (760) 867-2222
After Hours Phone: (760) 758-2340
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9:00AM-5:00PM
TU-W 9:00AM-6:00PM
TH-F 9:00AM-5:00PM

TRAN, THAO, OD
Provider Gender: Female
License Number: 12867
NPI: 1962581421
Provider English Spoken: Y
Vietnamese
Cultural Competency: Y
KINDERSPECS-GOOD EYES OPTOMETRY
110 CIVIC CENTER DR STE 204
VISTA, CA 92084
Phone: (760) 753-3665
Fax: (408) 969-1653
After Hours Phone: (760) 753-3665
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9:00AM-5:00PM
TU-W 9:00AM-6:00PM
TH-F 9:00AM-5:00PM
D8. 其他服务提供者

SAN MARCOS

AMERICARE ADULT DAY HEALTH CARE CENTER

License Number: 060000832

340 RANCHEROS DR STE 196
SAN MARCOS, CA 92069

Phone: (760) 682-2424
After Hours Phone: (760) 682-2424

Site English Spoken: Y

Accessibility: CONTACT PROVIDER

Website: www.americareadhc.com

Cultural Competency: N

Accepting New Patients: No
D9. Blue Shield Promise
紧急护理机构

**CHULA VISTA**

**AFC URGENT CARE OF BONITA***

*NPI: 1316225147*

- 760 OTAY LAKES RD
  CHULA VISTA, CA 91910
- (619) 821-2300
- (619) 821-2300
- Site Languages(s) Spoken: Spanish
- SU 8:00AM-5:00PM
  M-F 8:00AM-8:00PM
  SA 8:00AM-8:00PM
  Accessibility: CONTACT PROVIDER
- https://www.afcurgentcare.com/chula-vista/
- Accepting New Patients: No

**SAN DIEGO**

**AFC URGENT CARE OF SAN DIEGO***

*NPI: 1558788620*

- 8590 RIO SAN DIEGO DR
  STE 111
  SAN DIEGO, CA 92108
- (619) 736-4600
- (619) 736-4600
- SU-SA 8:00AM-8:00PM
  Accessibility: CONTACT PROVIDER
- https://www.afcurgentcare.com/san-diego/
- Accepting New Patients: No

**AFC URGENT CARE OF SAN DIEGO***

*NPI: 1558788620*

- 1740 ROSECRANS ST
  SAN DIEGO, CA 92106
- (619) 790-7800
- (619) 790-7800
- SU-SA 8:00AM-8:00PM
  Accessibility: CONTACT PROVIDER
- https://www.afcurgentcare.com/san-diego/
- Accepting New Patients: No

**AFC URGENT CARE OF SAN DIEGO***

*NPI: 1558788620*

- 1740 ROSECRANS ST
  SAN DIEGO, CA 92106
- (619) 790-7800
- (619) 790-7800
- SU-SA 8:00AM-8:00PM
  Accessibility: CONTACT PROVIDER
- https://www.afcurgentcare.com/san-diego/
- Accepting New Patients: No

**AFC URGENT CARE OF SAN DIEGO***

*NPI: 1558788620*

- 1740 ROSECRANS ST
  SAN DIEGO, CA 92106
- (619) 790-7800
- (619) 790-7800
- SU-SA 8:00AM-8:00PM
  Accessibility: CONTACT PROVIDER
- https://www.afcurgentcare.com/san-diego/
- Accepting New Patients: No

**AFC URGENT CARE OF SAN DIEGO***

*NPI: 1952995466*

- 8590 RIO SAN DIEGO DR
  STE 111
  SAN DIEGO, CA 92108
- (619) 736-4600

**AFC URGENT CARE OF SAN DIEGO***

*NPI: 1952995466*

- 8260 MIRA MESA BLVD
  STE A
  SAN DIEGO, CA 92126
- (858) 900-3550
- (858) 900-3550
- SU-SA 8:00AM-8:00PM
  Accessibility: CONTACT PROVIDER
- https://www.afcurgentcare.com/san-diego/
- Accepting New Patients: No

**AFC URGENT CARE OF SAN DIEGO***

*NPI: 1952995466*

- 8260 MIRA MESA BLVD
  STE A
  SAN DIEGO, CA 92126
- (858) 900-3550
- (858) 900-3550
- SU-SA 8:00AM-8:00PM
  Accessibility: CONTACT PROVIDER
- https://www.afcurgentcare.com/san-diego/
- Accepting New Patients: No

**AFC URGENT CARE OF SAN DIEGO***

*NPI: 1558788620*

- 8260 MIRA MESA BLVD
  STE A
  SAN DIEGO, CA 92126
- (858) 900-3550
- (858) 900-3550
- SU-SA 8:00AM-8:00PM
  Accessibility: CONTACT PROVIDER
- https://www.afcurgentcare.com/san-diego/
- Accepting New Patients: No

**AFC URGENT CARE OF SAN DIEGO***

*NPI: 1952995466*

- 5671 BALBOA AVE
  SAN DIEGO, CA 92111
- (858) 800-2880
- (858) 800-2880
- SU-SA 8:00AM-8:00PM
  Accessibility: CONTACT PROVIDER
- https://www.afcurgentcare.com/san-diego/
- Accepting New Patients: No

**AFC URGENT CARE OF SAN DIEGO***

*NPI: 1952995466*

- 5671 BALBOA AVE
  SAN DIEGO, CA 92111
- (858) 800-2880
- (858) 800-2880

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D9. Blue Shield Promise 紧急护理机构

<table>
<thead>
<tr>
<th>Location</th>
<th>Contact Information</th>
<th>Accepting New Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHULA VISTA</td>
<td>(858) 966-8133 ▶ Accessibility: CONTACT PROVIDER</td>
<td>No</td>
</tr>
<tr>
<td>CHULA VISTA, CA 91910</td>
<td>(858) 966-8133 ▶ Accessibility: CONTACT PROVIDER</td>
<td>No</td>
</tr>
<tr>
<td>AFC URGENT CARE OF Santee</td>
<td>(619) 456-0033 ▶ Accessibility: CONTACT PROVIDER</td>
<td>No</td>
</tr>
<tr>
<td>Santee</td>
<td>(619) 456-0033 ▶ Arabic, Spanish ▶ SU-SA 8:00AM-8:00PM ▶ Accessibility: CONTACT PROVIDER</td>
<td>N/A</td>
</tr>
<tr>
<td>CHULA VISTA</td>
<td>(858) 966-8133 ▶ Accessibility: CONTACT PROVIDER</td>
<td>No</td>
</tr>
<tr>
<td>CHULA VISTA, CA 91910</td>
<td>(858) 966-8133 ▶ Accessibility: CONTACT PROVIDER</td>
<td>No</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D9. Blue Shield Promise 紧急护理机构

**PROVIDER**

N/A

Accepting New Patients: No

### Rady Childrens Specialists San Diego Med Fndtn*

*NPi: 1669617197*

- 386 E H ST STE 202
  - CHULA VISTA, CA 91910
- (858) 966-8133
- (858) 966-8133
- Accessibility: CONTACT PROVIDER

N/A

Accepting New Patients: No

### Rady Childrens Specialists San Diego Med Fndtn*

*NPi: 1669617197*

- 386 E H ST STE 202
  - CHULA VISTA, CA 91910
- (858) 966-8133
- (858) 966-8133
- Accessibility: CONTACT PROVIDER

N/A

Accepting New Patients: No

### Rady Childrens Specialists San Diego Med Fndtn*

*NPi: 1669617197*

- 386 E H ST STE 202
  - CHULA VISTA, CA 91910
- (858) 966-8133
- (858) 966-8133
- Accessibility: CONTACT PROVIDER

N/A

Accepting New Patients: No

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D9. Blue Shield Promise

紧急护理机构

CHULA VISTA, CA 91910
☎ (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No

RACY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNVDN*
NPI: 1669617197
☎ 386 E H ST STE 202
CHULA VISTA, CA 91910
📞 (858) 966-8133
📞 (858) 966-8133
Accessibility: CONTACT PROVIDER
ixmap
Accepting New Patients: No
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D9. Blue Shield Promise 紧急护理机构

SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197

2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

(760) 755-7600
(760) 755-7600

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

Accessibility: CONTACT PROVIDER

N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197

2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029

(760) 294-9270
(760) 294-9270

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

Accessibility: CONTACT PROVIDER

N/A
Accepting New Patients: No

LA MESA

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197

5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942

(619) 713-5375
(619) 713-5375

Accessibility: CONTACT PROVIDER

N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197

5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942

(619) 713-5375
(619) 713-5375

Accessibility: CONTACT PROVIDER

N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197

5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942

(619) 713-5375
(619) 713-5375

Accessibility: CONTACT PROVIDER

N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197

5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942

(619) 713-5375
(619) 713-5375

Accessibility: CONTACT PROVIDER

N/A
Accepting New Patients: No

2435
PROVIDER
N/A
Accepting New Patients: No

RACY CHILDREN
SPECIALISTS SAN DIEGO MED FNĐT*N*
NPI: 1669617197
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
(619) 713-5375
(619) 713-5375
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RACY CHILDREN
SPECIALISTS SAN DIEGO MED FNĐT*N*
NPI: 1669617197
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
(619) 713-5375
(619) 713-5375
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RACY CHILDREN
SPECIALISTS SAN DIEGO MED FNĐT*N*
NPI: 1669617197
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
(619) 713-5375
(619) 713-5375
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D9. Blue Shield Promise 紧急护理机构

FNNDTN*  
NPI: 1669617197  
5565 GROSSMONT CENTER DR STE 2  
LA MESA, CA 91942  
(619) 713-5375  
(619) 713-5375  
Accessibility: CONTACT PROVIDER  
N/A  
Accepting New Patients: No

RADY CHILDREN SPECIALISTS SAN DIEGO MED FNNDTN*  
NPI: 1669617197  
5565 GROSSMONT CENTER DR STE 2  
LA MESA, CA 91942  
(619) 713-5375  
(619) 713-5375  
Accessibility: CONTACT PROVIDER  
N/A  
Accepting New Patients: No

RADY CHILDREN SPECIALISTS SAN DIEGO MED FNNDTN*  
NPI: 1669617197  
5565 GROSSMONT CENTER DR STE 2  
LA MESA, CA 91942  
(619) 713-5375  
(619) 713-5375  
Accessibility: CONTACT PROVIDER  
N/A  
Accepting New Patients: No

RADY CHILDREN SPECIALISTS SAN DIEGO MED FNNDTN*  
NPI: 1669617197  
5565 GROSSMONT CENTER DR STE 2  
LA MESA, CA 91942  
(619) 713-5375  
(619) 713-5375  
Accessibility: CONTACT PROVIDER  
N/A  
Accepting New Patients: No

RADY CHILDREN SPECIALISTS SAN DIEGO MED FNNDTN*  
NPI: 1669617197  
5565 GROSSMONT CENTER DR STE 2  
LA MESA, CA 91942  
(619) 713-5375  
(619) 713-5375  
Accessibility: CONTACT PROVIDER  
N/A  
Accepting New Patients: No

RADY CHILDREN SPECIALISTS SAN DIEGO MED FNNDTN*  
NPI: 1669617197  
5565 GROSSMONT CENTER DR STE 2  
LA MESA, CA 91942  
(619) 713-5375  
(619) 713-5375  
Accessibility: CONTACT PROVIDER  
N/A  
Accepting New Patients: No

RADY CHILDREN SPECIALISTS SAN DIEGO MED FNNDTN*  
NPI: 1669617197  
5565 GROSSMONT CENTER DR STE 2  
LA MESA, CA 91942  
(858) 576-1700  
(858) 576-1700  
Accessibility: CONTACT PROVIDER  
N/A  
Accepting New Patients: No

RADY CHILDREN SPECIALISTS SAN DIEGO MED FNNDTN*  
NPI: 1669617197  
5565 GROSSMONT CENTER DR STE 2  
LA MESA, CA 91942  
(858) 576-1700  
(858) 576-1700  
Accessibility: CONTACT PROVIDER  
N/A  
Accepting New Patients: No

RADY CHILDREN SPECIALISTS SAN DIEGO MED FNNDTN*  
NPI: 1669617197  
5565 GROSSMONT CENTER DR STE 2  
LA MESA, CA 91942  
(858) 576-1700  
(858) 576-1700  
Accessibility: CONTACT PROVIDER  
N/A  
Accepting New Patients: No
Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D9. Blue Shield Promise 紧急护理机构

- (858) 576-1700
- (858) 576-1700
- Accessibility: CONTACT PROVIDER
- Accessibility: CONTACT PROVIDER
- N/A
- Accepting New Patients: No

**Rady Childrens Specialists San Diego Med Fndtn**

* NPI: 1669617197
* 5565 Grossmont Center Dr Ste 2
  La Mesa, CA 91942
* (858) 576-1700
* (858) 576-1700
* Accessibility: CONTACT PROVIDER
* N/A
  Accepting New Patients: No

**Rady Childrens Specialists San Diego Med Fndtn**

* NPI: 1669617197
* 5565 Grossmont Center Dr Ste 2
  La Mesa, CA 91942
* (858) 576-1700
* (858) 576-1700
* Accessibility: CONTACT PROVIDER
* N/A
  Accepting New Patients: No

**Rady Childrens Specialists San Diego Med Fndtn**

* NPI: 1669617197
* 5565 Grossmont Center Dr Ste 2
  La Mesa, CA 91942
* (858) 576-1700
* (858) 576-1700
* Accessibility: CONTACT PROVIDER
* N/A
  Accepting New Patients: No

**Rady Childrens Specialists San Diego Med Fndtn**

* NPI: 1669617197
* 5565 Grossmont Center Dr Ste 2
  La Mesa, CA 91942
* (858) 576-1700
* (858) 576-1700
* Accessibility: CONTACT PROVIDER
* N/A
  Accepting New Patients: No

**Rady Childrens Specialists San Diego Med Fndtn**

* NPI: 1669617197
* 5565 Grossmont Center Dr Ste 2
  La Mesa, CA 91942
* (858) 576-1700
* (858) 576-1700
* Accessibility: CONTACT PROVIDER
* N/A
  Accepting New Patients: No

**Rady Childrens Specialists San Diego Med Fndtn**

* NPI: 1669617197
* 5565 Grossmont Center Dr Ste 2
  La Mesa, CA 91942
* (858) 576-1700
* (858) 576-1700
* Accessibility: CONTACT PROVIDER
* N/A
  Accepting New Patients: No

**Rady Childrens Specialists San Diego Med Fndtn**

* NPI: 1669617197
* 5565 Grossmont Center Dr Ste 2
  La Mesa, CA 91942
* (858) 576-1700
* (858) 576-1700
* Accessibility: CONTACT PROVIDER
* N/A
  Accepting New Patients: No

**Rady Childrens Specialists San Diego Med Fndtn**

* NPI: 1669617197
* 5565 Grossmont Center Dr Ste 2
  La Mesa, CA 91942
* (858) 576-1700
* (858) 576-1700
* Accessibility: CONTACT PROVIDER
* N/A
  Accepting New Patients: No

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
Accepting New Patients: No

RADY CHILDRENS
SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
(858) 576-1700
(858) 576-1700
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS
SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
(858) 576-1700
(858) 576-1700
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS
SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
(858) 576-1700
(858) 576-1700
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS
SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
(858) 576-1700
(858) 576-1700
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS
SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
(858) 576-1700
(858) 576-1700
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS
SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
(858) 576-1700
(858) 576-1700
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS
SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
(858) 576-1700
(858) 576-1700
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Location</th>
<th>Provider Name</th>
<th>NPI</th>
<th>Address</th>
<th>Phone</th>
<th>Accepting New Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oceanside</td>
<td>Rady Childrens Specialists San Diego Med Fndtn*</td>
<td>1669617197</td>
<td>3605 Vista Way Ste 172, Oceanside, CA 92056</td>
<td>(760) 547-1020</td>
<td>No</td>
</tr>
<tr>
<td>Oceanside</td>
<td>Rady Childrens Specialists San Diego Med Fndtn*</td>
<td>1669617197</td>
<td>3605 Vista Way Ste 172, Oceanside, CA 92056</td>
<td>(760) 547-1020</td>
<td>No</td>
</tr>
<tr>
<td>Oceanside</td>
<td>Rady Childrens Specialists San Diego Med Fndtn*</td>
<td>1669617197</td>
<td>3605 Vista Way Ste 172, Oceanside, CA 92056</td>
<td>(760) 547-1020</td>
<td>No</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D9. Blue Shield Promise 紧急护理机构

PROVIDER

N/A
Accepting New Patients: No

RADY CHILDRENS
SPECIALISTS SAN DIEGO MED FNDTN*

NPI: 1669617197

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
(760) 547-1020
(760) 547-1020
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS
SPECIALISTS SAN DIEGO MED FNDTN*

NPI: 1669617197

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
(760) 547-1020
(760) 547-1020
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS
SPECIALISTS SAN DIEGO MED FNDTN*

NPI: 1669617197

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
(760) 547-1020
(760) 547-1020
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS
SPECIALISTS SAN DIEGO MED FNDTN*

NPI: 1669617197

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
(760) 547-1020
(760) 547-1020
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS
SPECIALISTS SAN DIEGO MED FNDTN*

NPI: 1669617197

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
(760) 547-1020
(760) 547-1020
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS
SPECIALISTS SAN DIEGO MED FNDTN*

NPI: 1669617197

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
(760) 547-1020
(760) 547-1020
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS
SPECIALISTS SAN DIEGO MED FNDTN*

NPI: 1669617197

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
(760) 547-1020
(760) 547-1020
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

Your PCP's physician group may have mental health providers in its network. Please refer to the list below.
You may contact these providers directly. Please note that some services may require the mental health
provider to obtain prior authorization from Blue Shield, in order for services to be covered.
To access a listing of mental health providers online, visit blueshieldca.com/fad.
D9. Blue Shield Promise 紧急护理机构

Rady Childrens Specialists San Diego Med Fndtn*
NPI: 1669617197
3605 Vista Way STE 172
Oceanside, CA 92056
(760) 547-1020
(760) 547-1020
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

Rady Childrens
Specialists San Diego Med Fndtn*
NPI: 1669617197
3605 Vista Way STE 172
Oceanside, CA 92056
(760) 547-1020
(760) 547-1020
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

Rady Childrens
Specialists San Diego Med Fndtn*
NPI: 1669617197
3605 Vista Way STE 172
Oceanside, CA 92056
(760) 547-1020
(760) 547-1020
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

Rady Childrens
Specialists San Diego Med Fndtn*
NPI: 1669617197
3605 Vista Way STE 172
Oceanside, CA 92056
(760) 547-1020
(760) 547-1020
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

Rady Childrens
Specialists San Diego Med Fndtn*
NPI: 1669617197
3605 Vista Way STE 172
Oceanside, CA 92056
(760) 547-1020
(760) 547-1020
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

Rady Childrens
Specialists San Diego Med Fndtn*
NPI: 1669617197
3605 Vista Way STE 172
Oceanside, CA 92056
(760) 547-1020
(760) 547-1020
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No
Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.

D9. Blue Shield Promise  

SPECIALISTS SAN DIEGO MED FNDTN*  
NPI: 1669617197  
4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
(619) 280-2905  
(619) 280-2905  
Accessibility: CONTACT PROVIDER  
N/A  
Accepting New Patients: No

RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED FNDTN*  
NPI: 1669617197  
4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
(619) 280-2905  
(619) 280-2905  
Accessibility: CONTACT PROVIDER  
N/A  
Accepting New Patients: No

RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED FNDTN*  
NPI: 1669617197  
4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
(619) 280-2905  
(619) 280-2905  
Accessibility: CONTACT PROVIDER  
N/A  
Accepting New Patients: No
### D9. Blue Shield Promise

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Phone Numbers</th>
<th>NPI</th>
<th>Accepting New Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rady Children Specialists San Diego Med Fndtn*</td>
<td>4305 University Ave Ste 150</td>
<td>San Diego, CA 92105</td>
<td>(619) 280-2905</td>
<td>1669617197</td>
<td>No</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
D9. Blue Shield Promise 紧急护理机构

้าง (619) 280-2905
้า (619) 280-2905
้า Accessibility: CONTACT PROVIDER
้า N/A
้า Accepting New Patients: No

RASY CHILDREN
SPECIALISTS SAN DIEGO MED FNDFTN*
NPI: 1669617197
้าง 4305 UNIVERSITY AVE STE 150
้า SAN DIEGO, CA 92105
้า (619) 280-2905
้า (619) 280-2905
้า Accessibility: CONTACT PROVIDER
้า N/A
้า Accepting New Patients: No

RASY CHILDREN
SPECIALISTS SAN DIEGO MED FNDFTN*
NPI: 1669617197
้าง 4305 UNIVERSITY AVE STE 150
้า SAN DIEGO, CA 92105
้า (619) 280-2905
้า (619) 280-2905
้า Accessibility: CONTACT PROVIDER
้า N/A
้า Accepting New Patients: No

RASY CHILDREN
SPECIALISTS SAN DIEGO MED FNDFTN*
NPI: 1669617197
aggio 4305 UNIVERSITY AVE STE 150
้า SAN DIEGO, CA 92105
้า (619) 280-2905
้า (619) 280-2905
้า Accessibility: CONTACT PROVIDER
้า N/A
้า Accepting New Patients: No

RASY CHILDREN
SPECIALISTS SAN DIEGO MED FNDFTN*
NPI: 1669617197
aggio 4305 UNIVERSITY AVE STE 150
้า SAN DIEGO, CA 92105
้า (619) 280-2905
้า (619) 280-2905
้า Accessibility: CONTACT PROVIDER
้า N/A
้า Accepting New Patients: No

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D9. Blue Shield Promise 紧急护理机构

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepting New Patients: No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RADY CHILDRENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIALISTS SAN DIEGO MED FNDTN*</td>
</tr>
<tr>
<td>NPI: 1669617197</td>
</tr>
<tr>
<td>4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105</td>
</tr>
<tr>
<td>(619) 280-2905</td>
</tr>
<tr>
<td>(619) 280-2905</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>Accepting New Patients: No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RADY CHILDRENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIALISTS SAN DIEGO MED FNDTN*</td>
</tr>
<tr>
<td>NPI: 1669617197</td>
</tr>
<tr>
<td>3020 CHILDRENS WAY SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>(858) 966-8800</td>
</tr>
<tr>
<td>(858) 966-8800</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>Accepting New Patients: No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RADY CHILDRENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIALISTS SAN DIEGO MED FNDTN*</td>
</tr>
<tr>
<td>NPI: 1669617197</td>
</tr>
<tr>
<td>3020 CHILDRENS WAY SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>(858) 966-8800</td>
</tr>
<tr>
<td>(858) 966-8800</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>Accepting New Patients: No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RADY CHILDRENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIALISTS SAN DIEGO MED FNDTN*</td>
</tr>
<tr>
<td>NPI: 1669617197</td>
</tr>
<tr>
<td>3020 CHILDRENS WAY SAN DIEGO, CA 92123</td>
</tr>
<tr>
<td>(858) 966-8800</td>
</tr>
<tr>
<td>(858) 966-8800</td>
</tr>
<tr>
<td>Accessibility: CONTACT PROVIDER</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>Accepting New Patients: No</td>
</tr>
</tbody>
</table>

Your PCP's physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered. To access a listing of mental health providers online, visit blueshieldca.com/fad.
D9. Blue Shield Promise 紧急护理机构

SAN DIEGO, CA 92123
☎ (858) 966-8800
☎ (858) 966-8800
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197
☎ 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ (858) 966-8800
☎ (858) 966-8800
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197
☎ 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ (858) 966-8800
☎ (858) 966-8800
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197
☎ 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ (858) 966-8800
☎ (858) 966-8800
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197
☎ 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ (858) 966-8800
☎ (858) 966-8800
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197
☎ 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ (858) 966-8800
☎ (858) 966-8800
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197
☎ 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ (858) 966-8800
☎ (858) 966-8800
Accessibility: CONTACT PROVIDER
N/A
Accepting New Patients: No

Your PCP’s physician group may have mental health providers in its network. Please refer to the list below. You may contact these providers directly. Please note that some services may require the mental health provider to obtain prior authorization from Blue Shield, in order for services to be covered.

To access a listing of mental health providers online, visit blueshieldca.com/fad.
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Phone</th>
<th>NPI</th>
<th>Accessibility</th>
<th>N/A</th>
<th>Accepting New Patients: No</th>
</tr>
</thead>
<tbody>
<tr>
<td>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*</td>
<td>3020 CHILDRENS WAY SAN DIEGO, CA 92123</td>
<td>(858) 966-8800</td>
<td>(858) 966-8800</td>
<td>1669617197</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*</td>
<td>3020 CHILDRENS WAY SAN DIEGO, CA 92123</td>
<td>(858) 966-8800</td>
<td>(858) 966-8800</td>
<td>1669617197</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*</td>
<td>3020 CHILDRENS WAY SAN DIEGO, CA 92123</td>
<td>(858) 966-8800</td>
<td>(858) 966-8800</td>
<td>1669617197</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*</td>
<td>3020 CHILDRENS WAY SAN DIEGO, CA 92123</td>
<td>(858) 966-8800</td>
<td>(858) 966-8800</td>
<td>1669617197</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*</td>
<td>3020 CHILDRENS WAY SAN DIEGO, CA 92123</td>
<td>(858) 966-8800</td>
<td>(858) 966-8800</td>
<td>1669617197</td>
<td>CONTACT PROVIDER</td>
<td>N/A</td>
<td>No</td>
</tr>
</tbody>
</table>
D9. Blue Shield Promise 紧急护理机构

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*
NPI: 1669617197
🔍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
📞 (858) 966-8800
📞 (858) 966-8800
🌐 Accessibility: CONTACT PROVIDER
🌐 N/A
Accepting New Patients: No

SAN DIEGO

RCH MID CITY URGENT CARE*
NPI: 1710065933
🔍 4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
📞 (619) 280-2905
📞 (619) 280-2905
🌐 SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
🌐 Accessibility: CONTACT PROVIDER
🌐 N/A
Accepting New Patients: No

ESCONDIDO

RCH NORTH COUNTY URGENT CARE*
NPI: 1710065933
🔍 625 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025
📞 (760) 739-1543
📞 (760) 739-1543
🌐 Accessibility: CONTACT PROVIDER
🌐 N/A
Accepting New Patients: No

OCEANSIDE

RCH OCEANSIDE URGENT CARE*
NPI: 1710065933
🔍 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
📞 (760) 547-1000
📞 (760) 547-1000
🌐 SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM
🌐 Accessibility: CONTACT PROVIDER
🌐 N/A
Accepting New Patients: No
提供者索引

A

ABAIID, LISA ........................................ 246
ABAYA, HONEYLYNN.......................... 206
ABBoud, Jean-Paul ............................... 508
ABCEDE, GAIL ......................................... 363
ABDALLAH, ALI ......................................... 1302
ABDALLAH, WALID .................................. 159
ABDElwahhab, EANA ............................... 307
ABDOLLahi, KARIM .................................. 349
ABDOU, Rami ......................................... 101, 129, 512, 646
ABDULRAHIM, AHMED .............................. 1002
ABEDI ASL, ESRAFIL ................................. 383
ABEDIS ASL, ESRAFIL ............................... 1419
ABELL, GEOFFREY ................................. 2131, 2293
ABERCROMBIE, SHERI .............................. 2396
ACKROYD, ARCHIE ................................. 428, 529
ACKROYD, ARCHIE ................................. 428, 529
ACOSTA, AZUCENA ................................. 695, 747
ABOUABBASS, AHMAD ......................... 395, 477
ABOUHOSN, Ryan .................................... 2369
ABRAHAMSSEN, KELSEY ........................... 308, 653
ABRAMSON, RACHEL ............................... 410
ABRAMSON, RACHEL ............................... 410
ABRAVESH, SOODABEH ............................ 457
ABSHIRE, BRET ........................................... 522
ACCELERATED URGENT CARE ............... 13
ACCESS TO INDEPENDENCE ................. 2248
ACEVEDO, SUSANA ................................... 1565
ACEVEDOFREY, SYLVIA .............................. 720
ACKROYD, ARCHIE ................................. 2396
ACOSTA, AZUCENA ................................. 563, 758, 2283, 2284, 2324
ADAMI, REBECCA ................................. 1835, 2006
ADAMS, CONRAD ................................. 766
ADAMS, LAURA ........................................... 321
ADAMS, Laura ........................................... 321
ADAMS, Mona ........................................... 2344, 2349, 2396
ADDIO, BELINDA ....................................... 572
ADEAYO, TOLUOPE ................................. 206
ADEFIBITE, ADEKUNLE ........................... 206
ADEMA, DONALD ....................................... 83
ADEFIBITE, ADEKUNLE ........................... 206
ADEFIBITE, ADEKUNLE ........................... 206
ADEYEMO, OLUWAFEMI ............................ 226, 227
ADJAN, ROULA ........................................... 1117
ADLOUNI, LOUBABA ................................... 1420
AFUUG, ROBERT ........................................... 177
AFSAR, MASOUD ........................................... 711
AFSAR, YAMA ........................................... 42
AGAJANIAN, RICHY ................................. 316, 671
AGARWAL, ASHOK ........................................... 205, 216
AGARWAL, MADHU ..................................... 550
AGHA, KYAN ........................................... 517, 740
AGGARWAL, SAURABH ............................... 205, 720
AGHILI, ROXANA ......................................... 1628, 1684, 1900, 2077
AGING & INDEPENDENCE SERVICES .......... 2255
AGNIHOTRI, PARAG .................................... 20204
AGGIRI, MADHU ........................................... 419, 723
AGGUERO, AMETHYST ................................ 1152
AGUERO, PETER ........................................... 2157
AGUER, OMAR ........................................... 751, 1594
AGUILA, YESENIA ...................................... 600, 1927
AGUILAR, EDITA ........................................... 1154
AGUILAR, MICHELLE ................................. 206
AGUINE, KRISTEN ....................................... 559, 718, 719
AGYEMAN, KOFI .......................................... 522
AGYEMANG, ALBERTA ................................ 1713
AHADIAT, OMEED ........................................... 201
AHDOOT, JACOB ........................................... 248, 252
AHDOOT, MORRIS ........................................... 255
AIL, SCOTT .............................................. 201
AILULWALIA, JUSLEEN ................................ 612
AHMAD, AAKIF ........................................... 1299
AHMAD, ASHRAF ........................................... 374, 586
AHMED, HEBE ........................................... 38
AHMED, MOHAMED ..................................... 772
AHMED, SARAH ........................................... 460
AHMED, SYED ........................................... 622
AHN, JENNIFER ........................................... 631
AHSAN, NUSRAT .......................................... 47
AILINANI, HARY ........................................... 224, 736
AINSWORTH, DELISSA ............................... 1792
AISAGBONHI, OMONIGHO ............................ 1788
AIZIN, VITALI ........................................... 1107, 118, 280, 294, 625, 714
AJIR, MAHYAR ........................................... 16
AKASHI, MARC ......................................... 1056
AKLADIOS, NERMEEN ................................ 84
AKONG, KATHRYN ....................................... 2105
AL ANI, NAJWAN ......................................... 1085
AL HARASH, ABDALHAMID ......................... 728, 742
AL KHAMIS, BELAL ..................................... 1294, 1504, 1752, 1851
AL NAHRAWI, BASMA .................................. 140, 714, 2204
ALAZAWI, HIND ........................................... 370, 550
ALDAHAN, ZAID ........................................... 171, 185, 199, 294, 330, 575, 631, 1677
AL-MSHHDANI, AYSER ............................... 158, 534, 636, 1376
ALNASER, RAED ........................................... 341
ALNOURI, OMAR ........................................... 1819, 1820, 2168, 2174
ALSALEH, YADANI ........................................ 39, 75, 625
AL-TAMEEMI, AHMED ................................. 26, 1094
ALAGIRI, MADHU ........................................... 2109
ALAMAR, ALI ........................................... 40
ALANI, ANAS ............................................. 1923
ALANIZ, MATEO ........................................... 37
ALASANTRO, LORI ........................................ 96, 97, 287
ALASSIL, SALIY ........................................... 1356
ALAYO, ERICK ........................................... 115
ALB, OVIDIU .............................................. 17
ALB, SIMONA .............................................. 17
ALBARRAN-SLOVIN, MELODY ........................ 1702
ALBORZIAN, SHERVIN ................................ 1114
ALBRIGHT, KELSEY ...................................... 653, 1793, 2120
ALDANA, NANCY ........................................... 1154, 1155
ALDOUS, JEANNETTE .................................... 625, 715, 1357, 1546, 1992, 2207
ALEXANDER, AUSTIN .................................. 439, 517
ALEXANDER, BRENTON ............................... 1706, 1917
ALEXANDER, DEBORAH .............................. 264
ALEXANDER, GERALD ................................ 268
ALEXANDER, SINDU .................................... 653
ALFAY, WISAM ........................................... 431, 722
ALFONSO, ALVIN ........................................... 1724, 1958
ALGAMBARI, OHOUDE ................................ 1692
ALGRA, JEFFREY ........................................... 1866, 2118
ALHANKAWI, DLUHA .................................. 167
ALI, MOHAMMED ........................................ 47, 64
ALI, RAED ................................................. 268
ALIKHANI, SHAHRIAR ................................ 350
ALMONOS, LYSISTRATI ................................ 1044, 1104, 1183, 1376, 1377, 1378, 1582, 1583
<table>
<thead>
<tr>
<th>Name</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARMANI, AVA</td>
<td>177, 321, 685, 764, 1668, 1820, 2168, 2231</td>
</tr>
<tr>
<td>ARMANI, AVA</td>
<td>177, 321, 685, 764, 1668, 1820, 2168, 2231</td>
</tr>
<tr>
<td>ARMENI, GARY</td>
<td>308, 1793, 2120</td>
</tr>
<tr>
<td>ARMENTA, JORGE</td>
<td>653, 1123, 1219, 1448</td>
</tr>
<tr>
<td>ARNETT, JUSTIN</td>
<td>298, 639</td>
</tr>
<tr>
<td>ARONLEE, TRACY</td>
<td>2293, 2294, 141, 683, 1639, 1696, 2162, 2163</td>
</tr>
<tr>
<td>ARRIEGADO, MINNETT</td>
<td>639</td>
</tr>
<tr>
<td>ARRIETA, ANTONIO</td>
<td>466</td>
</tr>
<tr>
<td>ARROYO, VANIA</td>
<td>653</td>
</tr>
<tr>
<td>ARTS, SERENA</td>
<td>42</td>
</tr>
<tr>
<td>ARTSYUNOV, BORIS</td>
<td>1996</td>
</tr>
<tr>
<td>ARZIZI, SHERRI</td>
<td>761</td>
</tr>
<tr>
<td>BABBKA, ARDALAN</td>
<td>243</td>
</tr>
<tr>
<td>BACHARACH, REBECCA</td>
<td>187</td>
</tr>
<tr>
<td>BACHARACH, REBECCA</td>
<td>1303, 1580, 1581</td>
</tr>
<tr>
<td>BACON, LOUISE</td>
<td>395, 478</td>
</tr>
<tr>
<td>BADALYAN, SEDA</td>
<td>39, 291</td>
</tr>
<tr>
<td>BADER, RACHEL</td>
<td>666</td>
</tr>
<tr>
<td>BAHAK, SAIF</td>
<td>47</td>
</tr>
<tr>
<td>BAILEY, BRUCE</td>
<td>493</td>
</tr>
<tr>
<td>BAILEY, DAVID</td>
<td>98, 172</td>
</tr>
<tr>
<td>BAKHTIARY, PEJMAN</td>
<td>733</td>
</tr>
<tr>
<td>BALA, ROBERT</td>
<td>224, 737</td>
</tr>
<tr>
<td>BALAKER, ASHLEY</td>
<td>258, 383, 384</td>
</tr>
<tr>
<td>BALBOA NURSING AND REHAB CTR</td>
<td>2248</td>
</tr>
<tr>
<td>BALDERAS-MAGALLANES, RODOLFO</td>
<td>22, 117</td>
</tr>
<tr>
<td>BALDONADO, ANALICIA</td>
<td>1065, 1066</td>
</tr>
<tr>
<td>BALDWIN, ANDREA</td>
<td>557, 1880</td>
</tr>
<tr>
<td>BALDWIN, DONNA</td>
<td>190, 1248</td>
</tr>
<tr>
<td>BALIKIAN, PHILIP</td>
<td>579, 1915</td>
</tr>
<tr>
<td>BALL, SHELDON</td>
<td>625, 1996</td>
</tr>
<tr>
<td>BALL-ZONDERVAN, MONICA</td>
<td>50</td>
</tr>
<tr>
<td>BALLARD, BROOKE</td>
<td>1847, 2178</td>
</tr>
</tbody>
</table>
E. 提供者索引

BALLAS, JERASIMOS ..........1655, 1753
BALTRUS, JUSTINE ...........715, 2321
BAMFORD, LAURA .............1993
BANDARI, DANIEL ............369
BANDUKWALA, RAHIL.........42, 358
BANERJEE, PUSHPENDU ......290, 294
BANGS, SASHA ..............1219
BANIAIDAM, BEHZAD ......60
BANKS, JAMINELLI ..........132, 191, 577
BANKS, SARAH ..........2131, 2132, 2294
BANSAL, NEERAJ ...........750
BANSAL, PREETI ..........1660, 1679, 1855
BANUK, RAHIL .................42, 358
BASCH, MICHAEL ............86
BASERI, BABA ................117, 214, 502, 504, 623,
727, 757
BASISH, CANDACE ..........50
BASIN, NATALIE ...........513, 568, 653, 712,
737, 1906
BAUER, IAN ..................50
BAUM, PAUL .................182, 198, 725
BAUMANN, DANIELA ......2330, 2339,
2345, 2350, 2361, 2370, 2371, 2385,
2386, 2397, 2398
BAUER, JONATHAN ..........176, 316
BAWEN, SARAH ............2131, 2132, 2294
BAXTER, SALLY ..........1724, 1959
BAYAT, HAMED ..............184, 575, 1912
BAYLIS, CHRISTOPHER ......1724, 1959
BAYLON, ALDO ..........136, 1633, 2259
BAYSHIRE CARLSBAD ..........778
BAXTER, STEPHANIE ......1253, 1928
BEATTY, ZACHARY ..........612
BENBER, ERIC .............2110
BEATRICE, MARTIN ......325, 695
BECKER, ALEX ................1768, 2044
BECERRA, CARLOS ..........252
BECERRA, GABRIEL ..........184, 2265
BECIN, ROBERT ...............291
BENTZ, BRYAN ...............2157, 2158
BENTZ, PAUL ...............182, 198, 725
BARBARA, ARNEL ..........182, 1958
BARBARA, DANIEL ..........197
BARBERA, DAVID ..........1822, 2175
BARBARILLO, FERDINAND 1057,
1565, 1566
BADR, AMAL ................42, 358
BASS, GURGIANA ..........2132, 2295
BATTISTA, OSVALDO ..........1448
BAWAI, MANOEL ..........524, 685, 686,
694
BATTISTA, JENNIFER ....169, 757, 1667,
1668, 2231
BAWTA, LUIS ..............1003, 1305
BAWIA, MANOEL ..........689
BAXTER, SALLY ..........1768, 2044
BAYER, HAMED ..............184, 575, 1912
BAYLIS, CHRISTOPHER ......1724, 1959
BAYLON, ALDO ..........136, 1633, 2259
BAYSIDE CARLSBAD ..........778
BEATRICE, JENNIFER ....169, 757, 1667,
1668, 2231
BECEM, ROBERT ...............291
BENNER, ERIC ...............52
BENET, RICHARD ..........451, 454
BENDERMANN, ERIN ..........472
BENJAMIN, SHAHOZ ........202, 243,
244
BENIN, KAREN ...............424
BENNET, LAUREN ..........241
BENSON, JIMI .................26
BENZL, JERRY .............174, 310
BERCHY, JAY ...............174, 310
BERGER, CHRISTOPHER .....249
BIRD, GURGIANA ..........2132, 2295
BIRCHER, JENIFER ..........4111
### E. 提供者索引

<table>
<thead>
<tr>
<th>BERGER, COLBY</th>
<th>174, 310</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERGERON, PATRICK</td>
<td>1814, 2158</td>
</tr>
<tr>
<td>BERGGREN, ERICA</td>
<td>631, 716, 717, 1556</td>
</tr>
<tr>
<td>BERGMARK, JAMIE</td>
<td>2350, 2398</td>
</tr>
<tr>
<td>BERKOFF, GREGORY</td>
<td>287</td>
</tr>
<tr>
<td>BERNER, BRENDAN</td>
<td>107, 118, 280</td>
</tr>
<tr>
<td>BERNARD, KATHYN</td>
<td>1959</td>
</tr>
<tr>
<td>BERNARD, RACHELLE</td>
<td>712, 1506, 1507</td>
</tr>
<tr>
<td>BERNARD, STACEY</td>
<td>84</td>
</tr>
<tr>
<td>BERNETICH, MEGHAN</td>
<td>2213, 2214</td>
</tr>
<tr>
<td>BERNSTEIN, DAVID</td>
<td>519</td>
</tr>
<tr>
<td>BERRY, JULIE</td>
<td>567, 762</td>
</tr>
<tr>
<td>BERRY, MICHAEL</td>
<td>96</td>
</tr>
<tr>
<td>BERTHELSEN, CAITLIN</td>
<td>552</td>
</tr>
<tr>
<td>BERTUMEN, JENNIFER</td>
<td>2169</td>
</tr>
<tr>
<td>BEESHI, ALFRED</td>
<td>235, 444</td>
</tr>
<tr>
<td>BESUDDO, ALBERTO</td>
<td>169, 502, 623, 709, 710</td>
</tr>
<tr>
<td>BETSFELDT, LYDIA</td>
<td>1254</td>
</tr>
<tr>
<td>BETTS, ANDRES</td>
<td>493, 582</td>
</tr>
<tr>
<td>BETTY, MARYANN</td>
<td>1628, 1685, 1840, 1901, 2078, 2079</td>
</tr>
<tr>
<td>BEVINS, ELIZABETH</td>
<td>660, 1759, 2024</td>
</tr>
<tr>
<td>BHYE, YEMIRIYACH</td>
<td>24</td>
</tr>
<tr>
<td>BHAGU, JESHMIN</td>
<td>666</td>
</tr>
<tr>
<td>BHATIA, PRERANA</td>
<td>171</td>
</tr>
<tr>
<td>BHATIA, SHAGUN</td>
<td>1661, 1680, 1855, 1895, 2044, 2345, 2350, 2398</td>
</tr>
<tr>
<td>BHATT, JIKEN</td>
<td>596</td>
</tr>
<tr>
<td>BHATTACHARJEE, RAHEK</td>
<td>2105</td>
</tr>
<tr>
<td>BHOYRUL, SUNIL</td>
<td>148, 321</td>
</tr>
<tr>
<td>BIALOSTOZKY, MARIO</td>
<td>2079</td>
</tr>
<tr>
<td>BIAMA, RICHARD</td>
<td>747</td>
</tr>
<tr>
<td>BIANCHI, CHRISTIAN</td>
<td>519</td>
</tr>
<tr>
<td>BICKER, STEPHEN</td>
<td>2183</td>
</tr>
<tr>
<td>BIERMANN, DINA</td>
<td>540</td>
</tr>
<tr>
<td>BIFFL, SUSAN</td>
<td>1866, 218</td>
</tr>
<tr>
<td>BIGNER, ALAINA</td>
<td>629</td>
</tr>
<tr>
<td>BILAL, BASSAM</td>
<td>46</td>
</tr>
<tr>
<td>BILAN, NATALIA</td>
<td>63</td>
</tr>
<tr>
<td>BILICCI, BARTON</td>
<td>38, 248</td>
</tr>
<tr>
<td>BILLINGTON, KATHERINE</td>
<td>1959</td>
</tr>
<tr>
<td>BILOTTI, NATALIE</td>
<td>600, 1929</td>
</tr>
<tr>
<td>BINAVI, HOWNAZ</td>
<td>96, 163, 347, 600</td>
</tr>
<tr>
<td>BINDAL, ANKUR</td>
<td>123, 135, 634, 660</td>
</tr>
<tr>
<td>Binder, Nicholas</td>
<td>94, 159, 188, 299, 332, 639, 640, 2330, 2339, 2351, 2371, 2386, 2398</td>
</tr>
<tr>
<td>Binder, Pratibha</td>
<td>172, 297, 506, 565, 759, 1659, 1760, 1855, 1895, 2225</td>
</tr>
<tr>
<td>BIRD, JEREMY</td>
<td>282</td>
</tr>
<tr>
<td>BIRO, NICOLAS</td>
<td>733</td>
</tr>
<tr>
<td>BISCHER, MARGARET</td>
<td>282</td>
</tr>
<tr>
<td>BISHOP, LESLIE</td>
<td>96, 181, 573</td>
</tr>
<tr>
<td>BISHOP, MELISSA</td>
<td>1305</td>
</tr>
<tr>
<td>BISWAS, MIMI</td>
<td>50, 447</td>
</tr>
<tr>
<td>BIXBY, MINDY</td>
<td>91, 92</td>
</tr>
<tr>
<td>BJORNSON, MICHELLE</td>
<td>752</td>
</tr>
<tr>
<td>BLACK, JASON</td>
<td>55</td>
</tr>
<tr>
<td>BLACK, NICHOLAS</td>
<td>287, 1730</td>
</tr>
<tr>
<td>BLAIR, MICAH</td>
<td>323, 689, 1825, 2178</td>
</tr>
<tr>
<td>BLAKE, GARY</td>
<td>636, 1378, 1379, 2032</td>
</tr>
<tr>
<td>BLAKESPEAR, JEREMY</td>
<td>1508</td>
</tr>
<tr>
<td>BLAND, HOWARD</td>
<td>358</td>
</tr>
<tr>
<td>BLAND, JACIELIS</td>
<td>1909, 2193</td>
</tr>
<tr>
<td>BLASKIEWICZ, DONALD</td>
<td>1605, 1823</td>
</tr>
<tr>
<td>BLISS, MORGAN</td>
<td>1662, 1682, 1856, 1900, 2054</td>
</tr>
<tr>
<td>BLOCK, EDWARD</td>
<td>449</td>
</tr>
<tr>
<td>BLOCKER, NIRIT</td>
<td>1468, 1469</td>
</tr>
<tr>
<td>BLOOMBERG, DAVID</td>
<td>761</td>
</tr>
<tr>
<td>BLOSSER, JOSHUA</td>
<td>84</td>
</tr>
<tr>
<td>BLOSSER, NICHELE</td>
<td>87</td>
</tr>
<tr>
<td>BLUCHER, CHERI</td>
<td>516</td>
</tr>
<tr>
<td>BLUMENFELD, LIZA</td>
<td>320, 683</td>
</tr>
<tr>
<td>BOBICK, BRIAN</td>
<td>569</td>
</tr>
<tr>
<td>BOBO, JERRY</td>
<td>534, 539, 634, 660</td>
</tr>
<tr>
<td>BOCK, MATTHEW</td>
<td>2071</td>
</tr>
<tr>
<td>BODDU, NAVNEET</td>
<td>556</td>
</tr>
<tr>
<td>BODIFORD, SAMANTHA</td>
<td>1305, 1306</td>
</tr>
<tr>
<td>BOECK, CARL</td>
<td>2399</td>
</tr>
<tr>
<td>BOECKMANN, JESSICA</td>
<td>159, 640</td>
</tr>
<tr>
<td>BOEDER, SCHAERF</td>
<td>1737, 1976</td>
</tr>
<tr>
<td>BOEING, KRISTINA</td>
<td>1959</td>
</tr>
<tr>
<td>BOEN, MONICA</td>
<td>613</td>
</tr>
<tr>
<td>BOHR, CHRISTINA</td>
<td>1357</td>
</tr>
<tr>
<td>BOIKO, SUSAN</td>
<td>1684, 2077</td>
</tr>
<tr>
<td>BOISKIN, MARK</td>
<td>575, 632</td>
</tr>
<tr>
<td>BOLAR, DIVYA</td>
<td>317, 671</td>
</tr>
<tr>
<td>BOLO, KYLE</td>
<td>299, 640</td>
</tr>
<tr>
<td>BOND, KIMBERLEE</td>
<td>2042, 2043</td>
</tr>
<tr>
<td>BONDRE, IOANA</td>
<td>297, 1761</td>
</tr>
<tr>
<td>BONEV, VALENTINA</td>
<td>554</td>
</tr>
<tr>
<td>BONILLA, EDWARD</td>
<td>220</td>
</tr>
<tr>
<td>BONNICI, MARCELLA</td>
<td>90</td>
</tr>
<tr>
<td>BONSU, BEMA</td>
<td>537, 1216, 1423, 1424</td>
</tr>
<tr>
<td>BOODMAN, SANDRA</td>
<td>250</td>
</tr>
<tr>
<td>BOONJINDASUP, AARON</td>
<td>572</td>
</tr>
<tr>
<td>BOOTH, CHRISTOPHER</td>
<td>1803, 2274</td>
</tr>
<tr>
<td>BOQUIN, ENRIQUE</td>
<td>89</td>
</tr>
<tr>
<td>BORDIN-WOSK, TALIA</td>
<td>1746, 1996</td>
</tr>
<tr>
<td>BORECKY, ADAM</td>
<td>346, 347</td>
</tr>
<tr>
<td>BOROK, ZEA</td>
<td>293, 627</td>
</tr>
<tr>
<td>BORQUEZ, ALEJANDRO</td>
<td>1858, 2071</td>
</tr>
<tr>
<td>BORRAJERO, OBEL</td>
<td>1702</td>
</tr>
<tr>
<td>BORRERO, MARCOS</td>
<td>74, 1354, 1989</td>
</tr>
<tr>
<td>BORSAN, COSMIN</td>
<td>1524</td>
</tr>
<tr>
<td>BORTNER, ADAM</td>
<td>1306</td>
</tr>
<tr>
<td>BORTNIKER, ETHAN</td>
<td>167, 289</td>
</tr>
<tr>
<td>BORTZ, DAVID</td>
<td>147, 292</td>
</tr>
<tr>
<td>BORTZ, PASCAL</td>
<td>148, 321</td>
</tr>
<tr>
<td>BOSTON, LAURA</td>
<td>1018, 1019, 1290</td>
</tr>
<tr>
<td>BOSWELL, GILBERT</td>
<td>317, 671</td>
</tr>
<tr>
<td>BOUCHARD, REID</td>
<td>570, 764</td>
</tr>
<tr>
<td>BOULDER CREEK POST ACUTE</td>
<td>780, 2247</td>
</tr>
<tr>
<td>BOURLAND, BRYAN</td>
<td>689</td>
</tr>
<tr>
<td>BOUTELLE, AMY</td>
<td>1714</td>
</tr>
<tr>
<td>BOUTELLE, BARBARA</td>
<td>105, 196, 570, 579, 681, 713, 718, 764</td>
</tr>
<tr>
<td>BOUTELLE, DAVID</td>
<td>105, 196, 570, 579, 681, 713, 718, 764, 1604, 2211</td>
</tr>
<tr>
<td>BOUTELLE, KERRI</td>
<td>314, 1804, 2274</td>
</tr>
<tr>
<td>BOW, LINDA</td>
<td>261, 413</td>
</tr>
<tr>
<td>BOWERS, JESSIE</td>
<td>1424</td>
</tr>
<tr>
<td>BOYD, JAMES</td>
<td>65, 289</td>
</tr>
<tr>
<td>BOYD, LISA</td>
<td>1793, 2121</td>
</tr>
<tr>
<td>BOYDSTON, EMILY</td>
<td>720</td>
</tr>
<tr>
<td>BOYS, JOSHUA</td>
<td>1828</td>
</tr>
<tr>
<td>BRAAUME, CHLOE</td>
<td>752</td>
</tr>
<tr>
<td>BRACKE, ELION</td>
<td>22</td>
</tr>
<tr>
<td>BRADLEY COURT SPECIAL CARE CENTER</td>
<td>778</td>
</tr>
<tr>
<td>Name</td>
<td>Page Numbers</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>CABARLO, JEHRIB</td>
<td>1424, 1566</td>
</tr>
<tr>
<td>CABRAL, ERIK</td>
<td>497</td>
</tr>
<tr>
<td>CAGRERA, JOANNE</td>
<td>185</td>
</tr>
<tr>
<td>CABRERA, JUAN</td>
<td>248</td>
</tr>
<tr>
<td>CABRERA, MICHELLE</td>
<td>2199</td>
</tr>
<tr>
<td>CAGTAY, HARRIER</td>
<td>224, 737</td>
</tr>
<tr>
<td>CAGE, DORI NEILL</td>
<td>689, 2175</td>
</tr>
<tr>
<td>CAI, SHEILA</td>
<td>103, 104</td>
</tr>
<tr>
<td>CAINE, SAMUEL</td>
<td>132, 133, 340, 538</td>
</tr>
<tr>
<td>CALABRIO, MEGAN</td>
<td>286, 610</td>
</tr>
<tr>
<td>CALAME, ANTOANILLA</td>
<td>613, 616, 1966</td>
</tr>
<tr>
<td>CALDERON MOLINA, JUAN</td>
<td>533, 632</td>
</tr>
<tr>
<td>CALDERON MORALES, ASTRID</td>
<td>141, 196, 683, 1640, 1696, 2163</td>
</tr>
<tr>
<td>CALDERON, JORGE</td>
<td>1545</td>
</tr>
<tr>
<td>CALHOUN, CHANNELE</td>
<td>1236, 1237</td>
</tr>
<tr>
<td>CALIFANO, JOSEPH</td>
<td>303, 646, 1774, 2055</td>
</tr>
<tr>
<td>CALLAGHAN, KATHRYN</td>
<td>2295</td>
</tr>
<tr>
<td>CALLAWAY, MALLORY</td>
<td>681</td>
</tr>
<tr>
<td>CAILISON, YANHUI</td>
<td>599</td>
</tr>
<tr>
<td>CALoca, LAURA</td>
<td>194</td>
</tr>
<tr>
<td>CALZADA, AUDREY</td>
<td>101, 129, 647</td>
</tr>
<tr>
<td>CAMACHO, BENJAMIN</td>
<td>532, 1873</td>
</tr>
<tr>
<td>CAMAQUIN, MIA</td>
<td>282, 601</td>
</tr>
<tr>
<td>CAMARGO, SANDRA</td>
<td>120</td>
</tr>
<tr>
<td>CAMARGO-LOWTHERS, ANGELICA</td>
<td>601, 1930</td>
</tr>
<tr>
<td>CAMARILLO, DANIEL</td>
<td>48, 85</td>
</tr>
<tr>
<td>CAMERON, KENDALL</td>
<td>577</td>
</tr>
<tr>
<td>CAMERON, MELISSA</td>
<td>1689, 2110</td>
</tr>
<tr>
<td>CAMP, ANDREW</td>
<td>2044</td>
</tr>
<tr>
<td>CAMPA, PATRICIA</td>
<td>1651</td>
</tr>
<tr>
<td>CAMPBELL, AMBER</td>
<td>496</td>
</tr>
<tr>
<td>CAMPBELL, BRIANNA</td>
<td>618, 1200, 1307, 1308, 1980</td>
</tr>
<tr>
<td>CAMPBELL, SARA</td>
<td>2079</td>
</tr>
<tr>
<td>CAMPBELL, TANNER</td>
<td>2179</td>
</tr>
<tr>
<td>CAMPOS, MELISSA</td>
<td>1024, 1524</td>
</tr>
<tr>
<td>CANDARE, VENESSA</td>
<td>308</td>
</tr>
<tr>
<td>CANLAS, AVELNO</td>
<td>1200, 1201</td>
</tr>
<tr>
<td>CANO, SARAH</td>
<td>1918</td>
</tr>
<tr>
<td>CANTRELL, SARAH</td>
<td>286, 610</td>
</tr>
<tr>
<td>CANTU, ALICIA</td>
<td>2110</td>
</tr>
<tr>
<td>CANTU-REYNA, GUILLERMO</td>
<td>58, 1214, 1375</td>
</tr>
<tr>
<td>CAO, LISA</td>
<td>467</td>
</tr>
<tr>
<td>CAO, STEPHANIE</td>
<td>2399</td>
</tr>
<tr>
<td>CAO-Nguyen, TIEN</td>
<td>173</td>
</tr>
<tr>
<td>CAPARSO, AMANDA</td>
<td>63, 1245</td>
</tr>
<tr>
<td>CAPERNA, JOSEPH</td>
<td>625</td>
</tr>
<tr>
<td>CAPETANAKIS, ELENI</td>
<td>1057</td>
</tr>
<tr>
<td>CAPISTRANO BEACH CARE CENTER</td>
<td>778</td>
</tr>
<tr>
<td>CAPISTRANO BEACH EXTENDED</td>
<td>778</td>
</tr>
<tr>
<td>CARE AND LIVING CTR.</td>
<td></td>
</tr>
<tr>
<td>CAPONETTI, ELLIOTT</td>
<td>320</td>
</tr>
<tr>
<td>CAPOZI, JENNIFER</td>
<td>1714, 1930</td>
</tr>
<tr>
<td>CAPUTO, ROY</td>
<td>231</td>
</tr>
<tr>
<td>CARABULEA, GABRIEL</td>
<td>701</td>
</tr>
<tr>
<td>CARAMBAS, CLARITA</td>
<td>75, 628</td>
</tr>
<tr>
<td>CARAPIA, FABIOLA</td>
<td>1607</td>
</tr>
<tr>
<td>CARASQUERO, ANDREA</td>
<td>356, 390</td>
</tr>
<tr>
<td>CARAZO, MATTHEW</td>
<td>280, 596</td>
</tr>
<tr>
<td>CARBONEILL, SONIA</td>
<td>666</td>
</tr>
<tr>
<td>CARDENAS, MICHAEL</td>
<td>297, 636</td>
</tr>
<tr>
<td>CARDENAS, MIRIAM</td>
<td>153, 528, 601</td>
</tr>
<tr>
<td>CARDENAS, RICARDO</td>
<td>388</td>
</tr>
<tr>
<td>CARDINELL, ANNA</td>
<td>163, 752, 1652, 2214</td>
</tr>
<tr>
<td>CARDINELL, ANNA</td>
<td>163, 752, 1652, 2214</td>
</tr>
<tr>
<td>CARDOSES, ARTHUR</td>
<td>1581</td>
</tr>
<tr>
<td>CARDOZA, CLAUDIA</td>
<td>2272</td>
</tr>
<tr>
<td>CARE MERIDIAN LA MESA</td>
<td>2244</td>
</tr>
<tr>
<td>CARLIN, CHRISTOPHER</td>
<td>583</td>
</tr>
<tr>
<td>CARLO HOUSE</td>
<td>2251</td>
</tr>
<tr>
<td>CARLSON, JOHN</td>
<td>220, 508</td>
</tr>
<tr>
<td>CARLSON, KATHLEEN</td>
<td>1881</td>
</tr>
<tr>
<td>CARLSON, ROBERT</td>
<td>55</td>
</tr>
<tr>
<td>CARLSON, STEVEN</td>
<td>151, 180, 596, 707</td>
</tr>
<tr>
<td>CARLTON PENN, CORNELIA</td>
<td>194, 713, 1693, 2266</td>
</tr>
<tr>
<td>CARMEZ MOUNTAIN REHAB AND HEALTHCARE CTR.</td>
<td>780, 2248</td>
</tr>
<tr>
<td>CARMONA, RUBEN</td>
<td>138, 341, 669, 1634, 1844, 2142</td>
</tr>
<tr>
<td>CARNEY, AMY</td>
<td>181, 1137, 1138</td>
</tr>
<tr>
<td>CARPENTER, ROBERT</td>
<td>1095, 1546, 1547</td>
</tr>
<tr>
<td>CARR, CHERLY</td>
<td>239, 446</td>
</tr>
<tr>
<td>CARR, MIANDA</td>
<td>716, 1556, 1557</td>
</tr>
<tr>
<td>CARR, OLIVIA</td>
<td>261, 388, 469</td>
</tr>
<tr>
<td>CARR, WARNER</td>
<td>233, 442, 443</td>
</tr>
<tr>
<td>CARRA, BARBARA</td>
<td>2192</td>
</tr>
<tr>
<td>CARRABY, ARNETT</td>
<td>126, 332, 534</td>
</tr>
<tr>
<td>CARRERA, JORGE</td>
<td>30, 1152</td>
</tr>
<tr>
<td>CARRIEDO CENICEROS, MARIA</td>
<td>81, 1201, 1308, 1525</td>
</tr>
<tr>
<td>CARRILLO, MARITZA</td>
<td>114, 1021, 1299, 1611</td>
</tr>
<tr>
<td>CARRION GELABERT, ANA</td>
<td>111, 1608</td>
</tr>
<tr>
<td>CARROLL, JEANNE</td>
<td>2013</td>
</tr>
<tr>
<td>CARROLL, SARAH</td>
<td>567</td>
</tr>
<tr>
<td>CARSON, COREY</td>
<td>1308, 1309</td>
</tr>
<tr>
<td>CARSON, LATISA</td>
<td>1557</td>
</tr>
<tr>
<td>CARSON, MIA</td>
<td>32</td>
</tr>
<tr>
<td>CARSON, STEPHEN</td>
<td>1425</td>
</tr>
<tr>
<td>CARSWELL, AMEE</td>
<td>317, 672, 1809, 2144, 2145</td>
</tr>
<tr>
<td>CARTER, CAILIN</td>
<td>2104</td>
</tr>
<tr>
<td>CARTER, KHILIL</td>
<td>1045, 1105, 1106, 1184, 1382, 1383, 1384, 1583, 1584</td>
</tr>
<tr>
<td>CARTER, NATASHA</td>
<td>1298</td>
</tr>
<tr>
<td>CARTER, STEPHANIE</td>
<td>162, 163</td>
</tr>
<tr>
<td>CARTwright, SHANiquA</td>
<td>729</td>
</tr>
<tr>
<td>CARVALHO, DANIEL</td>
<td>1857, 2055</td>
</tr>
<tr>
<td>CASA PACIFICA ADHCC</td>
<td>2258</td>
</tr>
<tr>
<td>CASE, ERINN</td>
<td>601</td>
</tr>
<tr>
<td>CASEY, SHANNON</td>
<td>1650, 2262</td>
</tr>
<tr>
<td>CASILAS Bermen, SERGIO</td>
<td>141, 197, 686, 1640, 1697, 2171</td>
</tr>
<tr>
<td>CASO, STEPHEN</td>
<td>308</td>
</tr>
<tr>
<td>CASSADAY, DONALD</td>
<td>32</td>
</tr>
<tr>
<td>CASTANER, ZALYA</td>
<td>751, 1141, 1142, 1592, 1593</td>
</tr>
<tr>
<td>CASTELLANO, TIFFANY</td>
<td>617, 1730, 1970</td>
</tr>
<tr>
<td>CASTELLANOS, GRACIELA</td>
<td>120</td>
</tr>
<tr>
<td>CASTELLANOS, JOEL</td>
<td>1711, 1922</td>
</tr>
<tr>
<td>CASTELLANOS, LUIS</td>
<td>1923</td>
</tr>
<tr>
<td>CASTELLON, SHAWN</td>
<td>422, 771</td>
</tr>
<tr>
<td>CASTELNOVI, CLAUDIA</td>
<td>1425</td>
</tr>
<tr>
<td>CASTILLEJOS, DAVID</td>
<td>2334</td>
</tr>
<tr>
<td>CASTILLEJOS, MARIA</td>
<td>2334</td>
</tr>
<tr>
<td>CASTILLO, MARIA</td>
<td>636</td>
</tr>
<tr>
<td>CASTILLO, PATRICIA</td>
<td>1449, 2121</td>
</tr>
<tr>
<td>CASTILLO, STEPHANIE</td>
<td>1525</td>
</tr>
<tr>
<td>CASTILLO, TIFFANY</td>
<td>192, 2266</td>
</tr>
<tr>
<td>CASTLE MANOR NURSING AND REHABILITATION CTR.</td>
<td>780, 2246</td>
</tr>
</tbody>
</table>
E. 提供者索引

<table>
<thead>
<tr>
<th>姓名</th>
<th>页码</th>
<th>页码</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASTREJON, JOSEPH</td>
<td>87</td>
<td></td>
</tr>
<tr>
<td>CASTRO RUEDA, HERNAN</td>
<td>452, 476</td>
<td></td>
</tr>
<tr>
<td>CASTRO, DAVID</td>
<td>430, 612, 1848, 1965</td>
<td></td>
</tr>
<tr>
<td>CASTRO, JORGE</td>
<td>1599</td>
<td></td>
</tr>
<tr>
<td>CATIPON, GABRIELLE</td>
<td>508</td>
<td></td>
</tr>
<tr>
<td>CAUCHI, CAROLINE GUERRERO</td>
<td>2371</td>
<td></td>
</tr>
<tr>
<td>CEBALLOS, JACQUELINE CAMILLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CELANO, NICHOLAS</td>
<td>155, 530, 574</td>
<td></td>
</tr>
<tr>
<td>CELAYA, PATRICIA</td>
<td>137, 1633, 2259</td>
<td></td>
</tr>
<tr>
<td>CELESTIN-RAMSEY, AKANE</td>
<td>601, 1255</td>
<td></td>
</tr>
<tr>
<td>CELESTINO, MISHEL</td>
<td>2201</td>
<td></td>
</tr>
<tr>
<td>CELIZ, ADRIANA</td>
<td>714, 1515, 1516</td>
<td></td>
</tr>
<tr>
<td>CENTRO MEDICO EL CAJON</td>
<td>823, 824, 825</td>
<td></td>
</tr>
<tr>
<td>CENTRO MEDICO EL CAJON, 25, 1091, 1092</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CENTRO MEDICO ESCONDIDO</td>
<td>838</td>
<td></td>
</tr>
<tr>
<td>CENTRO MEDICO ESCONDIDO, 29, 1149</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEPIN, DANIEL</td>
<td>107, 108, 119</td>
<td></td>
</tr>
<tr>
<td>CEPIN, MONICA</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>CERALDE, ALAN</td>
<td>224, 225</td>
<td></td>
</tr>
<tr>
<td>CERNEC KOHN, MATEJKA</td>
<td>1664, 2105, 2106</td>
<td></td>
</tr>
<tr>
<td>CERVANTES, SANDRA</td>
<td>1045, 1106, 1185, 1384, 1385, 1586, 1387, 1584</td>
<td></td>
</tr>
<tr>
<td>CEVALLOS, JAMES, 55, 56, 1201, 1202, 1526</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHA, DANIEL</td>
<td>2333</td>
<td></td>
</tr>
<tr>
<td>CHAC, RICK</td>
<td>125, 636</td>
<td></td>
</tr>
<tr>
<td>CHAIN, PEI CHI</td>
<td>128, 1625, 2400</td>
<td></td>
</tr>
<tr>
<td>CHAIT LLAMAS, LWBBA</td>
<td>1567</td>
<td></td>
</tr>
<tr>
<td>CHAKRABARTI, PRIYA</td>
<td>1046, 1106, 1107, 1185, 1387, 1388, 1389, 1584, 1585</td>
<td></td>
</tr>
<tr>
<td>CHAKRABARTY, MILANKUMAR</td>
<td>213</td>
<td></td>
</tr>
<tr>
<td>CHALMERS, VIRGINIA</td>
<td>2284</td>
<td></td>
</tr>
<tr>
<td>CHAMBERLIN, DAVID</td>
<td>488</td>
<td></td>
</tr>
<tr>
<td>CHAMBERLIN, JOSHUA</td>
<td>468</td>
<td></td>
</tr>
<tr>
<td>CHAMBERLIN, KALIANA</td>
<td>557, 752</td>
<td></td>
</tr>
<tr>
<td>CHAMBERS, KATRINA</td>
<td>164, 1652</td>
<td></td>
</tr>
<tr>
<td>CHAMBI-HERNANDEZ, RUTH</td>
<td>32, 213</td>
<td></td>
</tr>
<tr>
<td>CHAN, ALONSO</td>
<td>131</td>
<td></td>
</tr>
<tr>
<td>CHAN, ANDY</td>
<td>1358</td>
<td></td>
</tr>
<tr>
<td>CHAN, JASON</td>
<td>232</td>
<td></td>
</tr>
<tr>
<td>CHAN, JESSICA</td>
<td>358, 448</td>
<td></td>
</tr>
<tr>
<td>CHAN, JUDY</td>
<td>446</td>
<td></td>
</tr>
<tr>
<td>CHAN, JUSTIN</td>
<td>177, 178</td>
<td></td>
</tr>
<tr>
<td>CHAN, KWOK FUNG</td>
<td>2334, 2340</td>
<td></td>
</tr>
<tr>
<td>CHAM, LINDA</td>
<td>393</td>
<td></td>
</tr>
<tr>
<td>CHAN, TIANY</td>
<td>1449</td>
<td></td>
</tr>
<tr>
<td>CHAND, RAVINDRA</td>
<td>192</td>
<td></td>
</tr>
<tr>
<td>CHANDRADAS, SAIJU</td>
<td>620</td>
<td></td>
</tr>
<tr>
<td>CHANG KIMES, AUDREY</td>
<td>356</td>
<td></td>
</tr>
<tr>
<td>CHANG, ALBERT</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>CHANG, AMY</td>
<td>1299, 1300</td>
<td></td>
</tr>
<tr>
<td>CHANG, ANGELA</td>
<td>303</td>
<td></td>
</tr>
<tr>
<td>CHANG, DAVID</td>
<td>218, 421, 730, 766, 767</td>
<td></td>
</tr>
<tr>
<td>CHANG, EDWARD</td>
<td>101, 129, 647</td>
<td></td>
</tr>
<tr>
<td>CHANG, ELMER</td>
<td>449</td>
<td></td>
</tr>
<tr>
<td>CHANG, ENOCH</td>
<td>652</td>
<td></td>
</tr>
<tr>
<td>CHANG, HELEN</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>CHANG, JENNIFER</td>
<td>317, 672</td>
<td></td>
</tr>
<tr>
<td>CHANG, JOHANNA</td>
<td>1665, 2108</td>
<td></td>
</tr>
<tr>
<td>CHANG, KU JUEY</td>
<td>43, 358, 359</td>
<td></td>
</tr>
<tr>
<td>CHANG, LAWRENCE</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>CHANG, MICHAEL</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>CHANG, STEVEN</td>
<td>349</td>
<td></td>
</tr>
<tr>
<td>CHANG, TIMOTHY</td>
<td>287</td>
<td></td>
</tr>
<tr>
<td>CHANG, TOM, 94, 332, 436, 534, 640, 2345, 2351, 2371</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHANG, WILLIAM</td>
<td>390, 391</td>
<td></td>
</tr>
<tr>
<td>CHANGCHIEN, ERIC</td>
<td>766</td>
<td></td>
</tr>
<tr>
<td>CHANTALA, ELIZABETH</td>
<td>601, 1930</td>
<td></td>
</tr>
<tr>
<td>CHAO, BRIAN</td>
<td>194</td>
<td></td>
</tr>
<tr>
<td>CHAO, JAMES</td>
<td>178, 694, 750</td>
<td></td>
</tr>
<tr>
<td>CHAPIN, DENISE</td>
<td>1014</td>
<td></td>
</tr>
<tr>
<td>CHARLAT, MARTIN</td>
<td>280</td>
<td></td>
</tr>
<tr>
<td>CHARLES COWAN, TRICIA</td>
<td>218, 434</td>
<td></td>
</tr>
<tr>
<td>CHARP, KENNETH</td>
<td>1125</td>
<td></td>
</tr>
<tr>
<td>CHASE AVENUE FAMILY HEALTH CTRS INC</td>
<td>813, 814, 825</td>
<td></td>
</tr>
<tr>
<td>CHASE AVENUE FAMILY HEALTH CTRS INC</td>
<td>26, 1092</td>
<td></td>
</tr>
<tr>
<td>CHASE, AVA LOU</td>
<td>1255</td>
<td></td>
</tr>
<tr>
<td>CHATFIELD, ALEXANDRA, 190, 577, 1690, 1914</td>
<td>752</td>
<td></td>
</tr>
<tr>
<td>CHATHAM, OLIVIA</td>
<td>368</td>
<td></td>
</tr>
<tr>
<td>CHAU, CINDY</td>
<td>625</td>
<td></td>
</tr>
<tr>
<td>CHAU, JOHN</td>
<td>2072</td>
<td></td>
</tr>
<tr>
<td>CHAVUAHAN, SMIT</td>
<td>660</td>
<td></td>
</tr>
<tr>
<td>CHAUHAN, OM</td>
<td>449, 450</td>
<td></td>
</tr>
<tr>
<td>CHAUSSIE CASTRO, EKATERINA</td>
<td>1516</td>
<td></td>
</tr>
<tr>
<td>CHAVARRIA, JESSICA</td>
<td>1469</td>
<td></td>
</tr>
<tr>
<td>CHAVEZ SERRANO, VIOLETA</td>
<td>760</td>
<td></td>
</tr>
<tr>
<td>CHAVEZ, ALEXANDRIA</td>
<td>601, 1931</td>
<td></td>
</tr>
<tr>
<td>CHAVEZ, BRIAN</td>
<td>241</td>
<td></td>
</tr>
<tr>
<td>CHAWLA, ANUJ</td>
<td>436, 508</td>
<td></td>
</tr>
<tr>
<td>CHIGHTHAM, BRITTANY</td>
<td>601, 1931</td>
<td></td>
</tr>
<tr>
<td>CHEGNI, SEPIDEH</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>CHELIMILLA, HARITHA</td>
<td>183</td>
<td></td>
</tr>
<tr>
<td>CHELVAKUMAR, GAYATHRI</td>
<td>1916</td>
<td></td>
</tr>
<tr>
<td>CHEN, ANDREW</td>
<td>183, 575, 1673, 1917</td>
<td></td>
</tr>
<tr>
<td>CHEN, BRYAN</td>
<td>613</td>
<td></td>
</tr>
<tr>
<td>CHEN, CHENG-HAN</td>
<td>354, 365</td>
<td></td>
</tr>
<tr>
<td>CHEN, EILEEN</td>
<td>1426</td>
<td></td>
</tr>
<tr>
<td>CHEN, HAMILTON</td>
<td>204, 224, 431, 438, 722, 736</td>
<td></td>
</tr>
<tr>
<td>CHEN, HEATHER</td>
<td>760</td>
<td></td>
</tr>
<tr>
<td>CHEN, JAMES</td>
<td>482</td>
<td></td>
</tr>
<tr>
<td>CHEN, JENNIFER</td>
<td>1425, 1426</td>
<td></td>
</tr>
<tr>
<td>CHEN, KAREN</td>
<td>672</td>
<td></td>
</tr>
<tr>
<td>CHEN, KATIE</td>
<td>601</td>
<td></td>
</tr>
<tr>
<td>CHEN, LESLIE</td>
<td>2400</td>
<td></td>
</tr>
<tr>
<td>CHEN, MARGARET</td>
<td>30, 1153</td>
<td></td>
</tr>
<tr>
<td>CHEN, MAY</td>
<td>427, 452, 454, 455</td>
<td></td>
</tr>
<tr>
<td>CHEN, MING</td>
<td>1237</td>
<td></td>
</tr>
<tr>
<td>CHEN, SANFORD</td>
<td>374</td>
<td></td>
</tr>
<tr>
<td>CHEN, SISI</td>
<td>181</td>
<td></td>
</tr>
<tr>
<td>CHEN, STEVEN</td>
<td>178, 695</td>
<td></td>
</tr>
<tr>
<td>CHEN, TONY</td>
<td>695, 2189</td>
<td></td>
</tr>
<tr>
<td>CHEN, TSUH YIN</td>
<td>22, 1041, 1547</td>
<td></td>
</tr>
<tr>
<td>CHEN, YU-WEI</td>
<td>290, 623, 1742, 1743, 1991</td>
<td></td>
</tr>
<tr>
<td>CHENG, BRANDON</td>
<td>139, 233, 539, 1635, 1703, 1878</td>
<td></td>
</tr>
<tr>
<td>CHENG, CATHY</td>
<td>248</td>
<td></td>
</tr>
<tr>
<td>CHENG, EULALIA</td>
<td>2106</td>
<td></td>
</tr>
<tr>
<td>CHENG, GEORGE</td>
<td>1746, 1996</td>
<td></td>
</tr>
<tr>
<td>CHENG, HOWARD</td>
<td>362</td>
<td></td>
</tr>
<tr>
<td>CHENG, KAREN</td>
<td>317, 672, 1809, 2145</td>
<td></td>
</tr>
<tr>
<td>CHENG, WAYNE</td>
<td>522</td>
<td></td>
</tr>
</tbody>
</table>
E. 提供者索引

CHENG, YU TSUN ............... 1869, 2179
CHERRY, REENA .................. 1794
CHESHED, NICHOLAS 1804, 2132, 2275, 2296
CHETAPALLI, SURYA ............... 292
CHEUNG, SUNNY .................... 727
CHEVINSKY, MICHAEL ............. 404
CHEW, WESLEY ..................... 2371
CHEWNING, RUSH .................. 2146
CHIANG, JENNIFER ................. 155, 530, 574
CHIAO, HILEN ....................... 561
CHIARAPPA, FRANK ................. 1825, 2179
CHIEN, JOHN ......................... 248
CHIEN, PEI ........................... 1815
CHIEN, SHELBY ...................... 327, 593
CHILAKA, SAMUEL 557, 753, 1881, 2214
CHIN, ERIC ......................... 508, 509
CHIN, MICHAEL ..................... 519, 520, 521
CHING, ANDREA SHERRY .......... 733
CHING, TSUNG ...................... 34
CHIODI, MARTINA .................. 506
CHIRIANO, JASON .................. 521
CHIRIBOGA, MEGAN ELISE 557, 1882
CHISHOLM, CHRISTOPHER ........ 594
CHISHOLM, KAREN ................. 2334
CHISUM, FAITH ..................... 233
CHISWICK, GARY 1011, 1012, 1136, 1242, 1243, 1249, 1509, 1510
CHITKARA, PUJA .................. 117, 140, 1639
CHIU, STEPHAN 299, 332, 1768, 1838, 2345, 2361, 2372
CHO, AARON ......................... 317, 672, 673
CHO, ANTHONY ..................... 50
CHO, MICHAEL ...................... 259, 384, 463
CHOAN, CAROLINE ................. 369
CHOATE, BERNADETTE .......... 601, 1931
CHODAY, PRITHI ................... 34
CHOI, ANTHONY ................... 595
CHOI, DAVID ....................... 244, 374, 426
CHOI, ESTHER ...................... 297, 636
CHOI, JI ......................... 238, 1882
CHOI, JIHOON 323, 689, 1825, 1826, 2179
CHOI, NATUALIE ................. 287, 611, 1726, 1961
CHOI, RANA ......................... 240
CHOI-SIRITARATIWat, ISABELL 381, 382, 589
CHONG, AMY ....................... 2110
CHONG, ILSONG ................... 61
CHONG, MARIBETH ................. 16, 17
CHONG, TIMOTHY .................. 594
CHONG, YOO JIN ................... 17
CHONGKRAIRATANAKUL, TEPsIRI ................. 625, 632
CHOO, SUN ....................... 1901, 2080, 2101
CHOPLIN, NEIL .................. 188, 299, 640
CHOU, BILL ......................... 1309, 1310
CHOU, JI ......................... 238, 1882
CHOU, WILLIAM ................... 475
CHOURDY, BILAL ................. 98, 296, 731
CHOURDY, QASIM ................. 185
CHOW, BYRON ...................... 1155
CHOW, JASON ...................... 221, 436, 509, 733
CHOW, JENNIFER ................. 639
CHOW, MAN HUNG ................ 1547, 1548
CHRISTIANSEN, PATTI ........... 184, 2266
CHRISTIANSON, WARREN 569, 763, 2284, 2285, 2324, 2325
CHRISTIE, CAMERON ............ 261
CHRISTIE, PATRICIA ............. 30, 1701
CHRISTY, TYLER 557, 753, 1882, 2214, 2215
CHU, ANDREW ..................... 133, 191, 577
CHU, CHRISTOPHER 1664, 1689, 1864, 1905, 2099
CHU, ERIC ......................... 450
CHU, JAMES ......................... 512
CHU, WEIMING ................... 390
CHUA, WILLY ...................... 739
CHUAN, SANDY ................... 636
CHUANG, KAI-WEN ............... 430
CHUDACEK, JANET ............... 153, 1645
CHULA VISTA FAMILY HLTH CTR 786, 787, 788, 789, 790, 791, 792, 793, 794, 806
CHULA VISTA FAMILY HLTH CTR 21, 1038
CHULA VISTA PEDIATRICS 800, 801, 805
CHULA VISTA PEDIATRICS, 21, 1038
CHUN, DAVID ....................... 465
CHUN, HYUN ....................... 1310
CHUNG, ARTHUR ................... 770
CHUNG, CHRISTINE ............... 317, 673
CHUNG, KIYON ..................... 596, 625, 628
CHUNG, LINDA ....................... 370
CHUNG, NATHAN ................... 266
CHWA, JEFFREY ................... 140, 1639
CIANOILA, MARK ................. 63
CIDAMB, EMILY .................... 1908, 2180
CIES, WILLIAM .................. 550
COBANU, COSMINA .............. 2296, 2297
CISTRONE, MONICA ............ 720
CISZEK, ALEXANDRA ........... 1883
CIZMAR, BRANISLAS ............. 187, 712
CLAREMONT HEALTHCARE AND WELLNESS CENTER LLC .................. 781
CLANCY, JOHN ..................... 89
CLANCY, TARA ..................... 89
CLARK, CYNTHIA ................. 753
CLARK, LORI ......................... 43
CLARK, MA BELEN ................. 87
CLARK, MELISSA 684, 1640, 1697, 2164
CLARK, SKYLER ................... 1577, 1578
CLARY, BRYAN ..................... 1820
CLAUDAT, KIMBERLY .......... 1804, 2275
CLAVIERA, RICHARD ........ 482
CLAY, CORRIE ....................... 1174, 1842
CLEEREMANS, BRUCE .......... 253
CLEMENT, LUIS ................... 2132, 2297
CLEMENTINO, NANCY ........... 1134
CLOTFELTER, CHRISTINE .......... 27
COBB, DAMON ..................... 1913
COBIA, VANESSA ................. 85, 183, 1142
COBURN, PIERRE ................. 439, 518
COCCIA, MICHAEL ................. 349
COCKERHAM, KIMBERLY .......... 126
CODEN, DANIEL ................. 2361
COFFEY, CHARLES 303, 647, 1775, 2056
COFFLER, ELIANE ................. 291
COFFLER, MICKEY ................. 560
COGGAN, JAMES ................. 623
COHEN, BRAD ....................... 579
COHEN, CARA ....................... 1155
COHEN, DAVID .................... 279, 280
COHEN, EDWARD 145, 148, 178, 179, 325, 343, 695
COHEN, GARY ................... 593
COHEN, MANSOUR ................. 2032
COHEN, STEPHEN ................. 236
E. 提供者索引

COHEN, ZACHARY.151, 179, 327, 556, 573, 594
COLEBURN, KEITH.228, 441, 742
COLE, JASON.286, 610
COLEMAN, BROOKE.200, 223, 511, 735, 2358, 2400
COLEMAN, COLLEEN.266
COLEMAN, LORI.135, 194, 341, 669, 1634, 1695, 1845, 2142
COLE, JASON.286, 610
COLEMAN, PAGE.601, 1932
COLEMAN, BROOKE.200, 223, 511, 735, 2358, 2400
COLEMAN, BRIAN.130, 131
COLE, JASON.286, 610
COLBURN, KEITH.228, 441, 742
CONE, STEPHANIE.1117, 1118, 1216, 1217, 1426
CONNER, RICHARD.524, 525, 750
CONNOR, CHRISTY.125, 126
CONRAD, HEATHER.601, 1932
CONRAD, HEATHER.1208
COCHRAN, KIMBERLY.496
CORMAN, GUADALUPE.2262
CORMAN, DANIEL.1086, 1311
CORNACCHIA, SCOTT.150
COTTIS, ANDREW.32, 85
COOK, BRIAN.1707, 1918
COOK, JEREMY.199, 205, 216, 723, 728
COOK, JASON.102, 567
COPP, ROBERT.225
CORDES, WILLIAM.1427
CORDERO, RAYMUND.743, 773
COURTLAND, BEN.1469
COURTINELLA, EMILY.340
CURTIS, DANIEL.225
CURTIS, MEGAN.1359
CUNNINGHAM, ISIS.1126, 1127, 1470
CUNNINGHAM, STEPHANIE.1702
CUNNINGHAM-AHUMADA, ROSE.460, 461
CUTLER, MICHAEL.65, 81
CURRAN, BRIAN.1707, 1918
CURRAN, PERRIN.61
CURRY, JASON.102, 567
CURTIS, ANNE.314
CURTIS, ZULMA.1156, 1246
CUTLER, APRYL.262
CUTLER, MICHAEL.65, 81
CUTCHON, SYDNEY.1690
CURLEY, EDWARD.567, 1238
CUTLER, ISABEL.1707, 1918
CUTLER, MICHAEL.65, 81
CUTLER, ANNE.314
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
CUTLER, MICHAEL.65, 81
CUTLER, APRYL.601
<table>
<thead>
<tr>
<th>データー</th>
<th>件目</th>
</tr>
</thead>
<tbody>
<tr>
<td>DABO, TARAM</td>
<td>65, 66</td>
</tr>
<tr>
<td>DABROWSKI, THOMAS</td>
<td>74</td>
</tr>
<tr>
<td>DADA, FESTUS</td>
<td>520</td>
</tr>
<tr>
<td>DADA, STEPHEN</td>
<td>520, 743, 773</td>
</tr>
<tr>
<td>DADACHANJI, CYRUS</td>
<td>722</td>
</tr>
<tr>
<td>DAGOSTINO, JACQUELINE</td>
<td>139, 1635</td>
</tr>
<tr>
<td>DAHM, ERIC</td>
<td>1359, 1360</td>
</tr>
<tr>
<td>DAHM, MADELYNN</td>
<td>1470</td>
</tr>
<tr>
<td>Daigneault, Arthur</td>
<td>43</td>
</tr>
<tr>
<td>DAIRO, BRANDON</td>
<td>106, 162, 180, 556, 594, 1606, 1880, 1922</td>
</tr>
<tr>
<td>DAL PORTO-KUJANPA, STEPHANIE</td>
<td>470</td>
</tr>
<tr>
<td>DALAL, PRITHA</td>
<td>1866, 2118</td>
</tr>
<tr>
<td>DALHOUMI, SARAH</td>
<td>1041</td>
</tr>
<tr>
<td>DALUGDUGAN, ESTHER</td>
<td>715, 1527, 2205</td>
</tr>
<tr>
<td>DAMANI, SAMIR</td>
<td>280, 294, 528, 532, 1752, 1873</td>
</tr>
<tr>
<td>DANDURAND, JOHN</td>
<td>157, 622</td>
</tr>
<tr>
<td>DANESH, HOUMAN</td>
<td>248</td>
</tr>
<tr>
<td>DANESHMAND, HOOTAN</td>
<td>204</td>
</tr>
<tr>
<td>DANESHMAND, SAHAR</td>
<td>618</td>
</tr>
<tr>
<td>DANESHMAND, SHAHRAM</td>
<td>1558, 1559</td>
</tr>
<tr>
<td>DANESHVAR, ABRAHAM</td>
<td>190, 653</td>
</tr>
<tr>
<td>DANG, ERIC</td>
<td>2159</td>
</tr>
<tr>
<td>DANG, KAYLEE</td>
<td>682, 2159</td>
</tr>
<tr>
<td>DANIELS, SARAH</td>
<td>1239</td>
</tr>
<tr>
<td>DANON, SAAR</td>
<td>453</td>
</tr>
<tr>
<td>DAO, LISA</td>
<td>448</td>
</tr>
<tr>
<td>DAO, MARC</td>
<td>89, 90, 2225</td>
</tr>
<tr>
<td>DAO, NU</td>
<td>496</td>
</tr>
<tr>
<td>DAO, VIET</td>
<td>66</td>
</tr>
<tr>
<td>DAPPEN, AMANDA</td>
<td>1311, 1312</td>
</tr>
<tr>
<td>DARZI, MARIAM</td>
<td>653</td>
</tr>
<tr>
<td>DAS, GOURAB</td>
<td>173</td>
</tr>
<tr>
<td>DASCENZO, EMILY</td>
<td>162, 1127</td>
</tr>
<tr>
<td>DASHI, ARBEN</td>
<td>292, 625</td>
</tr>
<tr>
<td>DATE, AMIT</td>
<td>101, 512</td>
</tr>
<tr>
<td>DATO, PAUL</td>
<td>148, 179, 325, 695</td>
</tr>
<tr>
<td>DAUGHTERY, DAVID</td>
<td>571</td>
</tr>
<tr>
<td>DAVALOS, RICARDO</td>
<td>64</td>
</tr>
<tr>
<td>DAVE, SHRAVAN</td>
<td>1740, 1985</td>
</tr>
<tr>
<td>Davenport, Stephen</td>
<td>442</td>
</tr>
<tr>
<td>DAVID, MARY LOU</td>
<td>446</td>
</tr>
<tr>
<td>DAVID, TAL</td>
<td>689</td>
</tr>
<tr>
<td>DAVIES, JOHN</td>
<td>133, 538, 1632, 1877</td>
</tr>
<tr>
<td>DAVIES, SUMMER</td>
<td>1715, 1716, 1933</td>
</tr>
<tr>
<td>DAVIES, BARBARA</td>
<td>248</td>
</tr>
<tr>
<td>DAVIES, CHRISTOPHER</td>
<td>1683, 1859, 2072</td>
</tr>
<tr>
<td>DAVIES, DEIRDRE</td>
<td>66, 1312</td>
</tr>
<tr>
<td>DAVIES, JADE</td>
<td>2400, 2401</td>
</tr>
<tr>
<td>DAVIES, JANET</td>
<td>1933</td>
</tr>
<tr>
<td>DAVIEZ, JASON</td>
<td>147, 295, 625, 626, 632</td>
</tr>
<tr>
<td>DAVIS, KELLY</td>
<td>1602, 1614, 1643, 1647, 1990</td>
</tr>
<tr>
<td>DAVIS, MICHAEL</td>
<td>436</td>
</tr>
<tr>
<td>DAVIS, MORGAN</td>
<td>1418, 1419</td>
</tr>
<tr>
<td>DAVIS, STEPHANIE</td>
<td>202, 255, 371</td>
</tr>
<tr>
<td>DAVIS, TRACIE</td>
<td>158, 159, 331, 534, 637</td>
</tr>
<tr>
<td>DAWOOD, FARAH</td>
<td>107, 108, 327</td>
</tr>
<tr>
<td>DAY, CHRISTOPHER</td>
<td>1217</td>
</tr>
<tr>
<td>DAY, ROBERT</td>
<td>251, 368, 371</td>
</tr>
<tr>
<td>DE CARO, ROBERT</td>
<td>225</td>
</tr>
<tr>
<td>DE CARVALHO, CARLOS</td>
<td>75, 76</td>
</tr>
<tr>
<td>DE CASTRO, SHARLENE</td>
<td>1870</td>
</tr>
<tr>
<td>DE DIOS, SARAH</td>
<td>282, 601, 1608, 1716, 1933</td>
</tr>
<tr>
<td>DE LA ROSA, JOSE</td>
<td>22, 1548</td>
</tr>
<tr>
<td>DE LA ROSA, RENATO</td>
<td>22</td>
</tr>
<tr>
<td>DE LARA, KAROL JOHN</td>
<td>602</td>
</tr>
<tr>
<td>DE LEON, ROBERT</td>
<td>427, 428</td>
</tr>
<tr>
<td>DE MIK, TRAVIS</td>
<td>1046, 1107, 1185, 1186, 1389, 1390, 1585</td>
</tr>
<tr>
<td>DE ROTH, GEORGINÉ</td>
<td>28, 66</td>
</tr>
<tr>
<td>DE SILVA, NIHAl</td>
<td>716, 2209</td>
</tr>
<tr>
<td>DE VERA, SARAH</td>
<td>102</td>
</tr>
<tr>
<td>DEACON, CASSIE</td>
<td>2297, 2298</td>
</tr>
<tr>
<td>DEAN, MOENA</td>
<td>173, 336, 2330, 2340, 2346, 2361, 2372, 2386, 2401</td>
</tr>
<tr>
<td>DEARING, DAVID</td>
<td>396, 399, 773</td>
</tr>
<tr>
<td>DEBOTTIS, DANIEL</td>
<td>268</td>
</tr>
<tr>
<td>DECOCOCK, JAMES</td>
<td>31</td>
</tr>
<tr>
<td>DECONE, ADAM</td>
<td>303, 647, 1775, 1776, 2056, 2057</td>
</tr>
<tr>
<td>DEDES, HOWARD</td>
<td>468</td>
</tr>
<tr>
<td>DEEL, MARGARET</td>
<td>30, 31</td>
</tr>
<tr>
<td>DEEMER, ANDREW</td>
<td>571</td>
</tr>
<tr>
<td>DEIS, CRISTINA</td>
<td>1611</td>
</tr>
<tr>
<td>DEISS, ROBERT</td>
<td>1993</td>
</tr>
<tr>
<td>DEJBAKHSH, SHEILA</td>
<td>203, 371</td>
</tr>
<tr>
<td>DEKKERS-O'HARE, INGRID</td>
<td>753</td>
</tr>
<tr>
<td>DEL AGUILA, FABIOLA</td>
<td>2133, 2298</td>
</tr>
<tr>
<td>DEL CAMPO CASANELLES, MIGUEL</td>
<td>1989</td>
</tr>
<tr>
<td>DEL RE, AMANDA</td>
<td>1166</td>
</tr>
<tr>
<td>DEL RE, ANGELO</td>
<td>2080</td>
</tr>
<tr>
<td>DEL ROSARIO, GENL</td>
<td>534, 1875, 1876</td>
</tr>
<tr>
<td>DEL ROSARIO, PAMELA</td>
<td>1756, 2014</td>
</tr>
<tr>
<td>DEL VECCHIO, MEGAN</td>
<td>602, 1933</td>
</tr>
<tr>
<td>DELA PAZ, LENNIE</td>
<td>58</td>
</tr>
<tr>
<td>DELA ROSA, KRISTINA</td>
<td>613</td>
</tr>
<tr>
<td>DELANEY, CODY</td>
<td>170</td>
</tr>
<tr>
<td>DELANEY, MICHAEL</td>
<td>98, 186, 576, 731</td>
</tr>
<tr>
<td>DELCORE, LAURA</td>
<td>172, 297, 637, 1659, 1761, 2033</td>
</tr>
<tr>
<td>DELLENGOCKY, TAYSON</td>
<td>126, 333, 534</td>
</tr>
<tr>
<td>DELNITZ, DANUTA</td>
<td>50</td>
</tr>
<tr>
<td>DEMASCO, MICHAEL</td>
<td>1795</td>
</tr>
<tr>
<td>DEMBO-SMEATON, ELENA</td>
<td>38, 39</td>
</tr>
<tr>
<td>DEMLINGER, GLENN</td>
<td>2426</td>
</tr>
<tr>
<td>DEMOOR, PATRICIA</td>
<td>1795</td>
</tr>
<tr>
<td>DENNIS, TSHEKEDI</td>
<td>472</td>
</tr>
<tr>
<td>Denny-Brown, Sinan</td>
<td>386</td>
</tr>
<tr>
<td>DENTICO-OLIN, MARC</td>
<td>2054</td>
</tr>
<tr>
<td>DENSITY, JACQUELINE</td>
<td>66, 74, 619</td>
</tr>
<tr>
<td>DEPAOLO, AMANDA</td>
<td>2321</td>
</tr>
<tr>
<td>DEPORTO, TANYA</td>
<td>763</td>
</tr>
<tr>
<td>DERISSI, DANA</td>
<td>2121</td>
</tr>
<tr>
<td>DESAI, ASEEEM</td>
<td>445</td>
</tr>
<tr>
<td>DESAI, SONAM</td>
<td>240</td>
</tr>
<tr>
<td>DESGRANGES, PATRICK</td>
<td>170</td>
</tr>
<tr>
<td>DESHPANDE, KAVITA</td>
<td>66, 67</td>
</tr>
<tr>
<td>DESILVA, GAYANI</td>
<td>428</td>
</tr>
<tr>
<td>DESILVA, PETER</td>
<td>64</td>
</tr>
<tr>
<td>DESTA, TADDESE</td>
<td>115, 156, 620</td>
</tr>
<tr>
<td>DEUTSCH, KAREN</td>
<td>1934</td>
</tr>
<tr>
<td>DEVERA, GEMME</td>
<td>1628, 1860, 2081</td>
</tr>
<tr>
<td>DEVEREAUX, CHRISTOPHER</td>
<td>561, 562</td>
</tr>
<tr>
<td>DEVONSHIRE CARE CENTER</td>
<td>779</td>
</tr>
<tr>
<td>DEWING, JANNE</td>
<td>41</td>
</tr>
<tr>
<td>DHANANI, YURZUL</td>
<td>2228</td>
</tr>
<tr>
<td>DHARKAR SURBER, SAPNA</td>
<td>528, 602, 1194, 1255, 1256</td>
</tr>
<tr>
<td>DHI, ALI</td>
<td>161, 2262, 2322</td>
</tr>
</tbody>
</table>
E. 提供者索引

DIAMOND NEIGHBORHOODS
FAMILY HLTH CTRS INC...940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 956
DIAMOND NEIGHBORHOODS
FAMILY HLTH CTRS INC...72, 1341
DIAZ, JAENAI........629, 2298
DICLESARE, DANIEL...447, 579, 580
DICKINSON, PHILLIP...342
DICKS, BRIAN.145, 148, 179, 325, 343, 696
DICKSON, MATTHEW...617
DIEFFENBACH, BRYAN...687
DIEP, BRIAN........67
DIEP, KEVIN........1360
DIETERICH, FREDERICK...759, 2226
DIEZ, MARQUE.......225
DIGGS, THOMAS.....596
DIKRAIANJ, ARA.......74
DILAURU, STEVEN...167, 168
DILLEN, REBECCA...602
DILLMAN, ARIANA...113, 1609
DILLON, BENEDICT.82, 716, 1548, 1549
DILLON, MAYRA.56, 81, 115, 531, 1202, 1549
DIMAIRA, FRANCESCA...1716
DIMEGLIO, PAUL....508
DIMMETTE, PATTIE...507
DING, HILDA........2101
DINH, JACK......500, 727
DINH, MY..............716, 1559, 1560, 2208
DINH, PAUL........268
DINH, Y NHA THI.....388
DIOANO, RHODA....2133, 2298
DIXIT, SHUBHAM...1360
DIXON, SARAH....1427
DJEKIC, KRISTINA.291, 624, 1746, 1997
DO, ELAINE........1256
DO, HULBERT.108, 151, 180, 596, 707, 710, 751, 752, 757, 2197, 2213
DO, JACKIE..........753
DO, LUAN.............330
DO, STEPHANIE...1860, 2081
DO, THOMAS........2072
DOAN STEPHENS, CRYSTAL.651, 1354, 1355, 2111
DOAN VAN, NICOLAS...236
DOAN, ANGELA......602, 1934
DOAN, CHINH......1248, 1477, 1478
DOAN, DORA........645
DOBECKI, DOUGLAS..593
DOBYNS, JEFFREY...467, 482
DOCKERY, LEE.......2266
DOCKTER, ANDI......684
DOCTORS EXPRESS OF OCEANSIDE INC........14
DOEIEZIE, ALVEN.......347
DOGIETT, STEPHEN...475
DOKICH, SRETENKA...1168, 1169
DOLLAND, STEVEN.286, 610, 1725, 1959
DOLMETSCH, JEANETTE...1450
DOLNAK, DOUGLAS....2298
DOMBROWSKY, JOSEPH..683
DOMINGUEZ, DENNIS....1086, 1087
DOMINGUEZ, FERNANDO...1361
DON, MICHELLE.......1789, 1790
DONALDSON, CHADWICK.101, 102, 647, 1603
DONALDSON, JARED.200, 221, 509, 510
DONG, TAMMY.......1058
DONLON, RYAN.........496, 724
DONNELL, MARTI.60, 87, 561, 756, 1226, 1227
DONOFRIO-ODMANN, JOY......2081
DORADO, SUE.........154, 529, 612
DORAISWAMY, ARUL....204, 721, 722
DORING, ELAINIE.....1058
DORIN, TIA..........1181
DORR, KASIE........85
DORRIZ, PARSHAW....455
DORROS, STEPHEN.....317, 673
DORSEY, KYLE.139, 233, 539, 1635, 1636
DORUDELLO, ASHLEY.1046, 1047, 1107, 1186, 1390, 1391, 1392, 1585, 1586
DORWART, ELIZABETH...2081
DOSHI, AMI..........2111
DOSHI, NEELIMA......1156, 1157
DOSS, KATIE.........2299
DOUGHERTY, CHRISTINE.564, 758, 2286, 2287, 2326
DOUGHERTY, CLARA.131, 148, 174, 308, 339, 654, 1631, 1643, 1665, 1795, 1843, 2122
DOUGLAS, JASON.......291
DOUL, MATTHEW.....105, 176, 570, 764
DOVE, KATHERINE.....2025
DOWLING, DAVID.....631
DOWNING, KARLIE.143, 322, 323, 689
DOWNS, SAIGE.......367
DOWNTOWN FAMILY CTR AT CONNECTIONS......900, 901, 953
DOWNTOWN FAMILY CTR AT CONNECTIONS......72, 1341, 1342
DRAME, SALWA.......1450
DRIEBE, AMY.172, 297, 637, 1659, 1761, 1762, 2033, 2034
DRILLING, KATHARINE...102
DRINHAUS, ROLF.......522
DRISCOLL, KARRIE.282, 602, 1716, 1935
DRISCOLL, SUSAN.528, 529, 602, 714, 1073, 1074, 1870, 1934
DRISKILL, BRENT.......647
DRIVER, CATHERINE...476
DRIVICK, VALERIE....681
DROKER, BRIAN.......98, 186, 296
DRUET, JACK........493
DRURY, PAUL.353, 354, 365, 583, 585
DRZYMALSKI, MONIKA...67
DSOUZA, NICOLE.....629, 2299
DU, SARAH........102, 131, 654
DUARTE, KRISTEN....1805, 2275, 2276
DUBE, BIANCA.......1003
DUBOIS, SUJA.......620
DUCK, CRAIG........27
DUDAREWICZ, TERESA...67
DUGGAN, BRIDGETTE...622
DUGGAN, DANIEL.....482
DUGGAN, VERONICA....203
DULAY, JOTI..........286, 610
DUMMER, KRISTEN.....1859, 2072
DUNN, JOSEPH.......227, 228
DUNN-PIRIO, ANASTASIE.2025, 2299
DUNPHY, TAYLOR......268
DUONG, CHERYL......2359, 2401
DUONG, KIM..........2351, 2401

2464
E. 提供者索引

<table>
<thead>
<tr>
<th>E</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EAGAN, TERRY</td>
<td>390</td>
</tr>
<tr>
<td>EAJAZI, ALIREZA</td>
<td>317, 673</td>
</tr>
<tr>
<td>EAST COUNTY URGENT CARE</td>
<td>14</td>
</tr>
<tr>
<td>EBRABHI, ADIB, TANNAZ</td>
<td>565</td>
</tr>
<tr>
<td>ECLARINO, GALELO</td>
<td>1935</td>
</tr>
<tr>
<td>EDDOW, JIM</td>
<td>422, 423</td>
</tr>
<tr>
<td>EDE, KEKO</td>
<td>192, 193</td>
</tr>
<tr>
<td>EDEM, MARY</td>
<td>207</td>
</tr>
<tr>
<td>EDMONDS, ERIC</td>
<td>1698, 2180</td>
</tr>
<tr>
<td>EDMUNDSON, MORI</td>
<td>371, 458</td>
</tr>
<tr>
<td>EDRIS, MARWAN</td>
<td>43</td>
</tr>
<tr>
<td>EGHTEDARI, MOH</td>
<td>317, 673</td>
</tr>
<tr>
<td>EICHEN, DAWN</td>
<td>314, 1805, 1806, 2276</td>
</tr>
<tr>
<td>EICHENFIELD, DAWN</td>
<td>2077</td>
</tr>
<tr>
<td>EIFRIG, CHARLES WILLIAM</td>
<td>374, 375, 550, 551</td>
</tr>
<tr>
<td>EINSTEIN, ERIC</td>
<td>113, 1609</td>
</tr>
<tr>
<td>EISENBERG, STEVEN</td>
<td>422</td>
</tr>
<tr>
<td>DUQUE, JOHN</td>
<td>115</td>
</tr>
<tr>
<td>DURAN, ANTONIO</td>
<td>105</td>
</tr>
<tr>
<td>DURAN, EDWARD</td>
<td>280, 596</td>
</tr>
<tr>
<td>DUSTIN, ADAM</td>
<td>174, 1667</td>
</tr>
<tr>
<td>DUTTON, PASCUAL</td>
<td>143, 689, 690</td>
</tr>
<tr>
<td>DWEEK, JERRY</td>
<td>307, 650</td>
</tr>
<tr>
<td>DWINELL, LAUREN</td>
<td>346, 590</td>
</tr>
<tr>
<td>DWYER, ERIN</td>
<td>147, 164, 328, 602, 1652, 1935</td>
</tr>
<tr>
<td>DY, DIANE</td>
<td>1024</td>
</tr>
<tr>
<td>DYER, MARC</td>
<td>410, 412, 582</td>
</tr>
<tr>
<td>DYER, SHARON</td>
<td>160, 189, 336, 337, 536, 645, 2331, 2340, 2346, 2361, 2372, 2373, 2387, 2401, 2402</td>
</tr>
</tbody>
</table>

E

<table>
<thead>
<tr>
<th>E</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DUONG, MAI</td>
<td>1095, 1096</td>
</tr>
<tr>
<td>DUPLECHAN, LAWRENCE</td>
<td>422</td>
</tr>
<tr>
<td>EL-HENAWI, IGLAL</td>
<td>33, 34</td>
</tr>
<tr>
<td>EL-MOGHRABI, NANCY</td>
<td>128, 536</td>
</tr>
<tr>
<td>EL-MOGHRABI, ROULA</td>
<td>128, 536, 645</td>
</tr>
<tr>
<td>ELBALALESY, NASER</td>
<td>254, 456, 457</td>
</tr>
<tr>
<td>ELEFT, TIMOTHY</td>
<td>507, 732</td>
</tr>
<tr>
<td>ELHOFY, ASHRAF</td>
<td>170</td>
</tr>
<tr>
<td>ELI, BRADLEY</td>
<td>173, 646</td>
</tr>
<tr>
<td>ELIAS, RAMIZ</td>
<td>26, 76</td>
</tr>
<tr>
<td>ELL, ISAK</td>
<td>85</td>
</tr>
<tr>
<td>ELLO, KRISTIN</td>
<td>339, 1843</td>
</tr>
<tr>
<td>ELOY, KIRA</td>
<td>28, 76</td>
</tr>
<tr>
<td>ELSANADI, RAIF</td>
<td>40</td>
</tr>
<tr>
<td>ELSAWY, MOHAMMED</td>
<td>18, 1025</td>
</tr>
<tr>
<td>ELSAWY, SARAH SABRI</td>
<td>236</td>
</tr>
<tr>
<td>ELSI, PETER</td>
<td>232</td>
</tr>
<tr>
<td>ELSTER, JENNIFER</td>
<td>2101</td>
</tr>
<tr>
<td>ELY-KONOSKE, RACHEL</td>
<td>166, 287, 611</td>
</tr>
<tr>
<td>ELZIK, MARK</td>
<td>482</td>
</tr>
<tr>
<td>EMERUWA, UKACHI</td>
<td>294, 631, 1754, 2007</td>
</tr>
<tr>
<td>ENSWIE, KRISTEN</td>
<td>1174</td>
</tr>
<tr>
<td>EN, EMILY</td>
<td>654</td>
</tr>
<tr>
<td>ENCINITAS NURSING AND REHAB CENTER</td>
<td>779, 2242</td>
</tr>
<tr>
<td>ENSLAM, MUSAB</td>
<td>249</td>
</tr>
<tr>
<td>ENSLAM, BAHRAM</td>
<td>236, 237</td>
</tr>
<tr>
<td>ENSLAM, MEDI</td>
<td>299, 640</td>
</tr>
<tr>
<td>ESSAN, JAMILEH</td>
<td>590</td>
</tr>
<tr>
<td>ESSANDARI, HAMID</td>
<td>31</td>
</tr>
<tr>
<td>ESSANDARI, RAMEZ</td>
<td>169, 290, 563, 756</td>
</tr>
<tr>
<td>ESSLAM, BAHRAM</td>
<td>236, 237</td>
</tr>
<tr>
<td>ESSLAM, FARSANI, MAHMOUD</td>
<td>237, 249</td>
</tr>
<tr>
<td>ESTELLA, KIRA</td>
<td>740</td>
</tr>
<tr>
<td>ESTES, SAMANTHA</td>
<td>654</td>
</tr>
<tr>
<td>ESTRADA, ANGELA</td>
<td>194, 666, 1693, 2267</td>
</tr>
<tr>
<td>ESTRADA, JOHANNA</td>
<td>167, 715, 1527, 1528</td>
</tr>
<tr>
<td>ETTEFAGH, LELIA</td>
<td>541</td>
</tr>
<tr>
<td>EUBANY, JACQUELINE</td>
<td>445</td>
</tr>
<tr>
<td>EVANS, CATHERINE</td>
<td>286, 610</td>
</tr>
<tr>
<td>EVANS, ELISABETH</td>
<td>282</td>
</tr>
<tr>
<td>EVANS, RICHARD</td>
<td>515</td>
</tr>
<tr>
<td>EVANS, RYAN</td>
<td>511</td>
</tr>
<tr>
<td>EVES, WILLIAM</td>
<td>143</td>
</tr>
<tr>
<td>EVORA, DARRYL</td>
<td>307, 651</td>
</tr>
<tr>
<td>EWANK, CLIFTON</td>
<td>141</td>
</tr>
<tr>
<td>FABELLA, GABRIEL</td>
<td>76, 1361</td>
</tr>
<tr>
<td>FABRIKANT, JORDAN</td>
<td>1966</td>
</tr>
<tr>
<td>FADAVI, HAMID</td>
<td>468</td>
</tr>
<tr>
<td>FADDA, GEORGE</td>
<td>329, 330</td>
</tr>
<tr>
<td>FAHIM, ASHRAF</td>
<td>700</td>
</tr>
<tr>
<td>FAHIMI, GOLSHAN</td>
<td>455</td>
</tr>
<tr>
<td>FAJ, JAMILA</td>
<td>164, 496, 708</td>
</tr>
<tr>
<td>FAIRBANKS, TIMOTHY</td>
<td>1669, 1868, 1909, 2171</td>
</tr>
<tr>
<td>FAKHRO, SAMS</td>
<td>76</td>
</tr>
<tr>
<td>FALLBROOK FAMILY HLTH CTR</td>
<td>840, 841</td>
</tr>
<tr>
<td>FALLBROOK FAMILY HLTH CTR</td>
<td>31, 1165</td>
</tr>
<tr>
<td>FALLBROOK SKILLED NURSING</td>
<td>779, 2243</td>
</tr>
<tr>
<td>FAMBRO, CYNTHIA</td>
<td>67, 1312, 1313</td>
</tr>
</tbody>
</table>
E. 提供者索引

FAMILY HEALTH CTR IBARRA, 900, 902, 903, 953
FAMILY HEALTH CTR IBARRA, .72, 1342
FAMILY HEALTH CTR OF SD- ELM ST, ........................................... 953
FAMILY HEALTH CTR OF SD- ELM ST, ........................................... 72, 1342
FAMILY HEALTH CTR OF SDELM ST, .............................................. 901
FAMILY HEALTH CTR SAN DIEGO-OAK PARK .......... 878, 879, 955
FAMILY HEALTH CTR SAN DIEGO-OAK PARK, .................. 72, 1343
FAMILY HEALTH CTR SAN DIEGO-CITY COLLEGE .. 859, 860, 861
FAMILY HEALTH CTR SAN DIEGO-CITY COLLEGE, ....................... 57, 1209
FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL ... 897, 898, 954
FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL, ............ 72, 1343
FAMILY HLTH CTR SD NATIONAL CITY ........................................... 859, 860, 861
FAMILY HLTH CTR SD NATIONAL CITY, ........................................... 57, 1209
FAMILY HLTH CTR SAN DIEGO-BEACH AREA 926, 927, 928, 929, 930, 931, 935, 951
FAMILY HLTH CTR SAN DIEGO-BEACH AREA, .................. 72, 1344
FAMILY HLTH CTR SAN DIEGO-CITY COLLEGE-EL CAJON 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 825
FAMILY HLTH CTR SAN DIEGO-CITY COLLEGE-EL CAJON, ......................................................... 26, 1092
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC ............... 801, 806
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC, ............. 21, 1038, 1039
FAMILY HLTH CTR SAN DIEGOCITY COLLEGE ........................................... 893, 894, 895
FAMILY HLTH CTR SD HILLCREST, 874, 875, 915, 916, 917, 918, 921, 922, 923, 924, 925, 955
FAMILY HLTH CTR SD HILLCREST, ........................................... 72, 1344, 1345
FAN, LI ........................................................................... 576
FAN, ROBERT ....................................................................... 500
FANNIN, HANAAH ...................................................... 102
FANOUS, ASHRAF .................................................... 193, 660
FARAMARZI, FARNAZ .............................................. 735
FARASA, SADA ...................................................... 1361, 1362
FARAVARDEH, ARMAN 329, 330, 626, 632
FARAZ ESLAMI, PARASTOO ........................................ 458
FARHAT, KELLI .................................................................... 639
FARHIDVASH, FARIBA ..................................................... 123, 711, 731
FARID, NIKDOKHT ..................................................... 317, 673
FARINAS, LEAH .......................................................... 686
FARJOUDI, FARHAD ............................................. 183, 241, 359
FARMER, STEVEN .................................................. 161, 191, 201, 713
FARNSWORTH, WILLIAM 98, 186, 576, 731
FARRAR, COURTNEY 139, 196, 570, 682, 1908, 2159
FARRELLY, ERIN ...................................................... 268
FARRIS, REUBEN ...................................................... 18, 21
FARSAD, RAMIN ............................................................... 28
FARSHAMI, FATEMEH .................................................. 476
FARSHIDI, ARTA ...................................................... 541
FARSHLER, ANTHONY 198, 432, 725, 1700
FARSO, CHU-PEI ........................................................... 475
FATION, HANAAH .............................................................. 102
FATHER, JEFFREY ..................................................... 88
FERNANDEZ LEYVA, JUAN ........................................ 1014
FERNANDEZ, GENARO 108, 119, 151, 327, 329, 532
FERNANDEZ, RAYMOND ............................................... 43
FERNANDEZ, ROGIO ...................................................... 121
FEROLIE, PAM .............................................................. 602
FERRAOLO, NATALIE ........................................ 1142, 1143, 1177
FERRANTE, JADE .............................................................. 240
FERRARA, SAMANTHA ........................................... 339, 1843
FERRER, MIRON .............................................................. 320, 682
FERRIT, STACY .............................................................. 1725, 1960
FICK, DARYL ................................................................. 620
FIEDLER, DEREK .............................................................. 610
FIELDING, JOSEPH ..................................................... 1471
FIGHTLIN, STEFANIE ............................................................. 50
FIGUEROA RODRIGUEZ, BRENDA .......................................... 1118
FILIPPOVIC, MAYA ...................................................... 278, 593
FILIPPELLO, LAUREN ....................................................... 602
FINCH, CHRISTINA .................................................... 683, 2106
FINN, DAPHNA .............................................................. 311, 2277
FIREIZEN, YARON ............................................................. 2106
FIRESTEIN, CATHERINE ........................................... 291, 624
FIRESTONE, MICHELLE ........................................... 2133, 2300
FISHER, CASEY .............................................................. 556, 568, 573, 577
FISHER, JAY ................................................................. 2082
FISHER, JENNIFER ............................................................. 623, 681
FISHER, SLOANE ............................................................... 1936
FISHER-GAMEZ, LORI ..................................................... 557
FISHMAN, ELENA ............................................................. 1428
FITZGERALD, MICHAEL ........................................... 660, 2300
FITZPATRICK, APRIL ....................................................... 165
FITZPATRICK, MICHAEL ..................................................... 482
FLANIGAN, MARLYN ....................................................... 2282, 2301
FLANNERY, CHRISTOPHER ........................................... 433, 501
FLEMING, DAVID ............................................................. 1192
FLEMING, JOHN .............................................................. 2385, 2423
FLEMING, SARAH ............................................................. 1619, 2014
FLEMING, TARA ............................................................... 1119
FLEMING, WESLEY ........................................................... 683
FLETCHER, EMILY ............................................................ 1058
FLINN, SCOTT ............................................................... 574, 1910
FLINT, JAMES ............................................................... 1826, 2181
FLISZAR, EVELYNE ........................................................... 317, 673, 674

2466
# E. 提供者索引

<table>
<thead>
<tr>
<th>E. 提供者索引</th>
<th>800</th>
</tr>
</thead>
<tbody>
<tr>
<td>FREEDOM VILLAGE HEALTHCARE CTR</td>
<td>800</td>
</tr>
<tr>
<td>FLOOD, DAVID</td>
<td>690</td>
</tr>
<tr>
<td>FLORENCIA, BRYNA</td>
<td>308</td>
</tr>
<tr>
<td>FLORES, BRUNO</td>
<td>688</td>
</tr>
<tr>
<td>FLORES, EDNA</td>
<td>169, 171, 294, 631</td>
</tr>
<tr>
<td>FLORES, ERNEST</td>
<td>1059</td>
</tr>
<tr>
<td>FLORES, JOE</td>
<td>1313</td>
</tr>
<tr>
<td>FLORES, TERESA</td>
<td>50</td>
</tr>
<tr>
<td>FLYNN, DANIELLE</td>
<td>2203, 2319</td>
</tr>
<tr>
<td>FODDA, RAMI</td>
<td>708, 1478, 1479, 2193</td>
</tr>
<tr>
<td>FOLCH TORRES-AGUIAR, BEATRIZ</td>
<td>159, 534, 637, 1047, 1186, 1187, 1392, 1393, 1394, 1395, 1856</td>
</tr>
<tr>
<td>FONG, TSE LING</td>
<td>247</td>
</tr>
<tr>
<td>FONSECA, ROSANNA</td>
<td>182</td>
</tr>
<tr>
<td>FONTANA, LOUIS</td>
<td>714, 717, 2322</td>
</tr>
<tr>
<td>FORCIER, NANCY</td>
<td>1809, 2146, 2147</td>
</tr>
<tr>
<td>FOREMAN, TANYA</td>
<td>542, 583, 584</td>
</tr>
<tr>
<td>FORRESTER, JARED</td>
<td>266</td>
</tr>
<tr>
<td>FORRESTER, MICHAEL</td>
<td>512</td>
</tr>
<tr>
<td>FORSMAN, SHAH</td>
<td>1137</td>
</tr>
<tr>
<td>FORTMANN, DANIEL</td>
<td>80</td>
</tr>
<tr>
<td>FORTUNE, ERIN</td>
<td>1428</td>
</tr>
<tr>
<td>FORZANI, CHRISTINA</td>
<td>2133, 2301</td>
</tr>
<tr>
<td>FOSTER, ANDREW DAVID</td>
<td>747</td>
</tr>
<tr>
<td>FOSTER, MARK</td>
<td>41</td>
</tr>
<tr>
<td>FOWLER, AARON</td>
<td>486</td>
</tr>
<tr>
<td>FOWLER, KATHRYN</td>
<td>317, 674, 1810, 2147</td>
</tr>
<tr>
<td>FOWLER, VINCENT</td>
<td>497, 542</td>
</tr>
<tr>
<td>FOX, DELANIE</td>
<td>439, 518</td>
</tr>
<tr>
<td>FOX, KENNETH</td>
<td>2188</td>
</tr>
<tr>
<td>FOYGELMAN, ALEKSANDR</td>
<td>659</td>
</tr>
<tr>
<td>FOYOUZI-YOUSEFI, NASTARAN</td>
<td>618, 622</td>
</tr>
<tr>
<td>FRAGOSO, DOMINIQUE</td>
<td>158, 2262</td>
</tr>
<tr>
<td>FRAKES, LAURIE</td>
<td>171, 623, 631, 710</td>
</tr>
<tr>
<td>FRANCIS, CATHERINE</td>
<td>472</td>
</tr>
<tr>
<td>FRANCIS, LARRY</td>
<td>421, 1847</td>
</tr>
<tr>
<td>FRANK, GUIDO</td>
<td>2301</td>
</tr>
<tr>
<td>FRANK, STEWART</td>
<td>76</td>
</tr>
<tr>
<td>FRANKLIN RUTLAND, CEDRIC</td>
<td>203</td>
</tr>
<tr>
<td>FRANKLIN, ADAM</td>
<td>591</td>
</tr>
<tr>
<td>FRANKWICH, KAREN</td>
<td>448</td>
</tr>
<tr>
<td>FRASIER, BRADLEY</td>
<td>572</td>
</tr>
<tr>
<td>FREDERICK, ALIYA</td>
<td>634, 2025</td>
</tr>
<tr>
<td>FREDERICK, JANE</td>
<td>360, 371</td>
</tr>
<tr>
<td>FREDERICK, ALIYA</td>
<td>634, 2025</td>
</tr>
<tr>
<td>GAGLANI, RAHUL</td>
<td>505</td>
</tr>
<tr>
<td>GAHM, CLAIRE</td>
<td>2082</td>
</tr>
<tr>
<td>GAIKWAD, SHILPA</td>
<td>24</td>
</tr>
<tr>
<td>GAINOR, GRETCHEN</td>
<td>1169</td>
</tr>
<tr>
<td>GALANT, DANIEL</td>
<td>539, 666</td>
</tr>
<tr>
<td>GALASSO, MADISON</td>
<td>113, 1610</td>
</tr>
<tr>
<td>GALDAMEZ, ANDREA</td>
<td>308</td>
</tr>
<tr>
<td>GALKO, BARBARA</td>
<td>93</td>
</tr>
<tr>
<td>GALLARES, DANIEL</td>
<td>1182</td>
</tr>
<tr>
<td>GALLO, LINDA</td>
<td>137, 1633, 2259</td>
</tr>
<tr>
<td>GALUST, HENRIK</td>
<td>287, 1731</td>
</tr>
<tr>
<td>GAN, TERENCE</td>
<td>292</td>
</tr>
<tr>
<td>GANDE, ABHIRAM</td>
<td>442</td>
</tr>
<tr>
<td>GANDHI, ANAND</td>
<td>1300</td>
</tr>
<tr>
<td>GANDHI, SHEETAL</td>
<td>1169</td>
</tr>
<tr>
<td>GANDY, JODIE</td>
<td>465</td>
</tr>
<tr>
<td>GANESAN, ANUSHA</td>
<td>2102</td>
</tr>
<tr>
<td>GANGJI, SHAZMIN</td>
<td>190, 1691</td>
</tr>
<tr>
<td>GANTA, SANYASI</td>
<td>32, 84</td>
</tr>
<tr>
<td>GANTA, SRUJAN</td>
<td>2188</td>
</tr>
<tr>
<td>GARA, NAVEEN</td>
<td>183, 1673</td>
</tr>
<tr>
<td>GARBER, MARC</td>
<td>105, 570, 764</td>
</tr>
<tr>
<td>GARCIA, CALVIN</td>
<td>1725, 1960</td>
</tr>
<tr>
<td>GARCIA, CARLOS</td>
<td>23, 1059</td>
</tr>
<tr>
<td>GARCIA, DEANA</td>
<td>1450, 1451</td>
</tr>
<tr>
<td>GARCIA, JASON</td>
<td>439</td>
</tr>
<tr>
<td>GARCIA, JENNI</td>
<td>2006, 2302</td>
</tr>
<tr>
<td>GARCIA, JOHNNY</td>
<td>1074, 1256, 1257</td>
</tr>
<tr>
<td>GARCIA, KARLA</td>
<td>18, 1025</td>
</tr>
<tr>
<td>GARCIA, RAFAEL</td>
<td>1059, 1217</td>
</tr>
<tr>
<td>GARCIA, REGINA</td>
<td>2193</td>
</tr>
<tr>
<td>GARCIA, RICHARD</td>
<td>2301</td>
</tr>
<tr>
<td>GARCIA, ROSEMARIE</td>
<td>2264</td>
</tr>
<tr>
<td>GARCIA, TADAYSIA</td>
<td>1516, 1517</td>
</tr>
<tr>
<td>GARCIA-SANDOVAL, DAMARIS</td>
<td>715, 2206</td>
</tr>
<tr>
<td>GARDNER, KRISTA</td>
<td>302, 761</td>
</tr>
<tr>
<td>GARDNER, STEPHEN</td>
<td>482</td>
</tr>
<tr>
<td>GARG, KEVIN</td>
<td>300, 712, 2421</td>
</tr>
<tr>
<td>GARFINKLE, REBECCA</td>
<td>412</td>
</tr>
<tr>
<td>GARGULINSKI, MATTHEW</td>
<td>523</td>
</tr>
<tr>
<td>GABYAN, VARTAN</td>
<td>597, 1251</td>
</tr>
<tr>
<td>GARNER, KAREN</td>
<td>65</td>
</tr>
<tr>
<td>GARTH, MELISSA</td>
<td>1717, 1936</td>
</tr>
<tr>
<td>GARVIN, JOSEPH</td>
<td>181</td>
</tr>
<tr>
<td>GAULT, MICHAEL</td>
<td>365</td>
</tr>
<tr>
<td>GAUSEPOHL, MARY</td>
<td>513</td>
</tr>
</tbody>
</table>
E. 提供者索引

GAVRILYUK, IGOR. 76
GAVRILYUK, OLEG. 652
GAYAM, SAJJAN. 278, 593
GE, NENGJIE. 256, 257
GE, NORMAN. 259
GEBHARD, KARL. 50, 51
GEE, JENNIFER. 422, 566, 761, 1847
GEE, JOEY. 452, 455
GEE, KELLY. 41, 358
GEIGER, ERIK. 268
GEISINGER, TERESA. 724
GELBERG, ANNA. 292, 626, 1747, 1997
GELLENS, ANDREW. 159, 534, 637
GENE, BOB. 2070
GENOVESE, KELLY. 317, 674
GEO, NENGJIE. 256, 257
GENOVESI, JOHN. 349
GIANFORTUNE, RACHEL. 1174
GIANG, STEVEN. 2468
GIAMONA, KRISTEN. 2134, 2302
GIASH, ROBERT. 531, 620, 1094, 1212
GIL, GABRIEL. 67, 68
GILANI, SAPIED. 304, 647, 1777, 1778
GILBERT, CHRISTOPHER. 184, 1674
GILBOA, RUTH. 198, 559, 709, 719
GILES, GREGORY. 2373
GILIBERTO, JOSEPH. 529, 612, 1292, 1293, 1872, 1965
GILLES, LOUIS. 174
GILLIAN, JAMES. 174
GILLILAND, TYLER. 320
GILLMAN, MICHAEL. 349
GIM, RONALD. 354, 365
GIOCA, ASHLEY. 603, 1936
GIOVANNETTI, ERIN. 282, 1717
GISH, ROBERT. 531, 620, 1094, 1212
GISI, SYLVIA. 87
GITYTGS, DANIEL. 268, 269
GIURGIU, DAN. 686
GLADSDJO, JULIE. 166, 614
GLASSER, DANIEL. 568, 762
GLASSER, MARGA. 105, 106
GLASSMAN, JERROLD. 597, 628
GLEASON ROHRER, GWEN. 1313, 1314
GLEN, TARA. 2014
GLICKMAN, SAMUEL. 315
GLOBUS, JEFFREY. 51
GODDARD, SHANNON. 1192, 1193
GODINEZ, DAVID. 564, 758
GOEB, YANNICK. 323, 690, 1826, 2181
GOEL, GUNJAN. 688
GOGGIN, SAMANTHA. 1429
GOHAL, RAJIT. 32, 33, 48
GOKHAROO ROHUL. 216, 433
GOLD, JEFFREY. 1677, 1854, 2026
GOLD, MARGARET. 39
GOLDBERG, ROBERT. 452, 474
GOLDEN HILL POST ACUTE. 781, 2248
GOLDEN LIFE ADHC. 2257
GOLDENSON, BERNARD. 247
GOLDEN, SARAH. 1257
GOLDING, IAN. 2073
GOLDKLANG, ROBERT. 168, 289
GOLDSZTEIN, HERNAN. 102
GONZALES MELENDEZ, ADALICE. 684
GONZALES, ANDRES. 629
GONZALES, DARRELL. 287
GONZALES, EIDVINA. 49, 55
GONZALES, MICHELLE. 60, 1070, 1071
GONZALES, PATRICK. 49, 55
GONZALES MELENDEZ, ADALICE. 684
GONZALES, ANDRES. 629
GOODWIN, RACHEL. 1727, 1962
GOODWIN, RACHEL. 1727, 1962
GORDON, BRENT. 2073
GORDON, CHRISTOPHER. 1087
GORDON, DANIELLE. 603, 720
GORDON, JUSTIN. 155, 530, 574
GORE, GWENDOLYN. 64, 581
GORGES, RANDA. 1096
E. 提供者索引

GORHAM, LAURA.1628, 1685, 1901, 2082
GORSK, TITO.229, 743, 744, 771, 772, 774
GORSHK, YARA.178, 324, 694, 2183
GOTTESFELD, STEVEN...........308, 1795
GOSMAN, AMANDA.178, 324, 694, 1795
GRACE HOUSE. .....................................2244
GOVEA, ALAYN. ...........................294, 1752
GRANDISON, BROOKE.........................388
GREEN, ANGELA.........................2245
GREEN, BRADLEY.........................2245
GREEN, HANNAH.................................245
GREEN, TRAVIS.................................93
GREENBAUM, BRADLEY...........401
GREENBERG, CATOU.................59
GRIFFITH, PATRICK.........................402
GRMALS, JOHN.................................145
GRIMES, KELLY.......................682
GRINDLE, SILVIA.................577
GRISOLIA, JAMES. .........................634
GRISOM, MURRAY.........1810, 2147, 2148
GROGMAN, LILLIAN. ....307, 651
GROGAN, BRIAN. .................2034, 2035
GROSS, KIMBERLY. .....................603
GROSS, MATTHEW.1629, 1685, 1841, 1861, 1902, 2083
GROSSMONT HOSPITAL ..........2234
GROSSMONT HOSPITAL DP SNF. .......2244
GROSSMONT POST ACUTE CARE. ........779, 2245
GROSSMONT SPRING VALLEY .799
FAMILY HLTH CTRS INC.897, 988, 989, 990, 991, 992
GROSSMONT SPRING VALLEY .83, 1582
GROVE, JAY. 197, 765, 1697, 1915, 2232
GROVE, VICKI. .........................759
GROVEY, BRITTANY. .............593, 594
GRUENENFELDER, JENNIFER.273, 405, 488
GRUNVALD, EDUARDO. 626, 1997
GRUSHCHAK, SOLOMIYA.166, 167, 542, 614, 755, 756
GUADARRAMA, IGNACIO.1517, 1608, 1937
GUALTIERI, CHRISTOPHER.640, 2045
GUAN, HOWARD.712, 2199, 2200, 2421
GUARDADO-SOTO, RAQUEL.194, 1651, 2263
GUEFEN, URI. .........................21, 74, 617
GUERENA, CHRISTOPHER.640, 2045
GUERRENO, EVAN. .................483
GUAROY, ASIM. .........................77
GUJRAL, SATVINDER. ...............375, 587
GUPTA, ABHAY. .........................178
GUPTA, ANSHU. .........................178
GUPTA, ANUJ. ..............................2212
GUPTA, MONIKA. .....................123, 711, 731
GUPTA, MRINALI. 375, 551
GUPTA, PRATIMA. 1762, 2035
GUPTA, SAMEER. .........................721
GUPTA, VARSHA. .........................1430
GUPTA, VISHAL. .....................296, 634
GURBANI, AJAY. .........................415
GUSTAFSON, GEORGE.....................232
GUTLAMIS, ERIC.....................634, 661
GUTH, CARA. 131, 339, 654, 1651, 2122
GUTIERREZ, ANGELICA. 1362
GUTIERREZ, CRYSTAL. ....................496
GUTIERREZ, JUSTINE. .....................1127
GUTIERREZ, LORAINE. 68
GUTIERREZ, TANIA. .....................1314, 1315
GUPTA, MRINALI. 375, 551
GUTTIKONDA, RAKHESH. 540
GUZMAN, HORTENCIA. 654
GUZ, ROBERT. 184, 2267
GVOZDYEV, BORYS. 483, 706
GWYNN, DAVID. 257, 375, 587

H

HA, THU. 603, 1257, 1258, 1937, 1938
HAACK, LOGAN. 640
HAAS, RICHARD. 226, 296, 634
HABBUSH, RANA. 161, 537, 654
HACHOLSKI, MARK. 1315
HACINAS, REYNALDO. 714, 1138, 1517
HADDAD, FADI. 329
HADDAD, HASSAN. 504, 516, 728, 739
HADINGER, JANE. 283
E. 提供者索引

HAFTBARADARAN, MOHAMMADI, AFSANEH ........................................ 369
HAGHIGHI MOLTALGH, BEHNAZ, 45, 46
HAGHVERDIAN, BRANDON.............. 269
HAHN, LEWIS. ........................ 317, 674
HAHN, MICHAEL. ........................ 317, 674
HAI, FAIZI. ........................................ 1353
HAIDER, SHANZAY .................. 212, 433
HAIDER, UZMA. ................................. 212, 432, 433
HAIGHT, BRUCE 333, 535, 1838, 1839, 1876, 2347, 2387
HAJNIK, CHRISTOPHER ............... 686
HALE, EMILY ........................................ 111, 328, 603
HALEY, JESSICA 1663, 1683, 2073
HALEY, STEVEN ......................... 154, 529, 612
HALGEDAHJ, YI. 557, 558, 753, 1222, 1223, 1224, 1225, 1594, 1595, 2215
HALIM, NEIL .............................. 80
HALL, ANDREW ......................... 17
HALL, JACOB .......................... 99, 731, 732
HALDORSON, JEFFREY .................. 686
HALPERIN, JASON ....................... 90, 2224
HALPERN, DAVID ......................... 96, 283
HALVORSON, PAULA ...................... 1701
HAMIDAN, AYAD ............................. 1743
HAMED JACQUELYN ................. 198, 1699
HAMID, WAHIDA ....................... 1074, 1645
HAMIDI ASL, KAMRAN ................. 348
HAMIDI, AFSHIN ......................... 581
HAMIDI, MAHSID ......................... 68
HAMILTON, ANITA ......................... 241
HAMILTON, JOANNE .................... 472, 473
HAMILTON, LISA MARIE 1143, 1315, 1316
HAMM, DEANNA ......................... 629
HAMMAN, MICHAEL ......................... 614
HAMILN, NATHAN ......................... 178
HAMMES, JOHN .......................... 147, 626, 632
HAMMETT, ERIN ......................... 22, 140, 1041, 1042
HAMMOND, CHARLES ................. 291, 624
HAMMOND, HEATHER .................... 154, 182
HAMMOUT, NAHID ......................... 252, 266
HAMOUIE, JUDY 437, 438, 2340, 2346, 2352, 2374
HAMZEI, ALI .............................. 162, 279
HAN, AMY ...................................... 614
HAN, ANGELA ................................. 2194
HAN, JAMES ......................... 569, 133, 191, 577, 1914
HAN, KIYOUNG ............................. 160, 337, 645
HAN, SUL KI ............................. 2340, 2374
HANAGAMI, CORI ................. 661
HAN, BARREY ................................. 694
HAN, SUZANNE ......................... 640
HANLEY, KAREN ......................... 473
HANDWERKER, JASON .......... 318, 674
HANJAN, TIVA ............................. 468, 483
HAN, LAUREN 1047, 1048, 1108, 1187, 1395, 1396, 1586, 1587
HANNA, ANDREW ......................... 387
HANNA, KAREN ......................... 765
HANNA, LINDSAY .......................... 283, 1718
HANNAWI, ANDREW ................. 2027
HANNSUN, GEMMY ..................... 1810, 2148
HANONO, ABRAHAM ..................... 2360
HANONO, HELFON ......................... 2360
HANSEN, CHRISTINA ............... 150, 308
HANSEN, DOYLE ......................... 155
HANSEN, JOHN ............................. 1430
HANSINK, RAYMOND ................. 703
HANSON, ADRIENNE ................. 740, 741
HAPKE, ELENA ......................... 1471
HARDIN, JEREMY ......................... 287
HARDISON, CHARLES ..................... 579
HARE, MARC ............................. 113, 183, 617
HARFORD, ROBERT ................. 211
HARFOUCH, CHAWKI ....................... 504
HARGROVE, RACHEL ....................... 402
HARIANAWALA, SALIM ................. 265
HARKNESS, RUMIKO ...................... 1718, 1938
HARMAN, JACY ......................... 439, 440
HARMER, JENNA ......................... 654
HARMIS, NATASHA ....................... 717, 1573
HARMIS, MONICA ......................... 42
HAROUSSH, GAL ......................... 1938
HARPEL, SHERLY ......................... 1075
HARRAH, WILLIAM ....................... 682
HARRER-BURGER, BEVERLY 113, 617, 1610
HARRINGTON, BARBARA LORAINE 1258, 1259
HARRINGTON, JOHN ................. 163
HARRIS, CHRISTINA ................. 654
HARRIS, GENEVIEVE ................. 279, 595
HARRIS, JEFFREY 304, 648, 1779, 1780, 2059
HARRIS, LAURA ......................... 184, 2267
HARRIS, LISA ......................... 1767
HARRIS, MATTHEW ................. 351
HARRIS, PAMELA ................. 1642, 1883, 2216
HARRISON, AMY 33, 49, 552
HARSOLIA, ASIF ......................... 393
HART, BECKY ......................... 1938
HART, MARQUIS ......................... 686
HARTFORD, NICOLE ................. 1599
HARTMAN, ANDREW ................. 571
HARTMAN, JULIE ......................... 496, 724
HARTMANN, PHILIPP ................. 2099
HARVEY, DELFINA ......................... 603
HARVEY, SCOTT 297, 637, 1762, 2035, 2036
HASAN, AWS 289, 620, 1740, 1741, 1986
HASAN, BUSHRA ......................... 496, 724
HASE, KATHLEEN ......................... 182
HASEGAWA, CHRIS ................. 1796, 2123
HASHEM, SHIVA ......................... 1019
HASHEMI, EMAD ......................... 255
HASSAN, SARAH ......................... 362
HASSANEIN, TAREK 115, 116, 156, 183, 585, 620
HASTANAN, TAREK ......................... 1088
HASTIE, ELIZABETH ................. 626, 1998
HATTANGADI, GLUTH, JONA 138, 176, 316, 669, 2142
HAUFF, SAMANTHA ...................... 648
HAUFF, SAMANTHA ...................... 648
HAUFF, SAMANTHA ...................... 648
HAUFF, SAMANTHA ...................... 648
HAUFF, SAMANTHA ...................... 648
HAUFF, SAMANTHA ...................... 648
HAUFF, SAMANTHA ...................... 648
<table>
<thead>
<tr>
<th>Name</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEIN, PETER</td>
<td>33</td>
</tr>
<tr>
<td>HEINRICH, JAMES</td>
<td>463, 464</td>
</tr>
<tr>
<td>HEINRICI, ALEKA</td>
<td>68, 592, 1316, 1528</td>
</tr>
<tr>
<td>HEKMAT, RAZI</td>
<td>59, 1212</td>
</tr>
<tr>
<td>HEMET GLOBAL MEDICAL CENTER</td>
<td>11, 779</td>
</tr>
<tr>
<td>HEMP, JAMES</td>
<td>694</td>
</tr>
<tr>
<td>HEMPERLY, STEPHEN</td>
<td>167, 614</td>
</tr>
<tr>
<td>HENDERSON, GREGORY</td>
<td>542, 756</td>
</tr>
<tr>
<td>HENDERSON, PHILIP</td>
<td>1363</td>
</tr>
<tr>
<td>HENDERSON, RODNEY</td>
<td>343</td>
</tr>
<tr>
<td>HENDERSON, TREVOR</td>
<td>1431</td>
</tr>
<tr>
<td>HENDRICKS, MARK</td>
<td>77</td>
</tr>
<tr>
<td>HENDRIX, JEFFERSON</td>
<td>1528</td>
</tr>
<tr>
<td>HENLEY, MEARA</td>
<td>1480, 1481</td>
</tr>
<tr>
<td>HENNEIN, LAUREN.300, 1661, 1680,</td>
<td>1856, 1895, 2045</td>
</tr>
<tr>
<td>HOGARTH, MICHAEL</td>
<td>1747, 1998</td>
</tr>
<tr>
<td>HOGUE, BRENNA</td>
<td>288, 617, 1732, 1972</td>
</tr>
<tr>
<td>HOLDEN, MARC</td>
<td>696</td>
</tr>
<tr>
<td>HOM, DAVID.304, 305, 648, 1780, 2060</td>
<td></td>
</tr>
<tr>
<td>HONG, ANDREW</td>
<td>79</td>
</tr>
<tr>
<td>HONG, ERIC</td>
<td>280</td>
</tr>
<tr>
<td>HONG, HEE KYUNG</td>
<td>238</td>
</tr>
<tr>
<td>HONG, JOHN</td>
<td>199</td>
</tr>
<tr>
<td>HONOLD, JOSE</td>
<td>2015</td>
</tr>
<tr>
<td>HOO, PAMELA.302, 1771, 2362, 2403</td>
<td></td>
</tr>
<tr>
<td>HOOPER, BONNIE.96, 164, 603, 1602, 1653, 1939</td>
<td></td>
</tr>
<tr>
<td>HOPES, DAVID.570, 669, 2142, 2143</td>
<td></td>
</tr>
<tr>
<td>HORISH, ADAM.121, 1620</td>
<td></td>
</tr>
<tr>
<td>HORGAN, SANTIAGO.322, 686, 1820, 2171, 2172</td>
<td></td>
</tr>
<tr>
<td>HORIZON CBAS</td>
<td>2257</td>
</tr>
<tr>
<td>HORKY, LAURA.1810, 1811, 2148</td>
<td></td>
</tr>
<tr>
<td>HORMOZDARIAN, SANAYA</td>
<td>1431</td>
</tr>
<tr>
<td>HORN, ADAM</td>
<td>176, 316</td>
</tr>
<tr>
<td>HORN, TREVOR</td>
<td>741</td>
</tr>
<tr>
<td>HORNEY, KRISTAN</td>
<td>1261</td>
</tr>
<tr>
<td>HORNFIELD, COURTNEY</td>
<td>603</td>
</tr>
<tr>
<td>HOROWITZ, MICHAEL</td>
<td>318, 674</td>
</tr>
<tr>
<td>HORTON, LUCY</td>
<td>1993</td>
</tr>
<tr>
<td>HOSALKAR, HETAL</td>
<td>1707</td>
</tr>
<tr>
<td>HOSEIN, NADEEN</td>
<td>618</td>
</tr>
<tr>
<td>Name</td>
<td>Page Numbers</td>
</tr>
<tr>
<td>------</td>
<td>--------------</td>
</tr>
<tr>
<td>E. 提供者索引</td>
<td></td>
</tr>
<tr>
<td>HOSSEIN ZADEH MALEKI, ANA</td>
<td>123, 711, 732, 1623, 2198</td>
</tr>
<tr>
<td>HOSSEINI, ALIREZA</td>
<td>241, 242, 448</td>
</tr>
<tr>
<td>HOUGHTON, ROBERT</td>
<td>68</td>
</tr>
<tr>
<td>HOURANI, RAYAN</td>
<td>108, 152, 597</td>
</tr>
<tr>
<td>HOURIHAN, KEITH</td>
<td>1848</td>
</tr>
<tr>
<td>HOUSELY, ALEXIS</td>
<td>320, 1815</td>
</tr>
<tr>
<td>HOVANESIAN, JOHN</td>
<td>376, 587</td>
</tr>
<tr>
<td>HOWARD, NATHAN</td>
<td>33</td>
</tr>
<tr>
<td>HOWE, STEVEN</td>
<td>1822, 1868, 1869, 2212</td>
</tr>
<tr>
<td>HOWELL, AMANDA</td>
<td>558, 753</td>
</tr>
<tr>
<td>HOWELL, STACEY</td>
<td>249, 250</td>
</tr>
<tr>
<td>HOXMEIER, KRISTA</td>
<td>1451</td>
</tr>
<tr>
<td>HSIAO, ALBERT</td>
<td>318, 674, 675</td>
</tr>
<tr>
<td>HSIEH, TUNG CHIN</td>
<td>1830</td>
</tr>
<tr>
<td>HSING, ANDREW</td>
<td>175, 763</td>
</tr>
<tr>
<td>HSIAO, ALBERT</td>
<td>318, 674, 675</td>
</tr>
<tr>
<td>HUANG, MARIA</td>
<td>2112</td>
</tr>
<tr>
<td>HUANG, MARK</td>
<td>38</td>
</tr>
<tr>
<td>HUANG, STEPHANIE</td>
<td>102, 190, 577</td>
</tr>
<tr>
<td>HUBLEY, PAUL</td>
<td>1026</td>
</tr>
<tr>
<td>HUDSON, BONNIE</td>
<td>639</td>
</tr>
<tr>
<td>HUDSON, HENRY</td>
<td>172, 188, 300, 334, 535, 640, 641, 1839, 1840, 2346, 2352, 2362, 2375, 2387, 2404</td>
</tr>
<tr>
<td>HUDSON, JESSICA</td>
<td>324, 694</td>
</tr>
<tr>
<td>HUEGE, STEVEN</td>
<td>2277</td>
</tr>
<tr>
<td>HUERTA, CARMEN</td>
<td>207, 497, 724</td>
</tr>
<tr>
<td>HUGHES, CHARLOTTE</td>
<td>305, 648</td>
</tr>
<tr>
<td>HUGHES, ELISA</td>
<td>125</td>
</tr>
<tr>
<td>HUGHES, HEATHER</td>
<td>33</td>
</tr>
<tr>
<td>HUGHES, LARRY</td>
<td>33</td>
</tr>
<tr>
<td>HUGHES, TUDOR</td>
<td>675</td>
</tr>
<tr>
<td>HUI, KIM</td>
<td>637</td>
</tr>
<tr>
<td>HUI-GE, STEVEN</td>
<td>2277</td>
</tr>
<tr>
<td>HUIRAH, KEITH</td>
<td>1848</td>
</tr>
<tr>
<td>HUGHES, TUDOR</td>
<td>675</td>
</tr>
<tr>
<td>HUGHES, LARRY</td>
<td>33</td>
</tr>
<tr>
<td>HUGHES, HEATHER</td>
<td>33</td>
</tr>
<tr>
<td>HUGHES, ELISA</td>
<td>125</td>
</tr>
<tr>
<td>HUGHES, CHARLOTTE</td>
<td>305, 648</td>
</tr>
<tr>
<td>HUISA-GARATE, BRANKO</td>
<td>123, 124, 711</td>
</tr>
<tr>
<td>HULL, ANDREW</td>
<td>1655, 1754</td>
</tr>
<tr>
<td>HUMPHRIES, CORINNE</td>
<td>250</td>
</tr>
<tr>
<td>HUNGS, JANICE</td>
<td>2375, 2388</td>
</tr>
<tr>
<td>HUNGS, JENNIFER</td>
<td>248</td>
</tr>
<tr>
<td>HUNG, LYNNE</td>
<td>445, 453</td>
</tr>
<tr>
<td>HUNSAKER, NALANI</td>
<td>225, 438</td>
</tr>
<tr>
<td>HUNT, TYRILLE</td>
<td>33</td>
</tr>
<tr>
<td>HUNTER, JACOB</td>
<td>309, 655, 1796, 1797, 2123, 2124</td>
</tr>
<tr>
<td>HUNTER, MICHAEL</td>
<td>269</td>
</tr>
<tr>
<td>HUNTER, WENDY</td>
<td>1169, 2083</td>
</tr>
<tr>
<td>HUO, KEUN-HENG</td>
<td>483, 706</td>
</tr>
<tr>
<td>HUOTT, PATRICK</td>
<td>732</td>
</tr>
<tr>
<td>HURD, MELISSA</td>
<td>88</td>
</tr>
<tr>
<td>HURST, MICHAEL</td>
<td>715, 1549</td>
</tr>
<tr>
<td>HURWITZ, MICHAEL</td>
<td>266</td>
</tr>
<tr>
<td>HUSAIN, ASGHAR</td>
<td>232</td>
</tr>
<tr>
<td>HUSEBY, DAVID</td>
<td>44</td>
</tr>
<tr>
<td>HUSAIN, ABID</td>
<td>34</td>
</tr>
<tr>
<td>HUSSAIN, SHAHID</td>
<td>633, 634</td>
</tr>
<tr>
<td>HUSSEMAN, JACOB</td>
<td>305, 648, 1781, 2060</td>
</tr>
<tr>
<td>HUSTANA, LARA</td>
<td>2363, 2404</td>
</tr>
<tr>
<td>HUSTED, JOHN</td>
<td>774</td>
</tr>
<tr>
<td>HUYNH, ANDREW</td>
<td>77</td>
</tr>
<tr>
<td>HUYNH, ANTHONY</td>
<td>382</td>
</tr>
<tr>
<td>HUYNH, CHI</td>
<td>2404</td>
</tr>
<tr>
<td>HUYNH, DOQUYEN</td>
<td>683</td>
</tr>
<tr>
<td>HUYNH, JUDY</td>
<td>41</td>
</tr>
<tr>
<td>HUYNH, LOAN</td>
<td>2405</td>
</tr>
<tr>
<td>HUYNH, PAUL</td>
<td>641, 2045, 2046, 2404</td>
</tr>
<tr>
<td>HWANG, BRIAN</td>
<td>400</td>
</tr>
<tr>
<td>HWANG, CAROLINE</td>
<td>244</td>
</tr>
<tr>
<td>HWANG, DONNA</td>
<td>462</td>
</tr>
<tr>
<td>HWANG, JOHN</td>
<td>376, 551</td>
</tr>
<tr>
<td>HYLTON, DIANA</td>
<td>1708, 1849, 1919, 2232</td>
</tr>
<tr>
<td>HYUN, SUSANNE</td>
<td>204, 430, 722</td>
</tr>
<tr>
<td>Ibanez, Berenice</td>
<td>2210, 2322</td>
</tr>
<tr>
<td>IBARRA, MARTHA</td>
<td>1015, 1518, 1940, 2204</td>
</tr>
<tr>
<td>IBRAHIM, MAGED</td>
<td>1157</td>
</tr>
<tr>
<td>IERARDI, STEPHEN</td>
<td>41</td>
</tr>
<tr>
<td>IGNACIO, ROMEO</td>
<td>2172</td>
</tr>
<tr>
<td>IGWE, CHINWENDU</td>
<td>207, 208</td>
</tr>
<tr>
<td>IGWE, DANIEL</td>
<td>230, 441, 520</td>
</tr>
<tr>
<td>IHEMEDU, AMARACHI</td>
<td>208, 765</td>
</tr>
<tr>
<td>IHEMEDU, MAGNUS</td>
<td>208, 765</td>
</tr>
<tr>
<td>IJAZ, TAHIR</td>
<td>195, 196, 669</td>
</tr>
<tr>
<td>Iker, Erica</td>
<td>718</td>
</tr>
<tr>
<td>ILBEIGI, PEDRAM</td>
<td>555</td>
</tr>
<tr>
<td>ILCHENA, ALESSANDRA</td>
<td>1293</td>
</tr>
<tr>
<td>IM, TAE WOONG</td>
<td>85</td>
</tr>
<tr>
<td>IMAM, ASIF</td>
<td>493</td>
</tr>
<tr>
<td>IMAM, SYED</td>
<td>2203, 2320</td>
</tr>
<tr>
<td>INLAND URGENT CARE A MED CORP</td>
<td>14</td>
</tr>
<tr>
<td>INLAND URGENT CARE OF SUN CITY</td>
<td>14</td>
</tr>
<tr>
<td>INOCELDA, ANDREW</td>
<td>102, 103, 1603</td>
</tr>
<tr>
<td>INSTONE, SUSAN</td>
<td>603, 1261, 1262, 1940</td>
</tr>
<tr>
<td>IRAQUI, VICENTE</td>
<td>1759, 2027</td>
</tr>
<tr>
<td>IRIZARRY, NICOLE</td>
<td>1472</td>
</tr>
<tr>
<td>ISAIAIS, AGNELA</td>
<td>1060, 1061</td>
</tr>
<tr>
<td>ISHAK, SALAM</td>
<td>219, 721</td>
</tr>
<tr>
<td>ISHIMINE, PAUL</td>
<td>2084</td>
</tr>
<tr>
<td>ISHO, MATHEW</td>
<td>685</td>
</tr>
<tr>
<td>ISSA, REDA</td>
<td>436, 733</td>
</tr>
<tr>
<td>IVANOV, MARGARET</td>
<td>1747</td>
</tr>
<tr>
<td>IYENGAR, RADHA</td>
<td>1010, 1011</td>
</tr>
<tr>
<td>IYENGAR, RAVI</td>
<td>288, 618</td>
</tr>
<tr>
<td>IYER, LAXMI</td>
<td>91</td>
</tr>
<tr>
<td>IYER, VICTORIA</td>
<td>1719</td>
</tr>
<tr>
<td>Jabbari, Siavash</td>
<td>138, 196, 341, 669</td>
</tr>
<tr>
<td>JABBOUR, MOUSSA</td>
<td>1747, 1998</td>
</tr>
<tr>
<td>JABRI, ZAIN</td>
<td>1096, 1097</td>
</tr>
<tr>
<td>JACKSON, ALLYSON</td>
<td>517</td>
</tr>
<tr>
<td>JACKSON, ANITA</td>
<td>46, 85</td>
</tr>
<tr>
<td>JACKSON, CODY</td>
<td>659, 659</td>
</tr>
</tbody>
</table>
E. 提供者索引

JACKSON, DANA .............. 1119, 1120, 1191
JACKSON, MADELEINE .......... 2181
JACKSON, ROBERT ............... 400
JACKSON, TAYLOR ............. 2084
JACOB HEALTH CARE CENTER LLC. .......... 781, 2249
JACOBS, JEFFREY ........... 221, 376, 587
JACOBS, KATHLEEN .......... 318, 675
JACOBS, NATALIA ............. 433, 728
JACOBS, RANDOLPH .......... 432, 725
JACOBS, ROBERT ............. 567
JACOBS-KLEISLI, MILAGROS ... 1061
JACOBS, BRADLEY.566, 641, 1895, 2046
JACOBS, GARTh.177, 686, 687, 1668, 1821, 2172, 2173
JACOBSON, ARTHUR .......... 221, 721, 733
JACOBSON, JOH .......... 318, 675
JACOBY, RICHARD .......... 163, 171
JAFEE, GILAD .................. 293, 627, 766
JAFFRAY, JULIE ................... 2102
JAFFRAY, PAUL .......... 318, 675, 1811, 2149
JAHANPANAH, FERESHTEH .... 26, 27
JAIME, CINDY ...................... 637
JAIN, SUPRABHA ............. 118, 626
JAKKULA, JAGAN .......... 227, 428, 738, 769
JAKOBSEN, GARTh.177, 686, 687
JALALI, FARID ..................... 361
JALISI, NEJAT ....................... 24
JAMAL, MOHAMMAD ............ 426
JAMES, CHRISTINE ............ 717, 1917
JAMES, JOJI ...................... 252, 369
JAMISON, KAREN .......... 1363, 1364
JAMSHID-NEZHD, MOHAMMAD .... 571
JANISZEWSKI, EVA ................ 52
JANKOWSKI, PAWEL ........... 253, 267
JANNESARI, ROYA ............ 1671
JANSEN, CORNELIUS .......... 305, 648
JARDON, JAVIER .......... 1114, 1115
JASKI, BRIAN ....................... 105, 592
JASSO-RAMIREZ, MARTHA .. 533, 629
JAVAHERI, MANIJEH ............ 44
JAVIER DESLOGES, JUAN .... 343
JAZBEH, SAMMER .......... 1811, 2149, 2150
JECMENICA, MLADEN .......... 426, 427
JEDAMSKY, WALDRAUT ........ 204, 722
JEFFREY, JAMES .............. 149
JENKIN, FREDERICK .......... 68
JENKINS, ENCHANTA ........... 637, 1561
JENKINS, ERIN ................. 283, 603
JENNINGS, AMY ............... 715, 2322
JENSEN, ADRIENNE..604, 1075, 1076
JENSEN, BRIAN .............. 1907, 2287
JENSEN, BROOKE .............. 220
JENSEN, NATISHA ............ 266
JEON, MATTHEW ............... 1364
JEPPESEN, LANCE .......... 709
JERCINOVICH, IGOR .......... 523
JESPERSEN, RHONDA .......... 107
JI, AMANDA ...................... 1591
JIANG, FEN ......................... 452, 453
JIANG, JUN ......................... 626, 1998
JIANG, WEN ...................... 1682, 1857, 2061
JILLANI, ASIF ................. 235
JIMENEZ BACARDI, ADRIA ... 2112
JIMENEZ, ANDREA ............. 1636, 1704, 1878
JIMENEZ, CARLOS ............ 129
JIMENEZ, KRISTAL ............ 19, 1026
JIMENEZ, NANCY ............. 716, 2323
JIN, MAN .......... 300, 641, 1768, 1769, 2046
JINDAL, ANUJA.1658, 1677, 1854, 1894, 2113
JINDAL, RISHI ................. 687
JOHN, ALAN ........ 119, 157, 628, 710
JOHN, TANNER .................. 68, 661, 1981
JOHNSON, HEGE ............ 230, 744, 774, 775
JOHNSON, ARIKA ............ 666, 667
JOHNSON, BRYCE .......... 269, 415
JOHNSON, CHRISTINE ......... 1910
JOHNSON, CHRISTOPHER.2385, 2423
JOHNSON, DANIEL .......... 1167
JOHNSON, JENNIFER ....... 2210, 2323
JOHNSON, KENNEDY .......... 682, 2160
JOHNSON, KENNETH ......... 117, 1614
JOHNSON, KIMBERLY ....... 111, 153, 208
JOHNSON, ROGER .......... 200, 221, 510
JOHNSON, SHAWNA AKIKO.1262, 1263
JOHNSON, SUSAN ............ 371, 586
JOHNSTON, ERIC .......... 173, 760
JOHNSTON, RACHEL ............ 286, 610
JOLLEY, WALTER ................. 659
JOMOC, CAITLIN.302, 645, 1772, 2052
JONES, CHRISTIA .................. 283, 604, 1719, 1941
JONES, DANIEL .............. 294, 316
JONES, KENDRA .............. 507
JONES, LAILA ................. 283
JONES, LAKESHA ............ 209
JONES, MARYL . ........ 290, 622
JONES, STACY ................. 753
JONES, VALORIA .......... 217, 729, 766, 767
JOO, KATHY ................. 726
JORDAN, JAMIE ............ 1432
JORJADZE, KETEVAN .......... 283
JOSEPH, JEFFREY .......... 221, 510, 733
JOSHI, WEEHA.1686, 1841, 1902, 2084
JOSHI, YASH ...................... 311, 661, 2303
JOSHUA, JISHA ............... 1808, 2140
JOSON, PETER ........ 376, 461, 587, 588
JOU, BILL ..................... 726
JOU, PAUL ...................... 574
JOURDAIN, VICTOR ........... 113
JOYCE, ROBERT .......... 2425
JU, NATHANIEL.420, 559, 755, 1596, 1889, 2222
JUANG, PATRICIA .......... 1738, 1977
JUAREZ, AMERICA .......... 2260
JUAREZ, LETICIA .......... 1125, 1126, 1462
JUAREZ, PATRICIA ........ 1432
JULAZADEH, SARA ......... 190, 302, 645
JULIAN, FIDES.163, 281, 599, 1652, 1712, 1713, 1926, 1927
JUMA, SAAD .......... 145, 148, 325, 344, 696
JURKOWSKI, LEONARD ............ 617
JUSTINO, HENRI ........... 2073
KAAKI, BILAL ................. 420
KABOLIZADEH, PEYMAN .... 393
KABRA, ASHISH ............ 556, 757
KADAKIA, AMAR .......... 241
KADAKIA, NIMISH ............ 269, 270, 415
KAFRI, HASSAN ........ 108, 119, 152, 157, 1103
KAHL, NICHOLAS .......... 604, 1001, 1138
KAISER, EMILY ............. 762
<table>
<thead>
<tr>
<th>Name</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaisey, Mushrik</td>
<td>22</td>
</tr>
<tr>
<td>Kakaiya, Roshni</td>
<td>56, 104, 2</td>
</tr>
<tr>
<td>Kakimoto, Amy</td>
<td>28</td>
</tr>
<tr>
<td>Kalantari, Ouzhan</td>
<td>258</td>
</tr>
<tr>
<td>Kalbaksi, Nataley</td>
<td>2331, 2346, 2352, 2363, 2376, 2388, 2405</td>
</tr>
<tr>
<td>Kale, Rahul</td>
<td>701, 702, 704</td>
</tr>
<tr>
<td>Kalinian, Haygoush</td>
<td>700, 703, 704</td>
</tr>
<tr>
<td>Kalra, Ankur</td>
<td>2335, 2388, 2423</td>
</tr>
<tr>
<td>Kamada, Satoshi</td>
<td>37</td>
</tr>
<tr>
<td>Kamarei, Shaparak</td>
<td>64</td>
</tr>
<tr>
<td>Kamel, Joseph</td>
<td>542</td>
</tr>
<tr>
<td>Kamoto, Lynn</td>
<td>1574</td>
</tr>
<tr>
<td>Kanaan, Samer</td>
<td>272, 273, 402</td>
</tr>
<tr>
<td>Kanaly, Kim</td>
<td>451, 458, 459</td>
</tr>
<tr>
<td>Kane, Kara</td>
<td>553, 581</td>
</tr>
<tr>
<td>Kane, Norman</td>
<td>323, 571</td>
</tr>
<tr>
<td>Kang, Eileen</td>
<td>264, 429</td>
</tr>
<tr>
<td>Kang, Joseph</td>
<td>770</td>
</tr>
<tr>
<td>Kang, Kyung</td>
<td>240</td>
</tr>
<tr>
<td>Kanaan, Swati</td>
<td>1967</td>
</tr>
<tr>
<td>Kansagra, Akash</td>
<td>675</td>
</tr>
<tr>
<td>Kansara, Devanshu</td>
<td>690</td>
</tr>
<tr>
<td>Kantas, Paris</td>
<td>111, 714, 1519, 1609</td>
</tr>
<tr>
<td>Kanu, Abdul</td>
<td>205, 722</td>
</tr>
<tr>
<td>Kanukuntla, Tulasi</td>
<td>428, 429, 738, 769</td>
</tr>
<tr>
<td>Karande, Prachi</td>
<td>139, 233, 539, 1637, 1704, 1878</td>
</tr>
<tr>
<td>Karanikkis, Christos</td>
<td>759, 760</td>
</tr>
<tr>
<td>Karanjia, Navaez</td>
<td>296, 311, 634, 641, 661, 662</td>
</tr>
<tr>
<td>Karapetian, Elena</td>
<td>2352</td>
</tr>
<tr>
<td>Karavan Jahromi, Mahsa</td>
<td>542</td>
</tr>
<tr>
<td>Kari, Elina</td>
<td>305, 649, 1781, 1782, 1857, 1858, 2061</td>
</tr>
<tr>
<td>Karimabadi, Marjan</td>
<td>63</td>
</tr>
<tr>
<td>Karimi, Kambiz</td>
<td>241</td>
</tr>
<tr>
<td>Karimian, Amir</td>
<td>280</td>
</tr>
<tr>
<td>Karippot, Anoop</td>
<td>135, 136, 311, 313, 314, 662, 665, 666</td>
</tr>
<tr>
<td>Karmakar, Kanka</td>
<td>651, 1432, 2113</td>
</tr>
<tr>
<td>Karmur, Amit</td>
<td>231, 745, 775, 776</td>
</tr>
<tr>
<td>Karody, Atula</td>
<td>440, 518</td>
</tr>
<tr>
<td>Karow, David</td>
<td>318, 675</td>
</tr>
<tr>
<td>Karp, Michael</td>
<td>1600</td>
</tr>
<tr>
<td>Karris, Bianca</td>
<td>662</td>
</tr>
<tr>
<td>Karrowni, Wasef</td>
<td>365</td>
</tr>
<tr>
<td>Karunamuni, Jennifer</td>
<td>318, 675, 676</td>
</tr>
<tr>
<td>Kasai, Sarah</td>
<td>761, 2395</td>
</tr>
<tr>
<td>Kasawa, John</td>
<td>24, 1088, 1089</td>
</tr>
<tr>
<td>Kasir, Rafid</td>
<td>690</td>
</tr>
<tr>
<td>Kassab, Ghada</td>
<td>155, 614</td>
</tr>
<tr>
<td>Katz, Jonathan</td>
<td>325, 696, 1831, 2189</td>
</tr>
<tr>
<td>Katz, Yisrael</td>
<td>1747, 1998</td>
</tr>
<tr>
<td>Katz, Seth</td>
<td>130, 339, 652</td>
</tr>
<tr>
<td>Kaufhold, Anne</td>
<td>68, 1004, 1316, 1317, 1529, 1530</td>
</tr>
<tr>
<td>Kaufman, Britney</td>
<td>513, 553</td>
</tr>
<tr>
<td>Kaufman, David</td>
<td>244</td>
</tr>
<tr>
<td>Kaufman, Jennifer Chiln</td>
<td>1317</td>
</tr>
<tr>
<td>Kaufman, Tiffany</td>
<td>513</td>
</tr>
<tr>
<td>Kaunitz, Genevieve</td>
<td>614, 1967</td>
</tr>
<tr>
<td>Kaup, Allison</td>
<td>104, 287, 314, 573, 578</td>
</tr>
<tr>
<td>Kaushal, Jatinde</td>
<td>2388, 2405, 2406</td>
</tr>
<tr>
<td>Kaushal, Jatinde</td>
<td>2388, 2405, 2406</td>
</tr>
<tr>
<td>Kea, Maya</td>
<td>44</td>
</tr>
<tr>
<td>Kayal, Anas</td>
<td>121, 711</td>
</tr>
<tr>
<td>Kaye, Alyson</td>
<td>753, 754</td>
</tr>
<tr>
<td>Kaye, Sharon</td>
<td>16</td>
</tr>
<tr>
<td>Kaye, Walter</td>
<td>2303</td>
</tr>
<tr>
<td>Kazem, Ahmad</td>
<td>1294</td>
</tr>
<tr>
<td>Kazem, Haron</td>
<td>1020</td>
</tr>
<tr>
<td>Kazemi, Sepideh</td>
<td>250</td>
</tr>
<tr>
<td>Kealey, Tammy</td>
<td>554</td>
</tr>
<tr>
<td>Kearns, Mark</td>
<td>1829</td>
</tr>
<tr>
<td>Kearny MESA CONVALESCENT</td>
<td>1829</td>
</tr>
<tr>
<td>Kendal, Nursing Home</td>
<td>781</td>
</tr>
<tr>
<td>Kearse, Wilfred</td>
<td>344</td>
</tr>
<tr>
<td>Kedington, Joan</td>
<td>2335, 2389, 2424</td>
</tr>
<tr>
<td>Keffe, Kelly</td>
<td>641</td>
</tr>
<tr>
<td>Keel, Douglas</td>
<td>615</td>
</tr>
<tr>
<td>Keen, William</td>
<td>280, 1711</td>
</tr>
<tr>
<td>Keifer, Jason</td>
<td>662</td>
</tr>
<tr>
<td>Keiller, Dany</td>
<td>145, 148, 179, 325, 344, 696, 697</td>
</tr>
<tr>
<td>Kelchner, Matthew</td>
<td>94, 718, 1002</td>
</tr>
<tr>
<td>Kelleher, Bridget</td>
<td>198, 558, 754, 1161, 1162, 1699, 1885, 2218</td>
</tr>
<tr>
<td>Kelling, Jonathan</td>
<td>493</td>
</tr>
<tr>
<td>Keli, Katherine</td>
<td>558, 1485, 1486, 1487, 1889</td>
</tr>
<tr>
<td>Kemberley, Thomas</td>
<td>727</td>
</tr>
<tr>
<td>Kemp, Kathrine</td>
<td>1263, 1941</td>
</tr>
<tr>
<td>Kennedy, Kathryn</td>
<td>469</td>
</tr>
<tr>
<td>Keramati, Shahin</td>
<td>597</td>
</tr>
<tr>
<td>Kersten, Diana</td>
<td>377, 588</td>
</tr>
<tr>
<td>Kesanapalli, Deepthi</td>
<td>1432</td>
</tr>
<tr>
<td>Kesari, Santosh</td>
<td>455</td>
</tr>
<tr>
<td>Keel, Kelsey</td>
<td>440, 518</td>
</tr>
<tr>
<td>Keshavarzi, Sara</td>
<td>1671</td>
</tr>
<tr>
<td>Kessler, Jennifer</td>
<td>754</td>
</tr>
<tr>
<td>Keys, Anna</td>
<td>182</td>
</tr>
<tr>
<td>Kfir, Menashe</td>
<td>251, 252, 368</td>
</tr>
<tr>
<td>Khafaia, Mohamad</td>
<td>2277, 2303</td>
</tr>
<tr>
<td>Khagi, Simon</td>
<td>252</td>
</tr>
<tr>
<td>Khain, Kathy</td>
<td>121, 633</td>
</tr>
<tr>
<td>Khaleel, Ammar</td>
<td>94, 2259</td>
</tr>
<tr>
<td>Khaeleghi Damavandi, Mir</td>
<td>339, 655</td>
</tr>
<tr>
<td>Khan, Mani</td>
<td>2406</td>
</tr>
<tr>
<td>Khalighi, Payman</td>
<td>2406</td>
</tr>
<tr>
<td>Khalil, Vady</td>
<td>160, 190, 337, 645, 2331, 2341, 2347, 2353, 2363, 2367, 2377, 2389, 2406</td>
</tr>
<tr>
<td>Khamisa, Soraia</td>
<td>629, 2303</td>
</tr>
<tr>
<td>Khamishon, Boris</td>
<td>634, 635, 2027</td>
</tr>
<tr>
<td>Khan, Ahad</td>
<td>201</td>
</tr>
<tr>
<td>Khan, Aliya</td>
<td>637, 1108, 1109</td>
</tr>
<tr>
<td>Khan, Cemone</td>
<td>462</td>
</tr>
<tr>
<td>Khan, Fahad</td>
<td>641, 2406</td>
</tr>
<tr>
<td>Khan, Hashim</td>
<td>108, 597</td>
</tr>
<tr>
<td>Khan, Khadeer</td>
<td>356</td>
</tr>
<tr>
<td>Khan, Matthew</td>
<td>1263</td>
</tr>
</tbody>
</table>
E. 提供者索引

KING, JOHN. ......................................... 279
KING CHAVEZ HEALTH CENTER. 935, 936, 937, 956
KING CHAVEZ HEALTH CENTER, .72, 1345
KING, APRIL. ........................................... 166
KING, FRANK. ......................................... 469
KING, JOHN. ........................................... 279
KING, JUSTIN........................................... 687
KING, MARY. ........................... 2335, 2390, 2424
KINGDON, JOANNA. 1861, 1902, 2085
KINGDON, TYLER. ................................. 2004
KIPPER, MICHAEL ................................. 297, 636
KISCADEN, LAUREN. .... 261, 388, 469
KISKILA, NATHAN. ................................. 40
KIYIAT, ANNETTE. 1666, 1691, 1867,
KIVIAT, ANNETTE. 1666, 1691, 1867,
KIVIAT, ANNETTE. 1666, 1691, 1867,
KIVIAT, ANNETTE. 1666, 1691, 1867,
KIVIAT, ANNETTE. 1666, 1691, 1867,
KIVIAT, ANNETTE. 1666, 1691, 1867,
KIVIAT, ANNETTE. 1666, 1691, 1867,
KIVIAT, ANNETTE. 1666, 1691, 1867,
KIVIAT, ANNETTE. 1666, 1691, 1867,
KIVIAT, ANNETTE. 1666, 1691, 1867,
<table>
<thead>
<tr>
<th>Name</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kozma, Bonita</td>
<td>1967</td>
</tr>
<tr>
<td>Krad, Omar</td>
<td>461, 462</td>
</tr>
<tr>
<td>Krafick, Sonja</td>
<td>46</td>
</tr>
<tr>
<td>KRAFT, Elizabeth</td>
<td>266</td>
</tr>
<tr>
<td>Krahni, Douglas</td>
<td>520</td>
</tr>
<tr>
<td>KRAK, Michael</td>
<td>1600</td>
</tr>
<tr>
<td>Kramer, Melissa</td>
<td>1240</td>
</tr>
<tr>
<td>Krapes, Michael</td>
<td>1907, 2287</td>
</tr>
<tr>
<td>Krause, Martin</td>
<td>278, 493, 594, 765, 1850, 2232</td>
</tr>
<tr>
<td>Kremer, Arnold</td>
<td>16, 24</td>
</tr>
<tr>
<td>Kreps, Christopher</td>
<td>174, 311</td>
</tr>
<tr>
<td>Kreshak, Allyson</td>
<td>1732</td>
</tr>
<tr>
<td>Krieger, Stephen</td>
<td>133, 340, 538</td>
</tr>
<tr>
<td>Kriegler, Lisa</td>
<td>1364</td>
</tr>
<tr>
<td>Krishnan, Priyanka</td>
<td>359, 425, 426</td>
</tr>
<tr>
<td>Krochmal, Rachel</td>
<td>708</td>
</tr>
<tr>
<td>Krol, Thomas</td>
<td>562</td>
</tr>
<tr>
<td>Krueger, Van</td>
<td>691</td>
</tr>
<tr>
<td>Kruk, Peter</td>
<td>651</td>
</tr>
<tr>
<td>Krychman, Michael</td>
<td>371</td>
</tr>
<tr>
<td>Kuechle, Ralph</td>
<td>473</td>
</tr>
<tr>
<td>Kuek, John</td>
<td>533, 630</td>
</tr>
<tr>
<td>Kugel, Samuel</td>
<td>539, 2283</td>
</tr>
<tr>
<td>Kuioka, Troy</td>
<td>1128</td>
</tr>
<tr>
<td>Kulasa, Kristen</td>
<td>1738, 1977</td>
</tr>
<tr>
<td>Kulhaneck, Jan</td>
<td>163, 280</td>
</tr>
<tr>
<td>Kulick, Daniel</td>
<td>445</td>
</tr>
<tr>
<td>Kulischak, John</td>
<td>2364, 2408</td>
</tr>
<tr>
<td>Kuljian, Nancy</td>
<td>497</td>
</tr>
<tr>
<td>Kulkarni, Nishat</td>
<td>2267, 2292</td>
</tr>
<tr>
<td>Kumar, Avnee</td>
<td>516, 770, 1867, 2233</td>
</tr>
<tr>
<td>Kumar, Kris</td>
<td>280</td>
</tr>
<tr>
<td>Kumar, Nina</td>
<td>209</td>
</tr>
<tr>
<td>Kumar, Nishchal</td>
<td>51</td>
</tr>
<tr>
<td>Kumar, Rashmi</td>
<td>244</td>
</tr>
<tr>
<td>Kumar, Soma</td>
<td>1986</td>
</tr>
<tr>
<td>Kunam, Syam</td>
<td>227, 769</td>
</tr>
<tr>
<td>Kunin-Rida, Teri</td>
<td>24, 56, 68, 69</td>
</tr>
<tr>
<td>Kuo, Allen</td>
<td>583, 585</td>
</tr>
<tr>
<td>Kuo, Dennis</td>
<td>351, 352, 387, 2102</td>
</tr>
<tr>
<td>Kupfer, David</td>
<td>521, 524, 694</td>
</tr>
<tr>
<td>Kupis, Robert</td>
<td>762</td>
</tr>
<tr>
<td>Kuppalli, Krutika</td>
<td>291, 625, 1745, 1993</td>
</tr>
<tr>
<td>Kuraishi, Aqdas</td>
<td>85</td>
</tr>
<tr>
<td>Kureshi, Sohaib</td>
<td>342, 635</td>
</tr>
<tr>
<td>Kurkjian, Azad</td>
<td>703</td>
</tr>
<tr>
<td>Kurosaka, Momo</td>
<td>619, 1982</td>
</tr>
<tr>
<td>KURTULUS, MEL</td>
<td>298</td>
</tr>
<tr>
<td>KURUKULASURIYA, DAYANTHITHI</td>
<td>60</td>
</tr>
<tr>
<td>KURUVADI, NISHA</td>
<td>59, 77, 78</td>
</tr>
<tr>
<td>Kurz, Troy</td>
<td>161, 2260</td>
</tr>
<tr>
<td>Kushnaryov, Anton</td>
<td>567, 762</td>
</tr>
<tr>
<td>KUSHERN, KENNETH</td>
<td>396, 478, 479</td>
</tr>
<tr>
<td>Kusnezov, Nicholas</td>
<td>144, 148, 323, 691, 1642, 1827, 2181</td>
</tr>
<tr>
<td>Kutz, Craig</td>
<td>288, 617, 1733, 1972</td>
</tr>
<tr>
<td>KVIATKOVSKY, MILLA</td>
<td>1748, 1999</td>
</tr>
<tr>
<td>KYI, MYA</td>
<td>529, 604</td>
</tr>
<tr>
<td>LA COSTA HOUSE</td>
<td>2239</td>
</tr>
<tr>
<td>LA FUENTE POST ACUTE</td>
<td>782, 2252</td>
</tr>
<tr>
<td>LA JOLLA NURSING AND REHAB CTR</td>
<td>779, 2244</td>
</tr>
<tr>
<td>LA MAESTRA CHC EL CAJON BROADWAY</td>
<td>811, 812, 825</td>
</tr>
<tr>
<td>LA MAESTRA CHC EL CAJON BROADWAY</td>
<td>26, 1093</td>
</tr>
<tr>
<td>LA MAESTRA FAMILY CLINIC INC</td>
<td>806, 807, 826, 852, 853, 862, 904, 905, 906, 907, 952</td>
</tr>
<tr>
<td>LA MAESTRA FAMILY CLINIC INC</td>
<td>26, 57, 72, 1093, 1209, 1210, 1345</td>
</tr>
<tr>
<td>LA MESA HEALTHCARE CTR.779, 2245</td>
<td></td>
</tr>
<tr>
<td>LA MESA PEDIATRICS</td>
<td>843, 844</td>
</tr>
<tr>
<td>LA MESA PEDIATRICS</td>
<td>40, 1171, 1172</td>
</tr>
<tr>
<td>LA PALOMA HEALTHCARE CTR.780, 2246</td>
<td></td>
</tr>
<tr>
<td>Labib, Michael</td>
<td>2134, 2304</td>
</tr>
<tr>
<td>Lac, Peter</td>
<td>433, 434, 767, 768</td>
</tr>
<tr>
<td>Lach, Rebecca</td>
<td>1026, 1027, 1318, 1319</td>
</tr>
<tr>
<td>Lad, NIKISHA</td>
<td>715</td>
</tr>
<tr>
<td>Lafontant, jean</td>
<td>62, 573</td>
</tr>
<tr>
<td>Lafortezza, Joelle</td>
<td>1942</td>
</tr>
<tr>
<td>Lago Hernandez, Carlos</td>
<td>1748, 1999</td>
</tr>
<tr>
<td>Laguna Hills Health and Rehab CTR</td>
<td>780</td>
</tr>
<tr>
<td>Lai, Amara</td>
<td>1144</td>
</tr>
<tr>
<td>Lai, Khang</td>
<td>261</td>
</tr>
<tr>
<td>LAIDLOW, JOHN</td>
<td>630, 2304</td>
</tr>
<tr>
<td>Lajoie, Adrianne</td>
<td>168, 289</td>
</tr>
<tr>
<td>Lake Forest Nursing Center.</td>
<td>780</td>
</tr>
<tr>
<td>Lake, Menore</td>
<td>676</td>
</tr>
<tr>
<td>Lakhara, Yogita</td>
<td>171, 172, 295</td>
</tr>
<tr>
<td>Lalithakumari, Arya</td>
<td>1365</td>
</tr>
<tr>
<td>Lalone, Francois</td>
<td>467, 483</td>
</tr>
<tr>
<td>Lam, Anne</td>
<td>2365, 2408</td>
</tr>
<tr>
<td>Lam, Davina</td>
<td>2124</td>
</tr>
<tr>
<td>Lam, Khahn</td>
<td>110, 599, 1606, 1927</td>
</tr>
<tr>
<td>Lam, Kim</td>
<td>371, 372</td>
</tr>
<tr>
<td>Lam, Michael</td>
<td>1749, 1999</td>
</tr>
<tr>
<td>Lam, Pamela</td>
<td>292</td>
</tr>
<tr>
<td>Lam, Tuân</td>
<td>402</td>
</tr>
<tr>
<td>Lam, Vinh</td>
<td>479, 485, 486</td>
</tr>
<tr>
<td>Lamale-Smith, Leah</td>
<td>1660, 1679, 1763, 2037</td>
</tr>
<tr>
<td>Lamantia, Michele</td>
<td>626, 715, 1213, 1365, 1550</td>
</tr>
<tr>
<td>Lambert, Gage</td>
<td>2124</td>
</tr>
<tr>
<td>Lamont, Daniel</td>
<td>354, 365</td>
</tr>
<tr>
<td>Lancaster, Michelle</td>
<td>513, 514</td>
</tr>
<tr>
<td>Landeo Gutierrez, Jeremy</td>
<td>2107</td>
</tr>
<tr>
<td>Lander, Jeffrey</td>
<td>91, 345, 357, 358, 411, 543</td>
</tr>
<tr>
<td>Landis, Sarah</td>
<td>1452</td>
</tr>
<tr>
<td>Landon, Jeffrey</td>
<td>537</td>
</tr>
<tr>
<td>Lane, Brian</td>
<td>2015</td>
</tr>
<tr>
<td>Lane, Kevin</td>
<td>223, 721, 736</td>
</tr>
<tr>
<td>Lane, Kimberly</td>
<td>1609, 1642, 1653, 1719, 1832, 1942, 1943</td>
</tr>
<tr>
<td>Lane, Richard</td>
<td>99</td>
</tr>
<tr>
<td>Lang, Paul</td>
<td>300, 641</td>
</tr>
<tr>
<td>Langenberg, BRET</td>
<td>687</td>
</tr>
<tr>
<td>Langer, Robert</td>
<td>543</td>
</tr>
<tr>
<td>Langis, Tanya</td>
<td>570</td>
</tr>
<tr>
<td>Lanier, James</td>
<td>225</td>
</tr>
<tr>
<td>Lanier, Timothy</td>
<td>357</td>
</tr>
<tr>
<td>Lanuza, Mark</td>
<td>1203</td>
</tr>
<tr>
<td>Lapina, Lori</td>
<td>1452</td>
</tr>
<tr>
<td>Lara, Lesley</td>
<td>1530</td>
</tr>
<tr>
<td>Larkins, Philip</td>
<td>191, 1693</td>
</tr>
<tr>
<td>Larose, Connor</td>
<td>232</td>
</tr>
<tr>
<td>Larowe, Alexiss</td>
<td>153, 198</td>
</tr>
<tr>
<td>Larsen, Julie</td>
<td>2043</td>
</tr>
<tr>
<td>Larsen, Steven</td>
<td>2408</td>
</tr>
<tr>
<td>Larson, Benjamin</td>
<td>442, 525, 526</td>
</tr>
<tr>
<td>Provider</td>
<td>Page Numbers</td>
</tr>
<tr>
<td>----------</td>
<td>--------------</td>
</tr>
<tr>
<td>LAZARUS, ELIZABETH</td>
<td>166, 286</td>
</tr>
<tr>
<td>LAVERTY, CHAMINDRA</td>
<td>2028</td>
</tr>
<tr>
<td>LAZAR, DAVID</td>
<td>2185</td>
</tr>
<tr>
<td>LARSON, BRETT</td>
<td>223, 511, 736</td>
</tr>
<tr>
<td>LAW, LINDSEY</td>
<td>347</td>
</tr>
<tr>
<td>LAW, KAREN</td>
<td>1027, 1203</td>
</tr>
<tr>
<td>LAW, KUEN CHINE</td>
<td>2408, 2409</td>
</tr>
<tr>
<td>LAZO, NELLY</td>
<td>452</td>
</tr>
<tr>
<td>LAWSON, CATHERINE</td>
<td>61</td>
</tr>
<tr>
<td>LAWSON, ERIN</td>
<td>556</td>
</tr>
<tr>
<td>LAZAR, DAVID</td>
<td>2185</td>
</tr>
<tr>
<td>LASSWELL, EVE</td>
<td>1806, 2277</td>
</tr>
<tr>
<td>LAU, JANICE</td>
<td>2409</td>
</tr>
<tr>
<td>LAU, JANICE</td>
<td>2409</td>
</tr>
<tr>
<td>LAU, JANICE</td>
<td>2409</td>
</tr>
<tr>
<td>LE, BRANDON</td>
<td>612</td>
</tr>
<tr>
<td>LE, CHARLES</td>
<td>633</td>
</tr>
<tr>
<td>LE, CRYSTAL</td>
<td>1676, 2015</td>
</tr>
<tr>
<td>LE, DAN</td>
<td>354, 355</td>
</tr>
<tr>
<td>LE, DIANA</td>
<td>1126, 1463</td>
</tr>
<tr>
<td>LE, HUAN</td>
<td>668, 2141</td>
</tr>
<tr>
<td>LE, JACQUELIN</td>
<td>2409</td>
</tr>
<tr>
<td>LE, NGUYEN</td>
<td>209</td>
</tr>
<tr>
<td>LE, SANG</td>
<td>231, 232</td>
</tr>
<tr>
<td>LE, TAM</td>
<td>2354, 2425</td>
</tr>
<tr>
<td>LE, TAYLOR</td>
<td>1650</td>
</tr>
<tr>
<td>LE, THUAN</td>
<td>504</td>
</tr>
<tr>
<td>LE, VU</td>
<td>748</td>
</tr>
<tr>
<td>LEAMING, ROBERT</td>
<td>389, 553, 554, 591</td>
</tr>
<tr>
<td>LEANO, ANYLOU</td>
<td>209</td>
</tr>
<tr>
<td>LEAVITT, JAMIE</td>
<td>459</td>
</tr>
<tr>
<td>LEBANO, RICHARD</td>
<td>69</td>
</tr>
<tr>
<td>LEBENSOHN CHIALVO, FLORENCIA</td>
<td>2135, 2304</td>
</tr>
<tr>
<td>LEBO, DEBRA</td>
<td>507</td>
</tr>
<tr>
<td>LEDBETTER, ALEX</td>
<td>311, 662, 2278, 2305</td>
</tr>
<tr>
<td>LEDON, JENNIFER</td>
<td>41, 543, 544</td>
</tr>
<tr>
<td>LEE, ALAN</td>
<td>572, 573</td>
</tr>
<tr>
<td>LEE, ALEXANDER</td>
<td>540</td>
</tr>
<tr>
<td>LEE, ANDREW</td>
<td>257</td>
</tr>
<tr>
<td>LE, AUSTIN</td>
<td>2390</td>
</tr>
<tr>
<td>LEE, BEGEM</td>
<td>2113</td>
</tr>
<tr>
<td>LEE, BRIAN</td>
<td>239, 702</td>
</tr>
<tr>
<td>LEE, BYUNG</td>
<td>214, 502</td>
</tr>
<tr>
<td>LEE, DAVID</td>
<td>1759, 2028, 2278, 2305</td>
</tr>
<tr>
<td>LEE, GEMAYEL</td>
<td>593, 594</td>
</tr>
<tr>
<td>LEE, HAEWON</td>
<td>1665, 2118</td>
</tr>
<tr>
<td>LEE, HEE</td>
<td>1719</td>
</tr>
<tr>
<td>LEE, HELEN</td>
<td>498, 559</td>
</tr>
<tr>
<td>LEE, INSUN</td>
<td>106, 327, 594</td>
</tr>
<tr>
<td>LEE, ISABEL</td>
<td>150</td>
</tr>
<tr>
<td>LEE, JAMES</td>
<td>245</td>
</tr>
<tr>
<td>LEE, JASON</td>
<td>2347, 2354, 2409</td>
</tr>
<tr>
<td>LEE, JENNIFER</td>
<td>2377</td>
</tr>
<tr>
<td>LEE, JENNY</td>
<td>775</td>
</tr>
<tr>
<td>LEE, JIMMY</td>
<td>257</td>
</tr>
<tr>
<td>LEE, JOHN</td>
<td>221, 222, 436, 721, 734</td>
</tr>
<tr>
<td>LEE, JONATHAN KWANG</td>
<td>224</td>
</tr>
<tr>
<td>LEE, JOSEPH</td>
<td>81, 1530, 1531</td>
</tr>
<tr>
<td>LEE, KAREN</td>
<td>1991</td>
</tr>
<tr>
<td>LEE, KATHERINE</td>
<td>255, 256, 358, 372</td>
</tr>
<tr>
<td>LEE, KIYUNG</td>
<td>723</td>
</tr>
<tr>
<td>LEE, MICHAEL</td>
<td>486, 615, 1365, 1366</td>
</tr>
<tr>
<td>LEE, MINDY</td>
<td>283, 604</td>
</tr>
<tr>
<td>LEE, MYUNGHEE</td>
<td>131, 720</td>
</tr>
<tr>
<td>LEE, PAUL</td>
<td>202, 245</td>
</tr>
<tr>
<td>LEE, RICHARD</td>
<td>270, 707</td>
</tr>
<tr>
<td>LEE, ROLAND</td>
<td>318, 676</td>
</tr>
<tr>
<td>LEE, RONALD</td>
<td>248</td>
</tr>
<tr>
<td>LEE, RYAN</td>
<td>659</td>
</tr>
<tr>
<td>LEE, SALLY</td>
<td>2377, 2390</td>
</tr>
<tr>
<td>LEE, SANDRINE</td>
<td>1319</td>
</tr>
<tr>
<td>LEE, SEMI</td>
<td>239</td>
</tr>
<tr>
<td>LEE, SHARON</td>
<td>393, 475</td>
</tr>
<tr>
<td>LEE, SUSAN</td>
<td>46</td>
</tr>
<tr>
<td>LEE, WILLIAM</td>
<td>514</td>
</tr>
<tr>
<td>LEE-KIM, CHRISTINE</td>
<td>234, 443</td>
</tr>
<tr>
<td>LEGER, GABRIEL</td>
<td>1759, 2028</td>
</tr>
<tr>
<td>LEHNRERT SCHUCHARDT, ELEANOR</td>
<td>2073</td>
</tr>
<tr>
<td>LEI, SHARON</td>
<td>382</td>
</tr>
<tr>
<td>LEIBER, SYDNEY</td>
<td>2071</td>
</tr>
<tr>
<td>LEIER, TIM</td>
<td>205, 722</td>
</tr>
<tr>
<td>LEIGHT, TERRA</td>
<td>382, 589</td>
</tr>
<tr>
<td>LEININGER, DANIEL</td>
<td>329, 330, 1837, 1838</td>
</tr>
<tr>
<td>LEISH, BRIAN</td>
<td>41, 360</td>
</tr>
</tbody>
</table>

**E. 提供者索引**

LEMON GROVE CARE AND REHAB CTR | 780, 2246 |
LEMON GROVE FAMILY HEALTH CENTER | 846, 847, 848, 849, 850, 851 |
LEMINIHAN, MICHAEL | 131, 691 |
LENNON, RYAN | 1265 |
LENON, LISA | 88, 760, 2226 |
LEPOD, KRISTINA | 762 |
LEPZEZ, DAVID | 81, 82, 1531, 1532 |
LERNER, JONATHAN | 107, 151, 180, 595, 707, 1606, 1644, 1924, 2192 |
LEUI, SHELBY | 1662, 1682, 1900, 2062 |
LEUNG, CHRISTINA | 382 |
LEUTE, ERIC | 1204, 1532 |
LEVERONE, NICHOLAS | 2000 |
LEVIN, JACQUELINE | 447, 544, 580 |
LEVINE, MATTHEW | 1300, 1301 |
LEVINE, MONICA | 247 |
LEVINE, REED | 662, 688 |
LEVIY, MICHAEL | 2176 |
LEVY, PHILLIP | 2377 |
LEW, HOMER | 44 |
LEWIS, DEVON | 655 |
LEWIS, GEORGE | 700 |
LEWIS, GREG | 292 |
LEWIS, JONATHAN | 2188 |
LEWIS, PRIYA | 2187 |
LI, ALEXANDRIA | 2047 |
LI, JINGHONG | 1733, 1851, 2232 |
LI, MING | 452 |
LI, XIA | 311, 662, 2278, 2305 |
LI, XIANYE | 90 |
LIANG, NI-CHENG | 175 |
LIAO, OTTO | 349, 350 |
LIAUW, JASON | 400, 401, 406, 480 |
LIEBER, CAROL | 714, 1266 |
LIEBERMAN, RONALD | 174 |
LIEM, WIEKE | 544 |
LIEN, CHRISTINA | 520 |
<table>
<thead>
<tr>
<th>Name</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. 提供者索引</td>
<td></td>
</tr>
<tr>
<td>LIFE CARE CENTER OF ESCONDIDO.</td>
<td>779, 2242</td>
</tr>
<tr>
<td>LIFE CARE CENTER OF VISTA 782, 2252</td>
<td></td>
</tr>
<tr>
<td>LIM, DEAN</td>
<td>554</td>
</tr>
<tr>
<td>LIM, IMELDA 529, 1194, 1195, 1266, 1871</td>
<td></td>
</tr>
<tr>
<td>LIM, ROSEMARIE</td>
<td>531, 1877</td>
</tr>
<tr>
<td>LIM, VIVIAN</td>
<td>318, 676</td>
</tr>
<tr>
<td>LIN, CHI WHEI</td>
<td>44</td>
</tr>
<tr>
<td>LIN, DARIUS</td>
<td>270</td>
</tr>
<tr>
<td>LIN, GRACE</td>
<td>307, 650</td>
</tr>
<tr>
<td>LIN, HENRY</td>
<td>2410</td>
</tr>
<tr>
<td>LIN, JAMES</td>
<td>256</td>
</tr>
<tr>
<td>LIN, KEVIN</td>
<td>1797, 1798</td>
</tr>
<tr>
<td>LIN, PARKSON</td>
<td>262</td>
</tr>
<tr>
<td>LIN, RAY</td>
<td>514</td>
</tr>
<tr>
<td>LIN, RICHARD</td>
<td>748</td>
</tr>
<tr>
<td>LIN, SHINKO</td>
<td>155, 530, 574</td>
</tr>
<tr>
<td>LIN, SHUANG</td>
<td>1089</td>
</tr>
<tr>
<td>LIN, THEODORE</td>
<td>436, 437, 734</td>
</tr>
<tr>
<td>LIN, TOM</td>
<td>2100</td>
</tr>
<tr>
<td>LIN, YUAN</td>
<td>198</td>
</tr>
<tr>
<td>LINDA VISTA HEALTH CARE CTR 876, 925, 926, 951</td>
<td></td>
</tr>
<tr>
<td>LINDA VISTA HEALTH CARE CTR 73, 1346</td>
<td></td>
</tr>
<tr>
<td>LINDBACK, SARAH</td>
<td>1246</td>
</tr>
<tr>
<td>LINDEMAN, KURTIS</td>
<td>1319, 1320</td>
</tr>
<tr>
<td>LINDEMANN, CHRISTINA</td>
<td>655, 2125</td>
</tr>
<tr>
<td>LINKE, SARAH 1806, 2135, 2278, 2305</td>
<td></td>
</tr>
<tr>
<td>LINNEMEYER-RISSE, KRISTEN</td>
<td>320</td>
</tr>
<tr>
<td>LIOTTA, BENJAMIN</td>
<td>288, 617, 1733, 1972</td>
</tr>
<tr>
<td>LIPSCHITZ, LISA 1048, 1109, 1187, 1188, 1397, 1398, 1399, 1587</td>
<td></td>
</tr>
<tr>
<td>LIPTON, GREGORY</td>
<td>557</td>
</tr>
<tr>
<td>LIRA, JOSE</td>
<td>118, 137</td>
</tr>
<tr>
<td>LIRA, SHANNON</td>
<td>724</td>
</tr>
<tr>
<td>LISH, JONATHAN</td>
<td>1320</td>
</tr>
<tr>
<td>LIU BARBARO, DOROTHY</td>
<td>430, 1177</td>
</tr>
<tr>
<td>LIU, ANDREW 118, 170, 183, 292, 329, 531, 563, 565, 626, 1894</td>
<td></td>
</tr>
<tr>
<td>LIU, CHIA CHI</td>
<td>251</td>
</tr>
<tr>
<td>LIU, CHIA-LIN</td>
<td>69</td>
</tr>
<tr>
<td>LIU, FRED</td>
<td>311</td>
</tr>
<tr>
<td>LIU, GENE FU</td>
<td>475</td>
</tr>
<tr>
<td>LIU, GRACE</td>
<td>201, 240</td>
</tr>
<tr>
<td>LIU, JESICA</td>
<td>1433</td>
</tr>
<tr>
<td>LIU, JIE</td>
<td>1320</td>
</tr>
<tr>
<td>LIU, SHANGLI</td>
<td>1819, 2167</td>
</tr>
<tr>
<td>LIU, STEVEN</td>
<td>170</td>
</tr>
<tr>
<td>LIU, TIMOTHY</td>
<td>2306</td>
</tr>
<tr>
<td>LIU, WENJING</td>
<td>551</td>
</tr>
<tr>
<td>LIU, YUNXIANG</td>
<td>2047</td>
</tr>
<tr>
<td>LIZOTTE, PAUL</td>
<td>62</td>
</tr>
<tr>
<td>LLANES, BENJAMIN</td>
<td>2410</td>
</tr>
<tr>
<td>LLOYD, MATTHEW</td>
<td>1454</td>
</tr>
<tr>
<td>LO, ALAN</td>
<td>44, 364</td>
</tr>
<tr>
<td>LO, PATRICIA</td>
<td>372</td>
</tr>
<tr>
<td>LOBATZ, MICHAEL</td>
<td>99</td>
</tr>
<tr>
<td>LOBUE, THOMAS</td>
<td>437, 510</td>
</tr>
<tr>
<td>LOC, KIET</td>
<td>369</td>
</tr>
<tr>
<td>LOCASCIO, ELIZABETH</td>
<td>507</td>
</tr>
<tr>
<td>LOCKE, JOHN</td>
<td>523</td>
</tr>
<tr>
<td>LOEFFLER, ALLISON 1048, 1049, 1109, 1110, 1188, 1399, 1400, 1401, 1587, 1588</td>
<td></td>
</tr>
<tr>
<td>LOGAN HEIGHTS FAMILY HEALTH CENTER 877, 897, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 955</td>
<td></td>
</tr>
<tr>
<td>LOGAN, DWAYNE</td>
<td>378</td>
</tr>
<tr>
<td>LOHINES, ELLIE</td>
<td>1454</td>
</tr>
<tr>
<td>LONG, RYAN</td>
<td>139, 162</td>
</tr>
<tr>
<td>LONGARDNER, KATHERINE 2029, 2306</td>
<td></td>
</tr>
<tr>
<td>LONGBERG, AUSTIN</td>
<td>447</td>
</tr>
<tr>
<td>LOGOBARDO, FRANCESCA</td>
<td>655</td>
</tr>
<tr>
<td>LOPER, KAREN</td>
<td>1433</td>
</tr>
<tr>
<td>LOPEZ VIZCARA, MARCO</td>
<td>455</td>
</tr>
<tr>
<td>LOPEZ, ALYSSA-NICOLE</td>
<td>125, 639</td>
</tr>
<tr>
<td>LOPEZ, IRMA</td>
<td>30</td>
</tr>
<tr>
<td>LOPEZ, JOANNA</td>
<td>2264</td>
</tr>
<tr>
<td>LOPEZ, MARIA</td>
<td>438</td>
</tr>
<tr>
<td>LOPEZ, MARIBEL</td>
<td>715, 2323</td>
</tr>
<tr>
<td>LOPEZ, MARIO</td>
<td>1454, 1455</td>
</tr>
<tr>
<td>LOPEZ, NICOLE</td>
<td>321, 685, 1819, 2167</td>
</tr>
<tr>
<td>LOPEZ, RACHAEL</td>
<td>372</td>
</tr>
<tr>
<td>LOPEZ, SANDRA</td>
<td>757, 760</td>
</tr>
<tr>
<td>LOPEZ, XIMENA</td>
<td>1865, 2114</td>
</tr>
<tr>
<td>LOSTETTER, ADRIENNE</td>
<td>1246</td>
</tr>
<tr>
<td>LOUIE, BRANDON</td>
<td>526</td>
</tr>
<tr>
<td>LOUSSARARIAN, ARTHUR</td>
<td>445, 446, 453, 454</td>
</tr>
<tr>
<td>LOVE, VICKI</td>
<td>1267</td>
</tr>
<tr>
<td>LOVE, YVONNE</td>
<td>713</td>
</tr>
<tr>
<td>LOVEJOY, AMY 1686, 1833, 1902, 2085</td>
<td></td>
</tr>
<tr>
<td>LOVERN, JENNIFER 612, 1129, 1130, 1294, 1295</td>
<td></td>
</tr>
<tr>
<td>LOVING CARE ADHC</td>
<td>2257</td>
</tr>
<tr>
<td>LOWE, ASHLEY</td>
<td>164, 283</td>
</tr>
<tr>
<td>LOWE, LINDSAY</td>
<td>629</td>
</tr>
<tr>
<td>LOZADA-PASTORIO, ELIZABETH 121, 122</td>
<td></td>
</tr>
<tr>
<td>LOZANO, JUAN</td>
<td>19, 115, 1612</td>
</tr>
<tr>
<td>LOZANO, MARTHA</td>
<td>138</td>
</tr>
<tr>
<td>LOZIER, JEFFREY</td>
<td>576, 1913</td>
</tr>
<tr>
<td>LU, CHONG PING</td>
<td>228</td>
</tr>
<tr>
<td>LU, CHRISTIAN</td>
<td>248</td>
</tr>
<tr>
<td>LU, LESLIE</td>
<td>52</td>
</tr>
<tr>
<td>LU, STEPHANIE</td>
<td>1366</td>
</tr>
<tr>
<td>LU, TAMMY</td>
<td>1076, 1267</td>
</tr>
<tr>
<td>LUAN, GORDON</td>
<td>69</td>
</tr>
<tr>
<td>LUCACI, BIANCA</td>
<td>431, 724</td>
</tr>
<tr>
<td>LUCAS, SARAH</td>
<td>322</td>
</tr>
<tr>
<td>LUCATERO, JENNIFER</td>
<td>514, 553</td>
</tr>
<tr>
<td>LUCERO, RENEE</td>
<td>544</td>
</tr>
<tr>
<td>LUCKETTE, DE COURCY</td>
<td>153</td>
</tr>
<tr>
<td>LUDEMA, THOMAS</td>
<td>92</td>
</tr>
<tr>
<td>LUGO, GUSTAVO</td>
<td>292</td>
</tr>
<tr>
<td>LUHAR, RIYA</td>
<td>99, 296, 576</td>
</tr>
<tr>
<td>LUJAN, ARLEEN</td>
<td>1434</td>
</tr>
<tr>
<td>LULIC, DZENAN</td>
<td>55</td>
</tr>
<tr>
<td>LUM HO, RACHEL</td>
<td>712, 2200, 2201</td>
</tr>
<tr>
<td>LUM, YUIN-WAH</td>
<td>1195</td>
</tr>
<tr>
<td>LUNA, MARIO</td>
<td>523, 748</td>
</tr>
<tr>
<td>lund, guy</td>
<td>626, 633</td>
</tr>
<tr>
<td>LUONG, TRAN</td>
<td>1798</td>
</tr>
<tr>
<td>LUPTON, JASON</td>
<td>615</td>
</tr>
<tr>
<td>LURINKS GARCIA, MARIA</td>
<td>729</td>
</tr>
<tr>
<td>LUSBY, FRANKLIN</td>
<td>2365</td>
</tr>
<tr>
<td>LUSCHWITZ, BRIAN</td>
<td>1600</td>
</tr>
<tr>
<td>LUTTGE, SCOTT</td>
<td>442, 526, 750</td>
</tr>
<tr>
<td>LUU, DANIEL</td>
<td>612, 1965</td>
</tr>
<tr>
<td>LUU, QUANG</td>
<td>259, 464</td>
</tr>
<tr>
<td>LY, NANCY</td>
<td>108, 528, 532, 597</td>
</tr>
<tr>
<td>LY, PHUONG</td>
<td>51</td>
</tr>
<tr>
<td>LY, SOPHEAP</td>
<td>184</td>
</tr>
</tbody>
</table>
E. 提供者索引

LYFORD, WILLIS.................................615
LYLE, DOUGLAS............................355, 365
LYNCH, GREGORY..............................737
LYNCH, SHAUNA.................................619
LYNN, KENNETH..................................387

M

MAA CHIP, FHARAK..........................531, 533
MAASUMI, KASRA...............................369, 370, 582
MAC, OLIVIA........................................230, 744, 775
MACASADIA, MARITES........................131, 537
MACAULEY, TODD...............................36
MACCHIO, GREGORY............................691
MACDONALD, HEATHER..........................266
MACFARLANE, BRIAN..........................176, 316, 670
MACIA, DANIELA.................................225
MACIAS, ALISSA.................................1128, 1129, 1483, 1484
MACIEL, MARLA...................................367
MACINTYRE, ELIZABETH........................1240
MACK, GREGORY....................................691
MACKAY, GILLIAN..............................172, 298, 637, 1660, 1764, 2037, 2038
MACMURRAY, MICHAEL..........................62, 563
MADANI, SUZAN................................1183
MADHAR, MEHRDAD..............................253
MADHAV, KINJAL.................................97, 105
MADHAVA RIVERA, PAULA.....................1640, 1697, 2164, 2165
MADHAV, SANDIP................................655
MADIANI, BHAR..................................168
MADANY, GEORGE...............................1434
MADRE DOMINIO, PAULA......................1640
MADRID, RICHARD...............................49, 85
MAGID, MAJR....................126, 334, 535
MAGID, MAJID......................................126, 334, 535
MAGID, NARSEN.516, 159, 334, 535, 641, 1054, 1115
MAGID, PARVIN....................................2038
MAGNOLIA ADULT DAY HEALTH CARE........2256
MAGNOLIA POST ACUTE CARE..............778, 2240
MAGNOLIA SPECIAL CARE CENTER...........778
MAGNOLIA SPECIAL CARE CTR..................778
MAGOS, DANIEL.................................184, 2268
MAHADAD, MEHRDA..............................253
MAHDAI, SUZAN..................................1183
MAHENDRAN, SRIDIVYA......................1434
MAHESHWARI, ANoop............................420, 422
MAHMOOD, FARAH................................203
MAHONEY, KAITLYN.............................1472
MAHOO, SEPI........................................650
MAHROU, REZA.....................................235
MAI, TUAN............................................147, 595, 597
MADDALENI, KAREN............................251
MAJEED, WASAN..................................85
MAGOS, DANIEL.................................184, 2268
MAHADAD, MEHRDAD............................253
MAHDAI, SUZAN.................................1183
MAHENDRAN, SRIDIVYA......................1434
MAHESHWARI, ANOOPT.........................420, 422
MAHMOOD, FARAH................................203
MAHONEY, KAITLYN.............................1472
MAHOO, SEPI........................................650
MAHROU, REZA.....................................235
MAI, TUAN............................................147, 595, 597
MADDALENI, KAREN............................251
MAJEED, WASAN..................................85
MAGOS, DANIEL.................................184, 2268
MAHADAD, MEHRDAD............................253
MAHDAI, SUZAN.................................1183
MAHENDRAN, SRIDIVYA......................1434
MAHESHWARI, ANOOPT.........................420, 422
MAHMOOD, FARAH................................203
MAHONEY, KAITLYN.............................1472
MAHOO, SEPI........................................650
MAHROU, REZA.....................................235
MAI, TUAN............................................147, 595, 597
MADDALENI, KAREN............................251
MAJEED, WASAN..................................85
MAJERSKI GONZALEZ, MANDY.716, 1562
MAJITHIA, AMIT.................................1749, 2000
MAJUMDAR, ADITY...............................483, 484
MAK, ROBERT.........................................2104
MAKAN, SAMIR......................................175
MALAK, LAWRENCE..............................2260, 2306
MALEK, MIKHAIL.................................180, 1673
MALEKIRAD, JACQUELINE......................562
MALEK-MADANI, ARIENNE.....................2205
MALEKSHAMRAN, KEYVAN.1157, 1158
MALHOTRA, ARATI...............................1501, 1502
MALIK, SUDHIR.....................................635
MANALESE, MARIA THERESA...................240
MANASSON, KATHERINE.......................44
MANCHEL, BRUCE.133, 717, 1067, 1068, 1576, 1577
MANSOUR, DAVID................................575, 1648, 1911
<table>
<thead>
<tr>
<th>Name</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. MARTINEZ ANDREE, INGRID</td>
<td>1435</td>
</tr>
<tr>
<td>MARTINEZ MURGUIA, IRENE</td>
<td>717, 1219, 1220, 1455</td>
</tr>
<tr>
<td>MARTINEZ, ARMANDO</td>
<td>292, 626, 1749, 2000</td>
</tr>
<tr>
<td>MARTINEZ, CAROLYN</td>
<td>604, 1268, 1944</td>
</tr>
<tr>
<td>MARTINEZ, LESLY</td>
<td>61, 88, 561, 756, 1890, 2223</td>
</tr>
<tr>
<td>MARTINEZ, NOAYMA</td>
<td>184, 710, 2268</td>
</tr>
<tr>
<td>MATTESS, JANETTE</td>
<td>283, 1720</td>
</tr>
<tr>
<td>MATTERA, BETH</td>
<td>283</td>
</tr>
<tr>
<td>MATTHIAS, HERMAN</td>
<td>34, 215, 216</td>
</tr>
<tr>
<td>MATTHIAS, WILLIAM</td>
<td>2202</td>
</tr>
<tr>
<td>MAST, ASHLEY</td>
<td>529, 611</td>
</tr>
<tr>
<td>MASTERS, ROBERT</td>
<td>365</td>
</tr>
<tr>
<td>MATEO, MARIE</td>
<td>709</td>
</tr>
<tr>
<td>MATHIAS, WILLIAM</td>
<td>126</td>
</tr>
<tr>
<td>MATHUR, ARVIND</td>
<td>212</td>
</tr>
<tr>
<td>MATIALEU, LEOPOLDINE</td>
<td>161</td>
</tr>
<tr>
<td>MATIAS, JULIE</td>
<td>1487, 1488, 1503</td>
</tr>
<tr>
<td>MATICH, BRANKO</td>
<td>1322, 1323</td>
</tr>
<tr>
<td>MATIKO, JAMES</td>
<td>232</td>
</tr>
<tr>
<td>MATOBA, NANA</td>
<td>1619, 1757, 2016, 2017</td>
</tr>
<tr>
<td>MATSHE, ZENZIWE</td>
<td>1144, 1672</td>
</tr>
<tr>
<td>MATSON, GARY</td>
<td>69</td>
</tr>
<tr>
<td>MATSUOKA, AKIHIRO</td>
<td>305, 306, 649, 1783, 2063</td>
</tr>
<tr>
<td>MATTERA, BETH</td>
<td>283</td>
</tr>
<tr>
<td>MATTHEWS, MERRITT</td>
<td>19, 56</td>
</tr>
<tr>
<td>MATTIOLI, TAYLOR</td>
<td>309</td>
</tr>
<tr>
<td>MAUHLI, KENNA</td>
<td>1907, 2287</td>
</tr>
<tr>
<td>MAUSER, JILL ELLEN</td>
<td>709</td>
</tr>
<tr>
<td>MAXWELL, BENJAMIN</td>
<td>2279</td>
</tr>
<tr>
<td>MAXWELL, MELISSA</td>
<td>2263</td>
</tr>
<tr>
<td>MAY, LOUIS</td>
<td>23, 157, 1097, 1551, 1648</td>
</tr>
<tr>
<td>MAYADEV, JYOTI</td>
<td>176</td>
</tr>
<tr>
<td>MAYER, ANDREW</td>
<td>289</td>
</tr>
<tr>
<td>MAYET, KHADIJA</td>
<td>52</td>
</tr>
<tr>
<td>MAYOYO, MARILYN</td>
<td>111, 153, 604</td>
</tr>
<tr>
<td>MAZAREI, RAEHELE</td>
<td>565, 760</td>
</tr>
<tr>
<td>MAZZA, DAVID</td>
<td>133</td>
</tr>
<tr>
<td>MBA, MBA UZOMA</td>
<td>288</td>
</tr>
<tr>
<td>MC CLEARY, DAVID</td>
<td>223</td>
</tr>
<tr>
<td>MC DIARMID, JOHN</td>
<td>511, 512, 736</td>
</tr>
<tr>
<td>MC ELROY, CARTER</td>
<td>2160</td>
</tr>
<tr>
<td>MCADAMS, JOSEPH</td>
<td>1799, 2125</td>
</tr>
<tr>
<td>MCAULEY, ROBERT</td>
<td>2272</td>
</tr>
<tr>
<td>MCCALLION, DANIELLE</td>
<td>284, 328</td>
</tr>
<tr>
<td>MCCALLION, PATRICK</td>
<td>1627</td>
</tr>
<tr>
<td>MCCAMMACK, BRADLEY</td>
<td>1240, 1241, 1242</td>
</tr>
<tr>
<td>MCCANDLESS, JEREMY</td>
<td>691</td>
</tr>
<tr>
<td>MCCANDLESS, RACHEL</td>
<td>1859, 2074</td>
</tr>
<tr>
<td>MCCANN, JAN</td>
<td>389, 390, 471</td>
</tr>
<tr>
<td>MCCARTHY, KATHRYN</td>
<td>1671</td>
</tr>
<tr>
<td>MCCAU, DAVID</td>
<td>316</td>
</tr>
<tr>
<td>MCCCLAIR, MEGAN</td>
<td>284, 604</td>
</tr>
<tr>
<td>MCCLAY, EDWARD</td>
<td>171, 711</td>
</tr>
<tr>
<td>MCCLEAN, ESMERALDA</td>
<td>302, 1772, 2365, 2411</td>
</tr>
<tr>
<td>MCCOWN, BARRY</td>
<td>154, 430, 1646, 1849</td>
</tr>
<tr>
<td>MCCULLEY, DAVID</td>
<td>2017</td>
</tr>
<tr>
<td>MCCULLOUGH, DEIRDRE</td>
<td>1617</td>
</tr>
<tr>
<td>1835, 2008</td>
<td></td>
</tr>
<tr>
<td>MCCULLUM, TIFFANY</td>
<td>2136, 2307</td>
</tr>
<tr>
<td>MCCUTCHEON, CLAIRE</td>
<td>292</td>
</tr>
<tr>
<td>MCDANIEL, MICHELE</td>
<td>1734, 1973</td>
</tr>
<tr>
<td>2086</td>
<td></td>
</tr>
<tr>
<td>MCDONALD, MARIN</td>
<td>318, 676, 677</td>
</tr>
<tr>
<td>MCDONALD, MARY</td>
<td>85</td>
</tr>
<tr>
<td>MCDONALD, ROBERT</td>
<td>85</td>
</tr>
<tr>
<td>MCDONNELL, EMMA</td>
<td>126, 127, 159, 535</td>
</tr>
<tr>
<td>MCFARLAND, NATHAN</td>
<td>48, 1178</td>
</tr>
<tr>
<td>MCGEE, JACQUELINE</td>
<td>105, 196, 570, 1604, 1696</td>
</tr>
<tr>
<td>MCGEHRIN, KEVIN</td>
<td>124, 135, 711, 713, 732, 738</td>
</tr>
<tr>
<td>MCGILLAWAY, MELANIE</td>
<td>605</td>
</tr>
<tr>
<td>MCGINTY, PATRICK</td>
<td>163</td>
</tr>
<tr>
<td>MCGOWAN, GLAIZA ANN</td>
<td>605</td>
</tr>
<tr>
<td>MCGRATH, BENJAMIN</td>
<td>471</td>
</tr>
<tr>
<td>MCGRAW, JOSEPH</td>
<td>173, 188, 300, 334, 555, 641</td>
</tr>
<tr>
<td>MCGUIRE, DESMOND</td>
<td>378, 551, 552</td>
</tr>
<tr>
<td>MCGUIRE, WILLIAM</td>
<td>316, 668, 1808, 2141</td>
</tr>
<tr>
<td>MCHERRY, KATHRYN</td>
<td>25, 29, 48, 62, 751, 1144</td>
</tr>
<tr>
<td>MCHONE, PATRICIA</td>
<td>357</td>
</tr>
<tr>
<td>MCIINTOSH, ANDREW</td>
<td>412</td>
</tr>
<tr>
<td>MCIINTYRE, DEBRA</td>
<td>438, 736</td>
</tr>
<tr>
<td>MCIINTYRE, SUSAN</td>
<td>251</td>
</tr>
<tr>
<td>MCKENNEDT, MARIANNE</td>
<td>1027</td>
</tr>
<tr>
<td>MCKERAHAN, KELLY</td>
<td>54</td>
</tr>
<tr>
<td>MCKESEY, JACQUELINE</td>
<td>112</td>
</tr>
<tr>
<td>MCKNIGHT, BRADEN</td>
<td>144, 148, 323, 691</td>
</tr>
<tr>
<td>MCLAUGHLIN, ERIK</td>
<td>1982</td>
</tr>
<tr>
<td>MCMAHON, SHARON</td>
<td>1062</td>
</tr>
<tr>
<td>MCMICHAEL, JESSICA</td>
<td>467</td>
</tr>
<tr>
<td>MCMILLAN, MONICA</td>
<td>113</td>
</tr>
<tr>
<td>MCMURRAY, SARAH</td>
<td>170</td>
</tr>
<tr>
<td>MCMURREN, BRITTANY</td>
<td>2342</td>
</tr>
<tr>
<td>MCMNAME, CAIRINE</td>
<td>318, 677</td>
</tr>
<tr>
<td>MCNEALY HOUSE</td>
<td>2247</td>
</tr>
<tr>
<td>MPCHERSON, SAMANTHA</td>
<td>284</td>
</tr>
<tr>
<td>MEADOWS, AUDRA</td>
<td>1764, 2038</td>
</tr>
<tr>
<td>MEGACHER, RAISHELLE</td>
<td>718, 2324</td>
</tr>
<tr>
<td>MEAGLIA, JAMES</td>
<td>275, 406, 489, 591, 592</td>
</tr>
<tr>
<td>MEDIC, IGOR</td>
<td>328, 1834</td>
</tr>
<tr>
<td>MEDILLO, LOVELLA</td>
<td>605</td>
</tr>
<tr>
<td>MEDINA, ALEXANDER</td>
<td>56, 1204</td>
</tr>
<tr>
<td>MEDINA, NATALIE</td>
<td>58, 59</td>
</tr>
<tr>
<td>MEDINA, RUBELETA</td>
<td>605, 1944</td>
</tr>
<tr>
<td>MEGALI, NICOLE</td>
<td>103, 191, 309</td>
</tr>
<tr>
<td>MEGERT, SONYA</td>
<td>328</td>
</tr>
<tr>
<td>MEHARDA, SANJIWANI</td>
<td>33, 54</td>
</tr>
<tr>
<td>MEHBOOB, SALMAN</td>
<td>163, 171</td>
</tr>
<tr>
<td>MEHRANPOUR, PAYAM</td>
<td>328, 329</td>
</tr>
<tr>
<td>MEHROTRA, SACHI</td>
<td>169, 646</td>
</tr>
<tr>
<td>MEHTA, AMAL</td>
<td>228, 441, 742</td>
</tr>
<tr>
<td>MEHTA, CHANDRAKANT</td>
<td>441, 742</td>
</tr>
<tr>
<td>MEHTA, HIRSH</td>
<td>108, 597</td>
</tr>
<tr>
<td>MEHTA, NOOPUR</td>
<td>191, 1691</td>
</tr>
<tr>
<td>E. 提供者索引</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------</td>
</tr>
<tr>
<td>MEHTA, PRATIK.</td>
<td>520</td>
</tr>
<tr>
<td>MEHTA, RITVIK.</td>
<td>129</td>
</tr>
<tr>
<td>MEHTA, SHILPA</td>
<td>37, 44, 242, 360</td>
</tr>
<tr>
<td>MEHTA, VIKRAM.</td>
<td>94</td>
</tr>
<tr>
<td>MEHTA, VINEY.</td>
<td>234, 443, 444</td>
</tr>
<tr>
<td>MEHTA, VIVEK.</td>
<td>267, 480</td>
</tr>
<tr>
<td>MEHTSUN, WINTA.</td>
<td>325, 695</td>
</tr>
<tr>
<td>MEINEKE, RYAN.</td>
<td>178</td>
</tr>
<tr>
<td>MEJIAS, JUAN.</td>
<td>194, 195, 578</td>
</tr>
<tr>
<td>MEKEEL, KRISTIN.</td>
<td>2189</td>
</tr>
<tr>
<td>MELBER, DORA.</td>
<td>1618, 1675, 1754, 1836, 1852, 1892, 2008, 2009</td>
</tr>
<tr>
<td>MELE, ANTHONY.</td>
<td>1049, 1110, 1188, 1402, 1403, 1404, 1588</td>
</tr>
<tr>
<td>MELENDEZ, ARIANA</td>
<td>298, 637, 638, 1765, 2039</td>
</tr>
<tr>
<td>MELGAR, MONICA.</td>
<td>1323</td>
</tr>
<tr>
<td>MELKONIAN, VIKEN.</td>
<td>459</td>
</tr>
<tr>
<td>MELL, LOREN.</td>
<td>138, 176, 316, 670</td>
</tr>
<tr>
<td>MELOT, KAREN.</td>
<td>209, 431</td>
</tr>
<tr>
<td>MELTZER, PAUL.</td>
<td>237</td>
</tr>
<tr>
<td>MELTZER, VIRGINIA</td>
<td>605, 1268</td>
</tr>
<tr>
<td>MEMON, TALHA.</td>
<td>499, 500</td>
</tr>
<tr>
<td>MENDELSOHN, SUSAN</td>
<td>256, 372</td>
</tr>
<tr>
<td>MENDENHALL, ANNA</td>
<td>1134</td>
</tr>
<tr>
<td>MENDENHALL, GEORGE</td>
<td>279, 280</td>
</tr>
<tr>
<td>MENDES, CHANTAL.</td>
<td>1629, 1686, 2086</td>
</tr>
<tr>
<td>MENDEZ, ADRIANA.</td>
<td>564, 758, 2288, 2327</td>
</tr>
<tr>
<td>MENDEZ, ANDRES.</td>
<td>1807, 2279</td>
</tr>
<tr>
<td>MENDEZ, DIEGO.</td>
<td>125, 534, 638, 716, 1050, 1111, 1562, 1563</td>
</tr>
<tr>
<td>MENDEZ, JESUS.</td>
<td>131, 1066</td>
</tr>
<tr>
<td>MENDIVIL, ALBERTO</td>
<td>247</td>
</tr>
<tr>
<td>MENDOZA, GRETEL MARIE.</td>
<td>1269, 1944</td>
</tr>
<tr>
<td>MENDOZA, RAYMUNDO</td>
<td>2391</td>
</tr>
<tr>
<td>MENIFEES GLOBAL MEDICAL CENTER</td>
<td>11</td>
</tr>
<tr>
<td>MENN, STUART.</td>
<td>177</td>
</tr>
<tr>
<td>MENON, POOJA.</td>
<td>1028</td>
</tr>
<tr>
<td>MERALI, MURTZA.</td>
<td>2378</td>
</tr>
<tr>
<td>MERCADO, BRYANT.</td>
<td>554</td>
</tr>
<tr>
<td>MERCANDETTI, ALEX</td>
<td>593, 627</td>
</tr>
<tr>
<td>MERCER, KELLY.</td>
<td>161, 537, 655, 1123, 1124, 1220, 1455, 1456</td>
</tr>
<tr>
<td>MERCER, SCOTT.</td>
<td>28</td>
</tr>
<tr>
<td>MERLO, CLIFFORD.</td>
<td>771</td>
</tr>
<tr>
<td>MERRILL, COREY.</td>
<td>1799, 2125</td>
</tr>
<tr>
<td>MERRILL, SARAH.</td>
<td>19, 1028</td>
</tr>
<tr>
<td>MERRITT, MARISA.</td>
<td>754</td>
</tr>
<tr>
<td>MESBAH, AZITA.</td>
<td>253</td>
</tr>
<tr>
<td>MESHKINPOUR, AZIZ.</td>
<td>424, 425, 545</td>
</tr>
<tr>
<td>MESIWALA, ADNAN</td>
<td>1861, 2086</td>
</tr>
<tr>
<td>MESLEH SHAYEB, AKRAM</td>
<td>623</td>
</tr>
<tr>
<td>MESSENGER, BRADLEY.</td>
<td>199, 216, 420, 493, 494, 505, 729</td>
</tr>
<tr>
<td>MESSISA, ANDREW.</td>
<td>352</td>
</tr>
<tr>
<td>MESTAN, KAREN.</td>
<td>1757, 2017</td>
</tr>
<tr>
<td>METCALF, ASHLEY.</td>
<td>2086</td>
</tr>
<tr>
<td>MELY, ERMINE.</td>
<td>636</td>
</tr>
<tr>
<td>MEURICE, MARIELLE ERENDIRA</td>
<td>298, 638</td>
</tr>
<tr>
<td>MLEY, ISAAC.</td>
<td>605</td>
</tr>
<tr>
<td>MLEY, JILL.</td>
<td>118, 122</td>
</tr>
<tr>
<td>MLEY, JOAN.</td>
<td>191</td>
</tr>
<tr>
<td>MLEY, MEGAN.</td>
<td>1708, 1919</td>
</tr>
<tr>
<td>MEYERHOF, GRETA.</td>
<td>2288, 2327</td>
</tr>
<tr>
<td>MEYERS, JUDITH.</td>
<td>181</td>
</tr>
<tr>
<td>MICHAEL, NICOLE.</td>
<td>284</td>
</tr>
<tr>
<td>MICHAEL, RAMI.</td>
<td>27, 157, 1098, 1648</td>
</tr>
<tr>
<td>MICHALOWSKI HOME.</td>
<td>2247</td>
</tr>
<tr>
<td>MICK, SHARON.</td>
<td>284, 605, 1720, 1721, 1944, 1945</td>
</tr>
<tr>
<td>MID-CITY COMMUNITY CLINIC.</td>
<td>903, 904, 913, 914, 915, 953</td>
</tr>
<tr>
<td>MID-CITY COMMUNITY CLINIC.</td>
<td>73, 1347, 1348</td>
</tr>
<tr>
<td>MILDORO, ABEGAILLE.</td>
<td>1871, 1945</td>
</tr>
<tr>
<td>MIEIL, RUFINA.</td>
<td>453</td>
</tr>
<tr>
<td>MIGNEA, DAVID.</td>
<td>1071, 1128, 1473</td>
</tr>
<tr>
<td>MIKHAIL, EMAD.</td>
<td>37</td>
</tr>
<tr>
<td>MIKUT, ALYSSA.</td>
<td>2043</td>
</tr>
<tr>
<td>MILANCHI, SIAMAK.</td>
<td>265, 266</td>
</tr>
<tr>
<td>MILDER, EDMUND.</td>
<td>2104</td>
</tr>
<tr>
<td>MILES, RENE.</td>
<td>2273</td>
</tr>
<tr>
<td>MILLAR, MELISSA.</td>
<td>1919</td>
</tr>
<tr>
<td>MILLER, BRANDON.</td>
<td>31, 85, 86</td>
</tr>
<tr>
<td>MILLER, BRIAN.</td>
<td>341</td>
</tr>
<tr>
<td>MILLER, DONALD.</td>
<td>1242</td>
</tr>
<tr>
<td>MILLER, EVA.</td>
<td>1945</td>
</tr>
<tr>
<td>MILLER, HOWARD.</td>
<td>291</td>
</tr>
<tr>
<td>MILLER, JAMES.</td>
<td>96</td>
</tr>
<tr>
<td>MILLER, JAMIE.</td>
<td>203, 256, 372</td>
</tr>
<tr>
<td>MILLER, JEAN.</td>
<td>181</td>
</tr>
<tr>
<td>MILLER, JULIE.</td>
<td>762, 763, 2230, 2231</td>
</tr>
<tr>
<td>MILLER, KURT.</td>
<td>459</td>
</tr>
<tr>
<td>MILLER, LAUREL.</td>
<td>1456</td>
</tr>
<tr>
<td>MILLER, LUCY.</td>
<td>330</td>
</tr>
<tr>
<td>MILLER, RYAN.</td>
<td>438</td>
</tr>
<tr>
<td>MILLER, SCOTT.</td>
<td>619, 1984</td>
</tr>
<tr>
<td>MILLON, TINA.</td>
<td>209</td>
</tr>
<tr>
<td>MILLS, BRAD.</td>
<td>2307</td>
</tr>
<tr>
<td>MILLS, DAVID.</td>
<td>1861, 2087</td>
</tr>
<tr>
<td>MILLS, MARLIN.</td>
<td>368, 369</td>
</tr>
<tr>
<td>MINASSIAN, ARPI.</td>
<td>314, 351, 667</td>
</tr>
<tr>
<td>MINKA, GENEVIEVE.</td>
<td>1629, 1686, 1841, 2087</td>
</tr>
<tr>
<td>MIRACLE, ANGELYN</td>
<td>1850, 2211</td>
</tr>
<tr>
<td>MIRADI, MOHAMMED.</td>
<td>329</td>
</tr>
<tr>
<td>MIRANDA, CYNTHIA.</td>
<td>539, 667</td>
</tr>
<tr>
<td>MIRKARIMI, MORTEZA.</td>
<td>75</td>
</tr>
<tr>
<td>MIRON, JEAN-PHILIPPE.</td>
<td>662, 2308</td>
</tr>
<tr>
<td>MIRSAEID GHAZI, POURYA.</td>
<td>2487</td>
</tr>
<tr>
<td>MIRZA, BASHAR.</td>
<td>293</td>
</tr>
<tr>
<td>MISAGHI, AMIRHOSSEIN.</td>
<td>467, 484</td>
</tr>
<tr>
<td>MISHRA, GAURAV.</td>
<td>135, 156</td>
</tr>
<tr>
<td>MISHRA-OCCINO, SEEMA.</td>
<td>2088</td>
</tr>
<tr>
<td>MISSION HERITAGE MED GRP.</td>
<td>15</td>
</tr>
<tr>
<td>MISSION HILLS POST ACUTE CARE.</td>
<td>781, 2249</td>
</tr>
<tr>
<td>MISSION HOSPITAL LAGUNA</td>
<td>11</td>
</tr>
<tr>
<td>MISTRY, CHETAN.</td>
<td>1062</td>
</tr>
<tr>
<td>MITCHELL, CATHY.</td>
<td>1139</td>
</tr>
<tr>
<td>MITCHELL, JESSE.</td>
<td>211, 212, 432, 498, 725, 726</td>
</tr>
<tr>
<td>MITCHELL, PAUL.</td>
<td>225, 737</td>
</tr>
<tr>
<td>MITIKU, TEFERI.</td>
<td>236, 344</td>
</tr>
<tr>
<td>MITREVSKI, PREDRAG.</td>
<td>65</td>
</tr>
<tr>
<td>MITTAL, YASH.</td>
<td>620</td>
</tr>
<tr>
<td>MIYIA, GARY.</td>
<td>649</td>
</tr>
<tr>
<td>MIZOGUCHI, LIANNE.</td>
<td>2366, 2411</td>
</tr>
<tr>
<td>MIZZEL, ANNA.</td>
<td>1711, 1924</td>
</tr>
<tr>
<td>MLNARIK, ANASTASIA.</td>
<td>1435</td>
</tr>
<tr>
<td>MOASIS, GHASSAN.</td>
<td>324</td>
</tr>
<tr>
<td>MOASIS, KAREEM.</td>
<td>90</td>
</tr>
<tr>
<td>MOATTARI, ALI.</td>
<td>549</td>
</tr>
<tr>
<td>MODENA, BRIAN.</td>
<td>278</td>
</tr>
</tbody>
</table>
E. 提供者索引

MODHWADIA, MAMTA ........... 578, 2292
MOELLER-BERTRAM, TOBIAS ....... 722
MOFFATT, KYRA ......................... 1175
MOFID, MEHRDAD ................. 324
MOHALE, SHARON ..................... 590
MOHAMEDALI, BURHAN.108, 119, 152,
597, 628, 707, 710, 1615, 2004, 2197
MOHAMEDALI, BURHAN.108, 119, 152,
597, 628, 707, 710, 1615, 2004, 2197
MONTEL, SEBASTIEN .............. 473, 474
MONROE, MAX ....................... 1911, 192
MONTENERO, CLAUDIA208, 318,
420, 421, 2009
MONTENEGRO, CLAUDIA............. 69
MONTEZ, REBECCA .............. 2289
MONTGOMERY, ROBERT .......... 270
MONTGOMERY, KEITH ALLEN.1885,
1886, 2218, 2219
MONTGOMERY, ROBERT .......... 270
MONTGOMERY, ROBERT .......... 270
MONTZ, VIVIAN ......................... 1691
MOONEY, PATRICIA164, 284, 497,
605, 708, 2194
MORE, TRACY ....................... 2366, 211
MOORE, BRIAN 341, 718, 1845, 1846,
2211
MOORE, BRIAN 341, 718, 1845, 1846,
2211
MOORE, CANDACE .......... 149, 367
MOORE, HEATHER .................... 164
MOORE, PAMELA ..................... 226
MOORE, PATRICK ..................... 519
MOORE, SHAVON 312, 662, 2279,
2308
MOORE, THOMAS ......... 1656, 1755, 2009
MOORMAN, KRISTA ................. 339, 655
MOOSAVI, MOHAMMAD ............ 26
MORA, WENDY 422, 566, 567, 761,
1847, 1898, 2228
MORAL, JOHN ....................... 142, 1641
MORAN, CHAD ....................... 1651
MORAN, CHAD ....................... 1651
MORRIS, CHAD ....................... 1651
MORRIS, JASON ................. 191, 192
MORRIS, JOHN ................. 191, 192
MORRIS, RAPHAEL ............... 663
MORRIS, SHEILA ................. 125, 1624
MORRISON REYES, JOSHUA.2332,
2348, 2355, 2366, 2379, 2391, 2392,
2412, 2413
MORRISON-REYES, JOSHUA.188,
300, 334, 335, 535, 536, 641, 642
MORTIMER, DORI .......... 1427, 332,
2308
MORTON, ASA ....... 188, 189, 300, 642
MOSHTAGHI, O MID ....... 129, 338, 1840
MOSKOV, LONNIE ........ 270, 413, 417
MOSQUERA, DIANA ............. 1062
MOSS, JASON ............ 642, 1062
MOSSON, MARK ............. 642, 1062
MOST, CAROLE ............... 214, 503
MOSTOFIAN, EIMANEH.1133, 1497,
1498
MOTT, KRISTEN ................. 309
MOULD, KEVIN ................. 25
MOUNT MIGUEL COVENANT
VILLAGE HEALTH FAC ....... 2251, 2252
MOUNTAIN, KELLY ............... 553
MOUSSAVI, SHAHRYAR .... 352, 444, 583
MOUSSAVIAN, MEHRAN.152, 180,
563, 752, 758, 1103, 1104, 1374, 1555
MOYNA, MARY .... 19, 82, 1029, 1532,
1533
MUDGE, BRADLEY ... 212, 554, 555, 750
MUELLER, DANA .......... 2074
MUELLER, GEORGE jit 687, 2173
MUELLER, MATTHEW.288, 617, 1734,
1973
MUHAMMED, LAMA .......... 2308
MUHONEN, LINDA .......... 465
MUHONEN, MICHAEL .......... 480
MUKHERJEE, ASHIS .......... 494
MULDNOON, MICHAEL .......... 691
MULFORD, MIM .......... 448, 449
MULLVAIN, JEFFRY .... 597, 628
MULTANI, GURPREET .... 362
MULVEY, CAIOILFHIONN.284, 605,
1721, 1946
MULVILHILL, DANIEL ............... 575
MUMTAZ, SEEMAL .............. 145
MUNAVU, LILY ............. 264, 265
MUNCADA, CAESAR .......... 298, 1767
MUNCE, DANIELLE ............. 2000
MUNDI, JAGMEET.259, 384, 464, 465
MUNIB, SABEEN ................. 41
MUNOZ PINEDA, JORGE .... 316, 668
MUNYON, THOMAS .......... 498, 499, 726
MURPHY, CARMEL ............. 1134, 1135
MURPHY, JAMES ............. 176, 2143
MURPHY, KEVIN ............. 670
MURPHY, PAUL ............ 318, 677
MURRAY, BREEANA .... 655
MURRAY, CARLA .......... 153
MURRAY, MATTHEW .......... 2088
MURRAY, STEVEN .. 163, 281, 599, 600
E. 提供者索引

MURRIETA HEALTH AND REHABILITATION CENTER........780
MURTHY, NIHIL.105, 322, 1605, 1823
MUTH, NATALIE..........................1011
MUY, MADINETH...........................48
MWAURA, WAIRIMU.164, 284, 497, 605, 708
MWESIGWA, PATRICIA...........243, 361
MYER, JONATHAN.........................691
MYERS, JESSE.................................164
MYREN, DONALD.........................725

N
NACOSTE, LAKEISHA...................1721
NADEAU, DANIEL..........................91
NADI, FAHIMA.............................1098
NAFICY, K......................................79, 700
NAFIU, BOLAJI.230, 231, 744, 746, 775, 776
NAGASUNDER, ARBHI.199, 215, 219, 433, 434
NAGATA, CERAH............................605
NAGEL, IRENE...............................388
NAGIH, JESSE.109, 119, 152, 158, 329, 1616
NAGNUR, PRITI.............................1120
NAHM, WALTER.............................615
NAIDZIONAK, ULADZISLAV.117, 623, 1615, 2000
NAIK, RAHUL..................................503
NAIK, SHILPA...............................1121
NAITOH, JOHN.........................179, 325, 326
NAJAFI, DAVID.........................335, 1417
NAJAND, SADAFA.................574, 1911
NAJAR, FAUZI...............................78, 659
NAKAMITSU, ABIGAIL......................2125
NAKAMURA, LEAH.275, 406, 407, 489, 490, 592
NAKAMURA, MELANIE....................1145
NAKAMURA, TIFFANY.............2006, 2309
NAKKA, SREENIVASA...............213, 501
NAMAZY, DAVID.....................295, 626, 633
NAMBIAR, MARGARET...................222
NAMI, NAVID..............................411, 545, 546
NANAVATI, VIMAL......................528, 573, 597
NANDI, SHANKHA.......................730, 766, 768
NANGIA, CHAITALI.......................247
NAPOLEAN, REBECCA...............684
NAPOLI, LYNN............................42
NARANJO, RODRIGO.............1367, 1368
NARAYAN, ARCHANA..................1098, 1099
NARAYAN, HARI.1663, 1684, 1859, 2074
NARAYANAN, MEENA.109, 119, 152, 180, 597, 628, 707, 710, 1368
NARDI, MELISSA.........................170
NARDI, SEAN...............................113
NARLA, VINOD.............................278, 593
NARULA, ARVIN............................118, 598
NASHER, ALYSSA.........................287
NASSERY, KRISTEN......................571, 1908
NASSIR, BASSAM.........................27, 1089
NATH, ASHOK...............................219, 434, 435
NATH, DEVARSHI.80, 709, 1130, 1131, 1488, 1489, 1490, 2196
NATHAN, CARLY.287, 611, 1728, 1963, 1964
NAUDIN, VERONICA......................1600
NAYAR, PETER.........................146, 558, 754
NAVARRO, ROSA..........................106
NAVARRO, VANESSA.57, 82, 1205, 1533, 1872, 2205
NAWAR, MAGDY..............................455
NAWAZISH, SABA............................510
NAYAK, KESHAV.............................598
NAZARY, AREZOU.............................37
NEAL, JAMES.................................507, 732
NEALEGH, NATALIE......................514
NEESE, SUSAN...............................320
NEGRO, CAROLINE.......................181
NEGRO, RICARDO.192, 201, 577, 737, 1160, 1161
NEIGHBORHOOD HEALTHCARE.892, 993
NEIGHBORHOOD HEALTHCARE ESCONDIDO........835, 836, 837, 838
NEIGHBORHOOD HEALTHCARE ESCONDIDO........30, 1150
NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER.872, 873
NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER, 62, 1245
NEIGHBORHOOD HEALTHCARE GRAND AVE........833, 834, 835
NEIGHBORHOOD HEALTHCARE LAKESIDE................844, 845
NEIGHBORHOOD HEALTHCARE LAKESIDE................48, 1177, 1178
NEIGHBORHOOD HEALTHCARE PAUMA VALLEY.............871, 872
NEIGHBORHOOD HEALTHCARE PAUMA VALLEY................62, 1244
NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL.829, 830, 839
NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL, 30, 1150, 1151
NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL.830, 831, 839
NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY.831, 832, 833, 839
NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY, 30, 1151
NEIGHBORHOOD HEALTHCARE, 87, 1592, 1593
NEJATI, FRESHTA.........................1946
NELKIN, CORY..............................170
NELMS, MICHAEL.........................590, 655
NELSON, AILYN............................530, 574
NEMATI, MARYAM.........................411
NEMCEFF, DENNIS.......................197
NESTOR COMMUNITY HEALTH CENTER........937, 938, 956
NESTOR COMMUNITY HEALTH CENTER................73, 1348
NETZEL, JENNIFER.......................605, 1946, 1947
NEUSTEIN, PAUL.145, 148, 179, 326, 344, 697
NEVAREZ, IRENE.........................1195, 1196, 1269
NEVILLE, MARGARET.564, 758, 2289, 2327, 2328
NEWMAN, DAVID.........................524, 2379
NEYAZ, MOHAMMED......................186, 576
E. 提供者索引

OBRIEN, KATHARINE .................................. 33
OBZEJTA, NATALIA .................................. 700, 701
OCAMPO, ELAINE .............................. 1271, 1272
OCEGUEDA, JOSHUA ............................ 57, 1206
OCHOA, ERLINDA .............................. 1077, 1196
OCHOA, RAUL ........................................ 1521
OCONE, SHANNON .................................. 16
ODA, NINOS ........................................ 523, 524
ODA, THAGHAR .................................. 1078, 1272, 1273
ODONNELL, F JANE .............................. 2019
OGANDO, SHEENA .............................. 1474
OH, GERALD ........................................... 522
OH, IRENE ...................................... 100, 186, 187, 296
OHALLORAN, HENRY .......................... 1662, 1681
OH, JUN ICHI ........................................ 245
OH, PAUL .............................................. 1275
OJHA, PRITI ........................................ 717, 2261, 2310
OJEDA-FOURNIER, HAYDEE .................... 319, 677, 678
OKAMOTO, VINCENT ............................. 1708
OKADA, MICHELLE .............................. 309, 1799
OKADA, ROBERT ................................. 755
OKILU, RICHARD ................................. 1078, 1079
OKINAGA, PATRICK ............................. 1708
OLIVA, CARLOS .................................. 1295
OLIVEIRA, CARLOS ............................ 89
OLIVER, DEANNA .................................. 47
OLIVER, MARTIN ................................. 1295
OLSON, CHERYL ................................ 322
OLSON, ERIK .................................... 685
OLSON, ROBERT ................................. 755
OLVERA, LUISA .................................. 1078, 1079
OMAN, MATTHEW .................... 202, 224, 246
OMIDI, SHOHREH ............................... 356
OMRAN, JAD ................................... 109, 152, 598
OMURO, ARTHUR ............................... 100
ONEILL, SEAN .................................. 251
ONEILL, THERESA ............................ 182, 751
ONG, DONALD ................................. 88, 89
ONGOYA, NOJA ................................ 209, 724, 765
ONYEKWULUJE, ANNE ...................... 65
OPEN ARMS ADHC .............................. 2256
OPERATION SAMAHAN - MIRA MESA ...... 931, 933, 934, 950, 951
OPERATION SAMAHAN - MIRA MESA ... 73, 1349
OPERATION SAMAHAN - NATIONAL C. ...... 857, 858, 862
OPERATION SAMAHAN - NATIONAL C. ...... 58, 1210
OPERATION SAMAHAN GRANGER SCHOOL BASED .... 856, 857, 861
OPERATION SAMAHAN GRANGER SCHOOL BASED .... 58, 1210
OPERATION SAMAHAN RANCHO PENASQUITOS .... 932, 933, 949, 950
OPERATION SAMAHAN RANCHO PENASQUITOS .... 73, 1297, 1350
OPTUM .............................................. 15
ORDINANZA, MYLENE ........................ 1519
OREJEL, EDITH .................................. 606, 1948
ORE, HENRY ................................. 2137, 2310
ORENTE HOUSE .................................. 2253
ORLANDO, FRANCESCA ...................... 158, 2263
ORPILLA, IMELDA .............................. 606, 1274, 1948
ORTEGA, JOSEPH .............................. 182
ORTEGA, LUIS .................................. 82, 1534, 2206
ORTEGA-ENDEHL, DAVID ..................... 132
ORTIZ ILIZALITURRI, ANA .................. 20, 57, 70, 82, 1535, 1536, 2206
ORTIZ, BEVERLY .............................. 2289
ORTIZ, KENNETH ......................... 1326, 1535
ORTIZ, MARIA ................................. 2137, 2311
ORTIZ, TINA .................................. 454
OSHIDI, GANIYU ..................... 493, 495
OSORIO, JOSEPH .............................. 1823, 1824, 2176
OSORIO, SANTIAGO ............................ 570
OSTROM, NANCY ............................... 593
OSTRUP, RICHARD .......................... 323, 342, 343, 688
OSWALD, JESSICA ............................ 1708, 1919
OTAY FAMILY HEALTH CLINIC .................. 802
OU, JOCELYN ................................. 2338, 2379
OVIDEO-LINARES, RAUL ...................... 109, 119, 528, 532
OWEN, LISA .................................. 388
OWEN, MICHAEL .............................. 1015, 1016, 1275
OWYANG, ASHLEY ............................ 258
OZAKI, YOSHIHIRO .................... 1629, 1687, 1841, 2089
OZCAN, ALI ................................ 1862, 2089
OZGUR, BURAK .................................. 267
PAAMONI, ARIEL .................................. 309
PACE, RACHEL .................................. 606
PACE, SARAH .................................. 44
PACHEO, MADISON ............................. 164
PADE, KATHRYN .............................. 2089
PADILLA, MICHELE ............................ 1275
PADUGA, REMIA .................. 100, 101, 187, 296
PAGE, BIANCA .............................. 176, 1295
PAI, SARAH .................................. 1948
PAIK, JULIANA ................................ 1166
PAKENHAM, KATE ......................... 1653
PALANCA, ARIEL ............................. 197
PALLIA, CHRISTOPHER ........................ 148, 323, 324, 1643, 1827
PALM TERRACE HLTHCARE AND REHAB CTR .......... 780
PALMER, VIVIENNE .......................... 388
PALOMAR FAMILY COUNSELING SERVICES ......... 30
PALOMAR HEALTH ................................ 11, 2234
PALOMAR HEIGHTS CARE CTR .................. 779, 2243
PALOMAR MEDICAL CENTER .............. 11, 2235
PALOMAR VISTA HEALTHCARE CTR ........... 779, 2243
PALOMINO, MARY ............................ 20, 1030
PALOMINO, VERONICA .............. 1326, 1327
PANDHI, JAY .................................. 528, 531, 532, 1874
PANDIT, LALITA .............................. 247, 252
PANDY, LIZANDER ............................ 80
PANDYA, BHUMIKA ......................... 2342, 2380
PANEK, KRISTI .............................. 235, 353, 444
PANG, GARY ................................. 204, 205, 430, 431, 722
PANG, JASON ................................. 702
PANGANIBAN, CHRISTINE ................. 201
PANICKER, CIBU .............................. 561, 1228, 1229
PANITCH, JILL ................................. 40
PANNARAJ, PIA ............................... 1994
PANSARA, MEGHA ............................. 2355
PANSE, MELIND .............................. 232, 442
PANTOJA, DANICA-ELLA ................. 111
PAOLERCIO, NANCY .......................... 226
PAPA, AMY ................................. 140, 342, 682
PAPA, RHETT ............................... 331, 1111, 1172
<table>
<thead>
<tr>
<th>Name</th>
<th>Pages</th>
<th>Name</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAPASTERGIOU, GEORGIOS</td>
<td>127, 335, 536, 1055, 1115, 1116</td>
<td>PAK, JAMES</td>
<td>253</td>
</tr>
<tr>
<td>PAPP, STEPHAN</td>
<td>291</td>
<td>PAK, ERIC</td>
<td>410</td>
</tr>
<tr>
<td>PARADISE VALLEY HEALTH CARE CENTER</td>
<td>780, 2246</td>
<td>PAK, DANIEL</td>
<td>1551</td>
</tr>
<tr>
<td>PARADISE VALLEY HOSPITAL</td>
<td>11, 2235</td>
<td>PAREDEZ, EDWARD</td>
<td>289, 290</td>
</tr>
<tr>
<td>PARISH, ANUSHREE</td>
<td>193, 663</td>
<td>PAREKH, NIRAJ</td>
<td>199, 206, 216, 420, 495, 505, 723</td>
</tr>
<tr>
<td>PARISH, CHARLES</td>
<td>355, 366</td>
<td>PARIK, SOO</td>
<td>1744</td>
</tr>
<tr>
<td>PARISO, JUSTIN</td>
<td>109, 598</td>
<td>PARK, JOSEPH</td>
<td>1862, 2089</td>
</tr>
<tr>
<td>PARK, BRIAN</td>
<td>1862, 2089</td>
<td>PARISH, MILIND</td>
<td>109, 152, 180, 598, 708, 710, 752, 758, 1099, 1368, 1369</td>
</tr>
<tr>
<td>PARK, ERIC</td>
<td>410</td>
<td>PARISI, KANEMOTO</td>
<td>239</td>
</tr>
<tr>
<td>PARK, ERIC</td>
<td>410</td>
<td>PARISI, HOOMAN</td>
<td>218, 505, 623, 757</td>
</tr>
<tr>
<td>PARK, JAMES</td>
<td>253</td>
<td>PARISONS, GENEVIEVE</td>
<td>1169</td>
</tr>
<tr>
<td>PARK, JAY</td>
<td>288, 617, 1755, 1974</td>
<td>PARISONS, MEKRAE</td>
<td>708, 2195</td>
</tr>
<tr>
<td>PARK, JESSIE</td>
<td>315, 667</td>
<td>PARVARESH, KEVIN</td>
<td>271</td>
</tr>
<tr>
<td>PARK, JOSEPH</td>
<td>413</td>
<td>PASHT, BHAVANA</td>
<td>549</td>
</tr>
<tr>
<td>PARK, NURI</td>
<td>356</td>
<td>PASS, RAJIV</td>
<td>24</td>
</tr>
<tr>
<td>PARK, RONALD</td>
<td>1242, 1903, 2090</td>
<td>PATHAK, BHAVANA</td>
<td>549</td>
</tr>
<tr>
<td>PARK, SAMUEL</td>
<td>484</td>
<td>PATHAK, RAJIV</td>
<td>24</td>
</tr>
<tr>
<td>PARK, SE.</td>
<td>240, 356, 357, 446, 447, 583</td>
<td>PATHAK, SAGAR</td>
<td>1689, 2100</td>
</tr>
<tr>
<td>PARK, SOO</td>
<td>1744</td>
<td>PATHIA, MINI</td>
<td>319, 678</td>
</tr>
<tr>
<td>PARK, SUNG</td>
<td>470</td>
<td>PATHJAN, DANIEL</td>
<td>606, 1275, 1276, 1949</td>
</tr>
<tr>
<td>PARK, SUSANNA</td>
<td>638</td>
<td>PAYGAR, ALLYSSA</td>
<td>606, 1949, 1950</td>
</tr>
<tr>
<td>PARK, TARI</td>
<td>1436</td>
<td>PAYNE, RICHARDE</td>
<td>16</td>
</tr>
<tr>
<td>PARKER, SHERINE</td>
<td>1436, 1687, 1842, 1903, 2090</td>
<td>PAYRENS, KENDRAAC</td>
<td>256</td>
</tr>
<tr>
<td>PARKS, MONICA</td>
<td>752, 758, 2225</td>
<td>PEDERSN, KEITH</td>
<td>471</td>
</tr>
<tr>
<td>PARKSIDE HEALTH AND WELLNESS CENTER</td>
<td>778, 2241</td>
<td>PEDERTY, JOHN</td>
<td>1030, 1031</td>
</tr>
<tr>
<td>PARKSIDE SPECIAL CARE CENTER</td>
<td>778</td>
<td>PEDROZA, JENNIFER</td>
<td>132</td>
</tr>
<tr>
<td>PARKWAY HILLS NURSING &amp; REHAB</td>
<td>780, 2245</td>
<td>PEJAVAR, SUNANDA</td>
<td>138, 341, 670</td>
</tr>
<tr>
<td>PAROLY, WARREN</td>
<td>563, 565</td>
<td>PELIO, DARREN</td>
<td>174, 309, 656, 1666, 1799, 1800, 2126</td>
</tr>
<tr>
<td>PARRY, LISA</td>
<td>177, 321, 685, 1668, 1819, 2167</td>
<td>PELLE, MICHELLE</td>
<td>615</td>
</tr>
<tr>
<td>PASHMFOROUSH, MOHAMMAD</td>
<td>556</td>
<td>PENA, CESAR</td>
<td>138</td>
</tr>
<tr>
<td>PARSI, HOOMAN</td>
<td>218, 505, 623, 757</td>
<td>PENA, MONICA</td>
<td>23</td>
</tr>
<tr>
<td>PARSI KANEMOTO, MARYAM</td>
<td>239</td>
<td>PENA, NICHOLAS</td>
<td>1457</td>
</tr>
<tr>
<td>PARSONS, GENEVIEVE</td>
<td>1169</td>
<td>PENERA, KEITH</td>
<td>41</td>
</tr>
<tr>
<td>PARSONS, MEKRAE</td>
<td>708, 2195</td>
<td>PENG, YING</td>
<td>346</td>
</tr>
<tr>
<td>PARVARESH, KEVIN</td>
<td>271</td>
<td>PENNINGTON, JENNIFER</td>
<td>570, 764</td>
</tr>
<tr>
<td>PARS, KANEMOT</td>
<td>239</td>
<td>PERRON, KAREN</td>
<td>611, 1728, 1964</td>
</tr>
<tr>
<td>PARSAK, KANEMOT</td>
<td>239</td>
<td>PERS, ELLIOT</td>
<td>2105</td>
</tr>
<tr>
<td>PARSAK, KANEMOT</td>
<td>239</td>
<td>PERERA, THANGARATNAM</td>
<td>235</td>
</tr>
<tr>
<td>PARR, STEPHAN</td>
<td>291</td>
<td>PERESS, LILIA</td>
<td>619, 1983</td>
</tr>
<tr>
<td>PARR, STEPHAN</td>
<td>291</td>
<td>PERRY, ALLYSSA</td>
<td>606, 1949, 1950</td>
</tr>
<tr>
<td>PARR, STEPHAN</td>
<td>291</td>
<td>PEREZ, FRANCISCO</td>
<td>249</td>
</tr>
<tr>
<td>PARR, STEPHAN</td>
<td>291</td>
<td>PEREZ, PERLITA</td>
<td>1031, 1327</td>
</tr>
<tr>
<td>PARR, STEPHAN</td>
<td>291</td>
<td>PEREZ, RONALD</td>
<td>16</td>
</tr>
<tr>
<td>PARR, STEPHAN</td>
<td>291</td>
<td>PERKINS, KENDRA</td>
<td>256</td>
</tr>
<tr>
<td>PARR, STEPHAN</td>
<td>291</td>
<td>PERKINS, RACHEL</td>
<td>1242</td>
</tr>
<tr>
<td>PARR, STEPHAN</td>
<td>291</td>
<td>PERLMAN, MONICA</td>
<td>315</td>
</tr>
<tr>
<td>PARR, STEPHAN</td>
<td>291</td>
<td>PERLMAN, TAMARA</td>
<td>559, 1889</td>
</tr>
<tr>
<td>姓名</td>
<td>页码</td>
<td>页码</td>
<td>页码</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>PERREAUT, MARK</td>
<td>309, 656, 1800, 2126</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERRIZO, NATHAN</td>
<td>568</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERRONE, AIMEE</td>
<td>682</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERRY, ANGELA</td>
<td>378, 379</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERRY, ARTHUR</td>
<td>300, 301, 335, 536, 642, 2367</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERSAUD, PRIA</td>
<td>227, 439, 738</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERTL, URSULA</td>
<td>1601</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETERMAN, KYLIE</td>
<td>389</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETERS, AMY</td>
<td>203, 256, 373</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETERS, JAMIE</td>
<td>2380</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETERSON, JENYFFER</td>
<td>265</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETERSON, SAMUEL</td>
<td>345</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETERSON, TYLER</td>
<td>701</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETIT, JOHN</td>
<td>1099, 1100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETREK, MEAGAN</td>
<td>284</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETTIS, BETH</td>
<td>606, 1950</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETTIS, ROBERT</td>
<td>259</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETTUS, JEREMY</td>
<td>288, 1738</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PEYMAN, HELYA</td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAM, ALEXANDER</td>
<td>396</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAM, ALIJE.124, 136, 712, 713, 732, 738</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAM, CHRISTINE</td>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAM, JENNIFER</td>
<td>122, 124, 656, 1621</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAM, LILY</td>
<td>1610, 1672, 1890, 1974</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAM, MARTIN</td>
<td>1605, 1824, 2177</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAM, QUYNH</td>
<td>1039</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAM, STEVEN</td>
<td>170</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAM, TONY</td>
<td>2415</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAN, CU</td>
<td>555</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAN, MIMI</td>
<td>382</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAN, RYAN</td>
<td>642, 2048, 2049</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAN, TIFFANI</td>
<td>1404</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHILIPPOSE, JAYA</td>
<td>476</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHILLIP, OMARI</td>
<td>140, 682</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHILIPS, BARRATT</td>
<td>222, 510, 511</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHILLIPS, JASON</td>
<td>572</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHILLIPS, KATHERINE</td>
<td>94</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHILLIPS, LILY</td>
<td>54, 86</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHILLPOTTS, MARC</td>
<td>742</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHREANER, NICHOLAS</td>
<td>1712, 1924</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHUNG, AIVI</td>
<td>656, 1457, 1458, 2126</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHUNG, RICHARD N V</td>
<td>2415</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIANSAY, MARIA CORAZON</td>
<td>130, 1063, 1569</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PICKERING, OANA</td>
<td>656</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PICKETT, CHARLOTTE</td>
<td>298, 638, 1765, 2039, 2040</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIDDINGTON, CHRISTINE</td>
<td>217</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIERCE, HEATHER</td>
<td>2115</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIÉRROS, JANELLE</td>
<td>20, 1031, 1032</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIÉRSON, MICHAEL</td>
<td>579</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PINTER, PATRICIA</td>
<td>1032</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PITT, WILLIAM</td>
<td>627, 628</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PITT, JOHN</td>
<td>1099, 1100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PITTE, ROBERT</td>
<td>259</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLOESSER, MARKUS</td>
<td>663, 664</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLUCINOK, STANLEY</td>
<td>2337</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POAST, JENNIFER</td>
<td>1551, 1552</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POATS, ANATOL</td>
<td>484</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POGGI, SARA</td>
<td>103, 132, 656</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POOL, LILY</td>
<td>1610, 1672, 1890, 1974</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POSADAS, EMERITO</td>
<td>1503, 1504, 2201</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POST, LACEY</td>
<td>656</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POSTLETHWAITE, ALEJANDRA</td>
<td>1612, 578, 2043, 2268, 2292</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POTION, OLIVIA</td>
<td>1749</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POTTER SMITH, SARAH</td>
<td>656</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POUTNEY, MARLENE</td>
<td>1209, 1499, 1500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POURADIB, AMIR</td>
<td>352, 387</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POURBABAK, SAM</td>
<td>37, 44, 360, 364</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POUTERI, SHEIVA</td>
<td>2416</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POWOLI, LAUREN</td>
<td>165, 606</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POW-WENANGKUL, PETE</td>
<td>91, 362</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POWAY ADULT DAY HEALTH CARE CENTER</td>
<td>2257</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POWAY HEALTHCARE CENTER</td>
<td>780, 2247</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POWELL, LEDFORD</td>
<td>402, 403</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POWELL, STEPHANIE</td>
<td>1437</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POWERS, BRET</td>
<td>233</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POZUN, CARA</td>
<td>294</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRABHU, SUJATA</td>
<td>160, 189, 335, 336, 536, 643, 2333, 2356, 2381, 2393, 2416</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRASAD, AMITHA</td>
<td>2268</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRASAD, RUPA</td>
<td>95, 96, 180, 573</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRATHER, ALYSON</td>
<td>185, 2268</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRATHIPATI, LAKSHMI</td>
<td>59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRATT, DONALD</td>
<td>53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRATT, STEVEN</td>
<td>301, 336, 2367</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRENDIVILLE, PAUL</td>
<td>348, 379</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRESKILL, CATALINA</td>
<td>1437</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRESS, RAYMOND</td>
<td>683</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E. 提供者索引

PRESTERA, TORY .............. 712, 2200, 2422
PRICE, ERIN ................................. 687
PRICE, KERRY ............................... 203
PRIEST, VIVIAN .............................. 2127
PRIESTLEY, ANGELIKA ................. 373, 586
PRIETO, ALEJANDRA ..................... 2195
PRIJATEL, SABRINA ....................... 656
PRINCE, RENEE ......................... 2138, 2311
PRITZKER, JOELY ........................... 558, 754, 1886, 2219
PROHASKA, THOMAS ................. 598, 1924
PROMER, KATHERINE ............. 83, 715, 1546, 1994, 2207
PROSP, TOBE .............................. 1328
PROVIDENCE MISSION HOSPITAL ... 11
PRUSS, ERIKA ......................... 1908, 2182
PRZEKLAUSA AUTH, MELISSA ....... 412
PREDITO, ALEJANDRA ................. 606
PRIETO, ALEJANDRA ................. 373, 586
PUGH, MATTHEW ......................... 107
PUGH, REBECCA ......................... 25, 1090
PULL, ALEXANDRA ...................... 1328
PULLA, REBECCA ......................... 39, 40, 295
PULLA, DEBORAH ......................... 1218
PULLA, KENDALL ......................... 39, 40, 295
PULLA, SHAUNAK ......................... 39, 40, 295
PULLA, SHASHI ......................... 1862, 2091
PULLA, TINA ......................... 1862, 2091
PULLA, WALTER ......................... 1862, 2091
PULLA, WENDY ......................... 1862, 2091
PULLA, YASEEN ......................... 1862, 2091
PULLA, ZAHRA ......................... 1862, 2091
PURDOL, CHRISTOPHER .............. 561, 756
PUGH, MATTHEW ......................... 107
PUGHMIRE, BRIAN ...................... 307, 651
PUIG LLANO, MANUEL ............. 301, 643, 1769, 2049
PUTRUS, RAMIZ ......................... 25, 1090
PYLE, ALEXANDRA ................. 132, 340, 656, 2127
PYRKO, PETER ......................... 271, 417
Q
QADRI, FANNOOSH ....................... 421
QASEEM, TAHIR ............................ 213
QASQAS, SHADI ......................... 419
QAYOMI, WALEI ........................... 296, 312, 635, 664, 1760, 2029, 2280, 2311
QUACH, PHUC ............................... 2381
QUAN, MARIA ............................... 760
QUAN, MICHELE ......................... 195, 1695
QUANG, TONY ............................. 516
QUE, HOWIE ............................... 134
QUENZER, FAITH ......................... 113, 1610, 1735
QUEROL, CYRUS ......................... 226, 514
QUENSADA, TARA ....................... 100, 187
QUEVEDO, JUAN ......................... 633, 2022
QUICK, ELISABETH ................. 1067, 1458, 1459
QUIJANO, GLENN ....................... 656
QUILALANG, SUSAN ................. 1016, 1068, 1069
QUINATA, FLORENCE ............... 507
QUINN, CATHERINE ...................... 623
QUINN, ERIN ............................... 558
QUINN, MICHAEL ......................... 659
QUINONES-PEREZ, BIANCA .... 1687, 1833, 1903, 2090
QUINONEZ, JOSE ....................... 78
QUINTANA, PAULINA ................. 2068
QUINTERO, CAROLYN ............. 712, 1505, 2201
QUINTO, CINDY ......................... 1277
QUIROZ, ELISA ......................... 117, 145, 1040
QUISTEMORI, DEMETRIO ............ 514
QURESHI, ALI ............................. 347
QURESHI, TAUSEEF ..................... 453, 474
R
RABBAN, DIANA ................. 630, 1162, 1163
RACKHAM, KELLY ....................... 701
RAD, SHERVIN ............................. 2333
RADJOVIC, NATASHA ............ 2138, 2312
RADWAN, MOHAMED ............... 293, 316
RADY CHILDREN'S CONVALESCENT HOSPITAL ... 2249
RADY CHILDREN'S HOSPITAL SAN DIEGO .................. 2235
RADY CHILDREN'S SPECIALISTS SAN DIEGO MED FNDN SOMEDFNDN ........ 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451
RAFIZAD, AMIR ......................... 235
RAGHUWANSI, NAISHADH ........ 501, 721
RAGUVEER, VISHAKA ................. 1328
RAHIM, ARIANNA ....................... 103, 310, 577
RAHIM, BASIT ......................... 456
RAHIMI, MOHAMMAD ............... 466
RAHIMI, NASSRIN ...................... 2230
RAHIMI, SINA ............................. 633
RAHMAN, HABIB ......................... 450
RAHMAN, MAISARA ..................... 86
RAHMATNEJAD, KAMRAN ........ 301, 643, 1769, 2049
RAHN, DOUGLAS ....................... 138, 176
RAHN, NOOR ......................... 396, 397
RAI, GEORGINA ......................... 656
RAJAEI, NASSRIN ...................... 86
RAJAIPOUR, DEEPAK ................. 429
RAJAGOPAL, AMUTHA .......... 1995, 2107
RAJAIPOUR, NEVIN ................. 82, 1536, 1537
RAJAMANICKAM, ANITHA ........ 556
RAJPOOT, DEEPAK ...................... 429
RAJSHAUM, MARTIN ............ 127, 336, 536
RAKOW-PENNER, REBECCA .......... 319, 678
RALEIGH, DEBORAH ................. 1722
RALEIGH, ERIN ............................... 656
RAMAN, DEBORAH ................. 459, 598
RAMAN, DEEPAK ......................... 429
RAMAN, DINESH ................. 1862, 2091
RAMAN, RAHUL ......................... 1862, 2091
RAMAN, SURESH ......................... 1862, 2091
RAMAN, THAMOS ......................... 1862, 2091
RAMAN, USHA ............................. 1146
RAMAN, YOGANATHAN ................. 429
RAMASWAMY, DHARMARAJAN .... 229, 441, 742
RAMAYA, THOMAS ......................... 78
RAMCHANDRA, THOMAS ................ 78
RAMDAN, ELEEN ............................ 1247
RAMINENI, NEELAKANTAN ...... 78
RAMIREZ SANCHEZ, CLAUDIA .... 232, 625, 1552, 1745, 1995, 2207
RAMIREZ, ALFREDO ..................... 1829
RAMIREZ, CRISTIAN ................. 1328, 1329
RAMIREZ, JAMES ......................... 63
RAMIREZ, NICOLE ....................... 1960
RAMIREZ, SARA ......................... 459, 586
RAMONA REHAB AND POST ACUTE CTR .................. 779
RAMOS, CARLOS ......................... 1758, 2019
RAMOS, ELENA ......................... 568, 1906
RAMOS, JACQUELYN ................. 1650
RAMOS, JEFFREY ......................... 293
RAMSEY, KAYLA ......................... 64
RANAN, DEBORAH ................. 459, 598
RANA, SHAUNAK ......................... 39, 40, 295
RANASURIYA, DUNISHA .............. 1862, 2091
RANCHES, GREGORY ................. 668
RANCHO VISTA ......................... 782
RANDALL, JOSH ......................... 490, 592
RANDLE, CARRIE ......................... 1950
RANJBARAN, ZIBA ....................... 469
RAO, AMOL ................................. 362
RAO, APARNA ......................... 1864, 2107
RAO, ROHIT ................................. 2074
RAO, SOWMYA ......................... 579, 1914
RAO, USHA ................................. 1146
RAO, VIKAS ................................. 480
RAPEPORT, KEVIN ....................... 281, 294
RAPOPORT, ZHANNA ................... 370

2488
<table>
<thead>
<tr>
<th>Name</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>RASCH, DAMIAN</td>
<td>163</td>
</tr>
<tr>
<td>RASH, DOMINIQUE</td>
<td>138, 570</td>
</tr>
<tr>
<td>RASHCOVSKY SCHIFF, KARIN</td>
<td>1146</td>
</tr>
<tr>
<td>RASHID, AHSAN</td>
<td>37</td>
</tr>
<tr>
<td>RASI, ALFREDO</td>
<td>750</td>
</tr>
<tr>
<td>RASMUSSEN, DALE</td>
<td>1459</td>
</tr>
<tr>
<td>RASTOGI, ANIL</td>
<td>206</td>
</tr>
<tr>
<td>RASTOGI, ANISHA</td>
<td>206, 216</td>
</tr>
<tr>
<td>RATEJCAK, CELESTE</td>
<td>210</td>
</tr>
<tr>
<td>RATHOD, RAJIV</td>
<td>379</td>
</tr>
<tr>
<td>RATNAYAKE, KRISTIN</td>
<td>2091</td>
</tr>
<tr>
<td>RATTNER, ZACHARY</td>
<td>678</td>
</tr>
<tr>
<td>RAVIKUMAR, ASHA</td>
<td>455</td>
</tr>
<tr>
<td>RAVINDRANATHAN, MEERA</td>
<td>503</td>
</tr>
<tr>
<td>RAY, ANNE</td>
<td>750</td>
</tr>
<tr>
<td>RAY, BROOKE</td>
<td>611</td>
</tr>
<tr>
<td>RAYAN, SUNIL</td>
<td>177</td>
</tr>
<tr>
<td>RAYMOND, ALAIN</td>
<td>1844</td>
</tr>
<tr>
<td>RAYNOSKA, JENELLE</td>
<td>635</td>
</tr>
<tr>
<td>RAYTA, NICOLE</td>
<td>1886</td>
</tr>
<tr>
<td>RAZZAQUE, SAQIB</td>
<td>623</td>
</tr>
<tr>
<td>RCH EAST COUNTY URGENT CARE</td>
<td>2451</td>
</tr>
<tr>
<td>RCH MID CITY URGENT CARE</td>
<td>2451</td>
</tr>
<tr>
<td>RCH NORTH COUNTY URGENT CARE</td>
<td>15, 2451</td>
</tr>
<tr>
<td>RCH OCEANSIDE URGENT CARE</td>
<td>2451</td>
</tr>
<tr>
<td>READ, TRENTON</td>
<td>134, 192, 577, 1633, 1693, 1914</td>
</tr>
<tr>
<td>REAL, MARIA</td>
<td>153, 529, 606, 1079, 1196, 1197</td>
</tr>
<tr>
<td>REARDON, JACQUELINE</td>
<td>114, 1611</td>
</tr>
<tr>
<td>REBELO, MARCIA</td>
<td>171</td>
</tr>
<tr>
<td>RECALDE, FRANCISCO</td>
<td>70, 75, 621, 1355</td>
</tr>
<tr>
<td>REDA, ZACHARIA</td>
<td>348</td>
</tr>
<tr>
<td>REDDY, ANANTHRAM</td>
<td>718</td>
</tr>
<tr>
<td>REDDY, ARJUN</td>
<td>27, 1100</td>
</tr>
<tr>
<td>REDDY, DANA</td>
<td>140, 1072, 1474, 1475</td>
</tr>
<tr>
<td>REDDY, JAGADEESH</td>
<td>452</td>
</tr>
<tr>
<td>REDDY, JOSEPH</td>
<td>620, 621, 1987</td>
</tr>
<tr>
<td>REDDY, MADHUMITHA</td>
<td>526</td>
</tr>
<tr>
<td>REDDY, NAVYA</td>
<td>1672</td>
</tr>
<tr>
<td>REDDY, PRIYA</td>
<td>153, 529, 607</td>
</tr>
<tr>
<td>REDDY, REDDIWANDLA</td>
<td>329, 1831</td>
</tr>
<tr>
<td>REDDY, RYAN</td>
<td>255</td>
</tr>
<tr>
<td>REDDY, SMITHA</td>
<td>118, 140, 575, 579, 1915</td>
</tr>
<tr>
<td>REDDY, SUMANA</td>
<td>1013, 1073, 1515</td>
</tr>
<tr>
<td>REDFERN, CHARLES</td>
<td>623, 624</td>
</tr>
<tr>
<td>REDIKER, DONALD</td>
<td>446</td>
</tr>
<tr>
<td>REDKAR, AVANTI</td>
<td>192</td>
</tr>
<tr>
<td>REDWOOD TERRACE</td>
<td>779</td>
</tr>
<tr>
<td>REED, KELLY</td>
<td>615</td>
</tr>
<tr>
<td>REED, KRISTIE</td>
<td>315, 1807, 2280, 2281</td>
</tr>
<tr>
<td>REED, SAVONNA</td>
<td>807</td>
</tr>
<tr>
<td>REEG, JESSICA</td>
<td>2320</td>
</tr>
<tr>
<td>REGE, SHANEE</td>
<td>607, 1079, 1080</td>
</tr>
<tr>
<td>REGO-KEARNEY, JENNIFER</td>
<td>312, 313, 314</td>
</tr>
<tr>
<td>REID, CHRISTOPHER</td>
<td>1669, 1828, 2187</td>
</tr>
<tr>
<td>REID, EMILY</td>
<td>1080, 1197, 1278</td>
</tr>
<tr>
<td>REIFENBERGER, JODY</td>
<td>1250</td>
</tr>
<tr>
<td>REIMERS, REBECCA</td>
<td>1618, 1675, 1836</td>
</tr>
<tr>
<td>REINS, BRUCE</td>
<td>567</td>
</tr>
<tr>
<td>RENDLER, NATHAN</td>
<td>1247</td>
</tr>
<tr>
<td>RENFROE, ILANA</td>
<td>284</td>
</tr>
<tr>
<td>RENZAS, JENNIFER</td>
<td>153, 154, 529, 607</td>
</tr>
<tr>
<td>REO VISTA HEALTHCARECTR.</td>
<td>781, 2249</td>
</tr>
<tr>
<td>RESNICK, DONALD</td>
<td>319, 678</td>
</tr>
<tr>
<td>RENNIKOFF, PAMELA</td>
<td>668</td>
</tr>
<tr>
<td>RESTELLI, LYNDSEY</td>
<td>1832</td>
</tr>
<tr>
<td>RESTREPO, DALILAH</td>
<td>147</td>
</tr>
<tr>
<td>REUSCH, KEVIN</td>
<td>103, 568</td>
</tr>
<tr>
<td>REUTHER, MARSHA</td>
<td>173, 306</td>
</tr>
<tr>
<td>REVELES, DIANA</td>
<td>1067</td>
</tr>
<tr>
<td>REXLINGER, KENNETH</td>
<td>65</td>
</tr>
<tr>
<td>REY, RODOLFO</td>
<td>421, 422</td>
</tr>
<tr>
<td>REYNAGA, JOSUE</td>
<td>1544</td>
</tr>
<tr>
<td>REYNOLDS, RICHARD</td>
<td>55</td>
</tr>
<tr>
<td>REYNOSO, ALFONSO</td>
<td>1020, 1021</td>
</tr>
<tr>
<td>REZNICK, HARRELL</td>
<td>474</td>
</tr>
<tr>
<td>REZVAN, KAVEH</td>
<td>700, 702, 705</td>
</tr>
<tr>
<td>RHA, JANICE</td>
<td>228, 771</td>
</tr>
<tr>
<td>RHEE, KYUNG</td>
<td>216</td>
</tr>
<tr>
<td>RHIANNON, JULIA</td>
<td>90</td>
</tr>
<tr>
<td>ROTHEN, REX LLOYD</td>
<td>1669</td>
</tr>
<tr>
<td>RIADH, MAYSAM</td>
<td>78</td>
</tr>
<tr>
<td>RIBEIRO CALDAS DOMINGUES, ISABEL</td>
<td>664, 2312</td>
</tr>
<tr>
<td>RICE, BRITTANY</td>
<td>659</td>
</tr>
<tr>
<td>RICE, ELIZABETH</td>
<td>96, 181, 1602</td>
</tr>
<tr>
<td>RICE, KRISTEN</td>
<td>624</td>
</tr>
<tr>
<td>RICH, RYAN</td>
<td>422, 567, 761, 762</td>
</tr>
<tr>
<td>RICHARD, MARLA</td>
<td>2281, 2312</td>
</tr>
<tr>
<td>RICHARDSON, ALVIE</td>
<td>1618, 1656, 1836, 1893, 2010</td>
</tr>
<tr>
<td>RICHARDSON, ANGELIQUE</td>
<td>1744</td>
</tr>
<tr>
<td>RICHARDSON, DANIELLE</td>
<td>1206, 1207</td>
</tr>
<tr>
<td>RICHARDSON, HENRY</td>
<td>130, 190, 568, 594, 652, 1630, 1689, 1905, 219</td>
</tr>
<tr>
<td>RICHARDSON, JULIA</td>
<td>1627</td>
</tr>
<tr>
<td>RICHLAND, BRANDON</td>
<td>555</td>
</tr>
<tr>
<td>RICHTER, ALEXANDER</td>
<td>748</td>
</tr>
<tr>
<td>RICKARDS, ENASS</td>
<td>144, 342, 343, 688, 692</td>
</tr>
<tr>
<td>RICKERTS, MATTHEW</td>
<td>2161</td>
</tr>
<tr>
<td>RIEDL, MARC</td>
<td>1917</td>
</tr>
<tr>
<td>RIEGO, SUZANNE</td>
<td>1950</td>
</tr>
<tr>
<td>RIES, DAVID</td>
<td>2116</td>
</tr>
<tr>
<td>RIGGINS, NINA</td>
<td>635, 2030</td>
</tr>
<tr>
<td>RILEY, JESSICA</td>
<td>97, 167, 584, 615</td>
</tr>
<tr>
<td>RING, ROBERT</td>
<td>567, 645, 1898, 2395</td>
</tr>
<tr>
<td>RIOS, SIERRA</td>
<td>2269</td>
</tr>
<tr>
<td>RISSER, JOSEPH</td>
<td>1466, 1467, 1983</td>
</tr>
<tr>
<td>RITCHIE, DAVID</td>
<td>319, 678, 1812, 2151</td>
</tr>
<tr>
<td>RITTER, AARON</td>
<td>263</td>
</tr>
<tr>
<td>RITTER, STEVEN</td>
<td>70, 1329, 1537</td>
</tr>
<tr>
<td>RIVA, GREGORY</td>
<td>206, 216</td>
</tr>
<tr>
<td>RIVADENEYRA, ADAM</td>
<td>242</td>
</tr>
<tr>
<td>RIVAS, RENE</td>
<td>1765, 1766, 2040</td>
</tr>
<tr>
<td>RIVERA, MARCELO</td>
<td>63</td>
</tr>
<tr>
<td>RIVERA, MIDORI</td>
<td>39, 88</td>
</tr>
<tr>
<td>RIVERO, JORGE</td>
<td>42</td>
</tr>
<tr>
<td>RIZKALLAH, JEAN</td>
<td>20</td>
</tr>
<tr>
<td>RIZNIS, TENGIS</td>
<td>361</td>
</tr>
<tr>
<td>RIZVI, SYED</td>
<td>220, 435, 732</td>
</tr>
<tr>
<td>ROADMAN, KEENE</td>
<td>286, 610</td>
</tr>
<tr>
<td>ROBERSON, ANDREA</td>
<td>64</td>
</tr>
<tr>
<td>ROBERTS, AUDREY</td>
<td>1800, 2127</td>
</tr>
<tr>
<td>ROBERTS, BENJAMIN</td>
<td>512</td>
</tr>
<tr>
<td>ROBERTS, JAMES</td>
<td>146, 149, 179, 326, 344, 697</td>
</tr>
<tr>
<td>ROBERTS, KENDALL</td>
<td>1170</td>
</tr>
<tr>
<td>ROBERTS, LISA</td>
<td>517</td>
</tr>
<tr>
<td>ROBERTS, POMAI</td>
<td>57, 1207, 1873</td>
</tr>
<tr>
<td>ROBERTS, TODD</td>
<td>512</td>
</tr>
<tr>
<td>ROBERTSON, ASHA</td>
<td>91</td>
</tr>
</tbody>
</table>
E. 提供者索引

ROBERTSON, ELSIE.............. 397, 479
ROBERTSON, RACHAEL........ 607, 1951
ROBICHAUD, FAITH................. 132
ROBINSON, COLE................... 180, 1670
ROBINSON, DAISY.............. 200, 1167, 1701
ROBINSON, DEAN................... 211, 1139, 1966
ROBINSON, FANE..................... 566, 643
ROBINSON, JENELLE................. 132, 720
ROBINSON, MATTHEW............. 748, 749
ROBKER, JERRICK................... 692
ROBLED, DAMIAN............... 184, 729, 2269
ROCHE, CHELSEA................... 1722
RODARTE, GABRIEL.193, 194, 1147, 2269, 2273
RODDICK, JASON.................. 226
RODENMEYER, EYE............... 607, 1951
RODRIGUES, DANIALD............. 450, 451
RODRIGUEZ JEREZ, ROBERTO...... 1050, 1111, 1112, 1189, 1405, 1406, 1407, 1588, 1589
RODRIGUEZ MARTINEZ, RENIL.... 1301
RODRIGUEZ, ALDO.1121, 1122, 1438, 1569, 1570, 2209
RODRIGUEZ, CASSANDRA.......... 1071
RODRIGUEZ, JAVIER.............. 1437, 1438
RODRIGUEZ, NITZA.............. 346
RODRIGUEZ, SEAN.................. 70, 1329
RODRIGUEZ-MINETTE, JESSICA.. 765
ROESKE, RICHMOND.............. 189, 301, 643
ROGERS, MEGAN.................. 114, 115
ROGERS, TANYA.................. 1278
ROGHANI, REZA.................. 744, 749
ROJAS, RICHARD............... 1296
ROJAS, STEVEN.................. 715, 1537, 1538
ROKHSHADFAR, SAGHI........... 46, 53
ROLTSCH, IAN.................... 741
ROMA, ANDRES.............. 1791, 2068
ROMERO, CAMILA.659, 660, 1467, 1468, 2130, 2131
ROMERO, KENNETH.............. 106
RONA, KAIS..................... 397
RONAN, KEVIN.146, 200, 567, 762, 1235, 1236, 1598
RONCAROLO DE VRIES, ROXANE.. 1886
RONQUILLO, KAREN AN.25, 1090, 1647
RONQUILLO, RINA................ 1175
ROOHIAN, ARSHIA............... 262, 413
ROSA, ADAM.................... 2396
ROSADO, IVAN........... 20, 1330, 1983
ROSANIO, SALVATORE........... 355
ROSCE, SYDNEY............... 607, 1951
ROSE, BRENT............... 138, 176
ROSE, PATRICIA............. 1582
ROSEN, JAY................... 104
ROSENBAUM, HERBERT........... 1538
ROSENBERG, ERIK.............. 612
ROSENBERG, GARY.............. 749
ROSENBLATT, EUGENE........... 1033
ROSENBLATT, SHERI.161, 717, 718, 1124, 1650, 2210
ROSENFIELD, SAMUEL........ 467, 485
ROSENFIELD, ALAN.144, 145, 692, 718
ROSENGARTEN, ARTHUR..... 150, 151
ROSHDIEH, BABA\................ 499, 547
ROSS, ANDREW.198, 199, 559, 560, 719, 726
ROSS, BRIDGET................. 754
ROSS, COLLIN................... 1574, 1575
ROSS, CRYSTAL............... 111, 607, 1017, 1952
ROSS, JENNY................... 682
ROSSARO, LORENZO............ 585
ROSSI, CATHERINE.284, 607, 1722, 1952
Rouel, LINDA................... 25, 1100
ROUEL, WADI.27, 1100, 1101, 1214, 1369, 1370
ROUGH, STEVEN.109, 119, 120, 528, 532, 1616, 1874
ROUGHLEY, MATTHEW........... 261
ROUHANI, BEHNAZ............. 379, 588
ROWAN, RYAN............... 737
ROWHANI, NAGHMEH........... 130, 1630
ROWSHAN, KASRA.............. 749
ROXAS, ROGER............... 114, 161
ROY, KEVIN................. 278, 593
ROZO, JOSE............... 607, 1952
RUBENSTEIN, KELLY........... 681
RUBENSTEIN, STUART........... 1438
RUBENZIK, TAMARA.169, 291, 624, 757, 1654, 1655, 1745, 1992, 2224
RUBIO GARCIA, MANOLO.120, 158, 184, 628, 710
RUBY, CHARLES................. 279
RUD, CHRISTOPHER........... 1816, 2161
RUDER, LOREN.................. 258
RUDOLF, FRANCES............ 1735, 1974
RUELAS, ROBERTO............. 1570
RUIJEN, BRAD................... 174
RUFO, ROSAVIDA.............. 607
RUIZ, MONICA............... 2091
RUIZ-FLORES, ROSE.......... 422, 514
RULLAN, JENNIFER.......... 112
RULLAN, PETER................. 112
RUMMANI, BENNY.............. 170
RUMMEL, LAURA................. 346
RUNGVIVATJARUS, TIRANUN.... 2116
RUSSELL, SAMUEL......... 1903, 2091
RUSSO, KRISTA.1012, 1013, 1243, 1244, 1250, 1511, 1512
RUSSO, MICHAEL............... 94
RUSSO, ROBERT............... 281
RUTMAN, MICHAEL............. 90
RUTTEN, SONIA............... 51
RYAN, DANA................... 233, 1168, 1703
RYAN, KYLE........... 1689, 1866, 1906, 2119
RYAN, TYLER.................. 161
RYU, JULIE.................. 2108
S
SAADAT, ARDAVAN............... 524
SAADAT, FARID............... 47
SAAM, SHIDA................... 36
SAB, SHIV....................... 163, 281
SABHA, MAHMoud............. 1735, 1975
SABIN, NANCY.607, 1278, 1279, 1280, 1952, 1953
SABIN, SCOTT............ 440, 518, 519, 741
SACAMAY, TAGUMPAY.. 533, 534, 633
SACHELARIE, IRINA............. 549, 550
SACHS, MELISSA.533, 630, 2283, 2312
SACKS, BRENT........... 286, 610, 1726, 1961
SADAT, SAYED.319, 679, 679, 1812, 2151
SADDA, REEM............... 162
SADDLEBACK MEMORIAL MED CTR. 11
SADEGHI TARI, MAHYAR........ 44
E. 提供者索引

SADE, MARK ........................................ 100, 296
SAFED, ODAY ........................................... 331
SAEZ, NEIL .................. 129, 339, 339, 1628, 1840
SAFAVII, MAHSA .................. 64
SAFAR, TERRA ........................................... 553
SAFFARZADEH, AREO .......... 486
SAFII, ROOZCHEHR .. 61, 113, 1490, 1491
SAH, SERENA ................... 1684, 1859, 2075
SAHAGIAN, GREGORY .............. 732
SAHAGIAN, MICHELLE. 1658, 1678, 1854, 1894, 2032
SAHATDJIAN, EVA ......................... 342
SAHMS, TIMOTHY ................... 1570, 1571
SAID, ENGY ........................................ 593, 594
SAIDIAN, AVA .................. 697, 2190
SAIED, NAGI .................. 212, 499, 726
SAIKHON, TALIA ...................... 310, 1801
SAINI, SURINDER ..................... 549
SAINT, MEAGHAN ......................... 310
SAISHO, ALBERT ......................... 38
SAJADI, ALISA ......................... 240, 357
SAJTI, ENIKO ......................... 1758, 2019
SAKO, AARON ......................... 462
SALAMANCA, OMAR ................. 1891
SALAMI, ALI .................. 598, 628
SALAS, ERNESTO ..................... 87
SALAS, JESSICA ......................... 1916
SALAS-AMIGON, BRENDA .......... 210
SALAZAR, JUANITA ..................... 1063, 1064
SALCEDO, ALEXANDRA. 176, 320, 681
SALCEDO, CARLA ......................... 681
SALCID, CRAIG ......................... 459, 586
SALIMI-TARI, PEYMAN ................. 362
SALIMAS, NIECEL ...................... 285, 607
SALL, EDWARD .............................. 649
SALL, JEEVAN ................................. 46
SALLOUM, ALEXANDER. 143, 197, 688
SALMASI, AMIRALI. 146, 149, 179, 326, 344, 698, 1642, 1644, 1847, 2190, 2191
SALO, CLINT ............................... 263, 264
SALOTTI, JOANIE ......................... 607, 608
SAMADY, JOSEPH ......................... 199, 560
SAMI, REMAN ......................... 1040, 1613, 2206
SAMMOORI, RAMA ...................... 51
SAMORA, ANTHONY ...................... 630
SAMPATH, SRIHARI ...................... 319, 679
SAMPATH, SRINATH ...................... 319, 679
SAMPATH, SRIVIDYA ..................... 1439
SAMPSON, ANDRIECE ..................... 1953
SAMUEL, MICHAEL. 173, 301, 336, 437, 2348, 2356, 2381
SAN DIEGO AMERICAN INDIAN HEALTH CENTER ............... 901, 902, 952
SAN DIEGO AMERICAN INDIAN HEALTH CENTER ............... 73, 1350
SAN DIEGO FAMILY CARE. 873, 874, 875, 876, 877, 951
SAN DIEGO FAMILY CARE, . 73, 1350, 1351
SAN DIEGO FAMILY CIRCLE ADULT DAY HEALTH CARE ............ 2257
SAN DIEGO POST ACUTE CENTER ................. 778, 2241
SAN JACINTO HEALTHCARE ............. 779
SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE ............... 899, 900, 954
SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE ............... 73, 1351
SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE ............... 783, 784, 785
SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE ............... 16, 1005
SAN YSIDRO HEALTH CHC - OCEAN VIEW ......................... 938, 939, 940, 942, 943, 956
SAN YSIDRO HEALTH CHC - OCEAN VIEW ......................... 73, 1351
SAN YSIDRO HEALTH CHULA VISTA. 794, 795, 796, 797, 798, 799, 800, 802, 803, 804, 805
SAN YSIDRO HEALTH CHULA VISTA, ............. 21, 1039
SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED. ........ 918, 919, 952
SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED ........ 74, 1352
SAN YSIDRO HEALTH EL CAJON. 807, 808, 809, 810, 811, 825
SAN YSIDRO HEALTH EL CAJON, . 26, 1093
SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE ........ 828, 829, 839
SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE ........ 30, 1151, 1152
SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR. 966, 967, 968, 969, 970, 971, 987
SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR, ....... 82, 1543
SAN YSIDRO HEALTH NATIONAL CITY ....................... 856, 858, 859, 861
SAN YSIDRO HEALTH NATIONAL CITY ....................... 828, 829, 839
SAN YSIDRO HEALTH PARADISE HILLS ................. 854, 855, 860, 861
SAN YSIDRO HEALTH PARADISE HILLS, ....................... 58, 1211
SAN YSIDRO HEALTH PRECISION PARK, ....................... 74
SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER. 971, 972, 973, 974, 975, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987
SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER, ........... 82, 1543
SAN YSIDRO HEALTH SOUTH BAY, ....................... 853, 854, 861
SAN YSIDRO HEALTH SOUTH BAY LATINO RESEARCH CENTER, ........ 21
SAN YSIDRO HEALTH SOUTH BAY, ....................... 58, 1211, 1212
SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS. 964, 965, 966, 975, 976, 977, 986
SAN YSIDRO HLTH SAN DIEGO PACE
SANACORA, RACHEL........... 1904, 2092
SANADA, VIVIANE............... 608
SANCHEZ, ADRIANA.564, 758, 759,
2290, 2291, 2328
SANCHEZ, EMILY.................. 441
SANCHEZ, MICHAEL............... 1801
SANCHEZ, MYRNA.................. 1520
SANCHEZ, YAHaira............... 210
SAND CANYON URGENT CARE MED
CTR........................................... 15
SANDERS, JESSICA............ 94, 1001
SANDHU, AJAY............... 176, 316, 670
SANDHU, BASANT................. 1147
SANDLER, BRYAN................. 687, 2174
SANDLER, JEFFREY............... 618
SANDOC, EMILY.................. 2416
SANGODKAR, SANDEEP.198, 199, 217,
421, 723
SANGUEDOLCE, JOHN............. 348
SANICOLAS, MARIA THERESA.... 538
SANTANGELO, JOANNE.608, 1280,
1281, 1953
SANTIAGO, AMANDA............. 558, 1887
SANTIAGO, ROXANE............... 1064
SANTILLAN, CYNTHIA............ 319, 679
SANTOMAURO, MICHAEL......... 146, 698
SANTORELLI, JARRETT......... 1821, 2174
SANTOS CAVIAIOLI, TRICIA.1739, 1978
SANUCCI, SHAUN................ 62
SAPRA, SONIA.1051, 1112, 1189,
1407, 1408, 1409, 1589
SARABI, DENNIS.................. 550
SARAFIAN, FARJAD............... 248
SARCONE, ANNAHITA.............. 353
SARNOFF, ROBERT............... 175
SARSAM, LUAY.................. 110, 152, 181, 598, 708
SARSAM, SINAN.................. 720, 723
SARWAR, NADIA.................. 2971
SARWARI, NAWID............. 214, 503, 624, 257
SASSANI, PATRICK............. 127, 336, 536
SASSIC, JESSICA............... 1370
SATEESH, BROOKE.155, 156, 520, 531,
574
SATTAR, SHIFTEH................ 636
SATTERFIELD, KELLIE.301, 643, 734,
1770, 2050
SATTERWHITE, MAURINE.608, 1281,
1282, 1953, 1954
SAUER, CHARLES.1657, 1676, 1758,
1912, 2019, 2020
SAUNDERS, ANGELA............. 727
SAUNDERS, PHILLIP.117, 214, 503, 624,
727, 757
SAUNDERS, SARA.................. 310
SARVI, AMAN.................... 98, 100, 187
SAVAR, AARON.................... 734
SARVAR, LOUIS................... 734
SAVILE, EDITH.................. 1283
SAWNEY, NAVINDER............... 180, 1674
SAWNEY, SAJEET.................. 253
SAWER, CAROLYN................... 2313
SAYEGH, ELI.................... 524
SAZEGAR, PAYAM............... 25, 57, 70
SBIRLO, EMILY..................... 114
SCARLETT, YVONNE............. 752
SCHACHTER, JESSICA........... 250
SCHAEFFER, CYNTHIA............. 156, 621, 649
SCHAEPE, RHODORA.754, 1595, 1596
SCHALCH LEPE, PAUL.129, 306, 339,
649
SCHELLINGER, KRISTON.2138, 2313,
2314
SCHER, BARRY................. 127, 336
SCHIEDERMAYER, BENJAMIN.320,
684, 1818, 2166
SCHIFFMAN, GEORGE............ 453, 474
SCHIM, JACK............... 100, 101, 296
SCHLECHTER, JOHN............. 467, 485
SCHLOSER, TARA............. 630, 2314
SCHMALHAUS, MONTE........... 472
SCHMIDT, BRYAN................... 1473
SCHMIDT, LILA.................. 638
SCHMIDT, RUDY................. 615
SCHMIDT, EVA.................. 2127
SCHNEIDER, ANDRES........... 312, 2281
SCHNEIDER, DARIUS............ 289, 574
SCHNEIDER, RALPH............ 1068, 1464
SCHNEIDER-MUNOZ, MARGARITA,
........................................... 1553
SCHNICKEL, GABRIEL............. 2189
SCHOLLE, BIANCA............... 656
SCHONBACH, ETIENNE........... 301, 1770
SCHOONMAKER, JOHN........... 84
SCHERR, EMILY............... 172, 635, 1658, 2030
SCHRIEFER, NOAH.................. 572
SCHROEDER, JENNIFER...... 2127, 2128
SCHROEDER, MARY................. 559, 1889
SCHROTER, STEPHANIE........... 1862, 2092
SCHUETZ, HESTON............. 291
SCHULTZ, JESSICA........... 297, 635, 1760
SCHULTZ, HEATHER........... 1812, 2151, 2152
SCHULTZ, JEFFREY................. 692
SCHULTZEL, MARK............. 178, 693, 749
SCHULTZEL, MATTHEW......... 177, 321, 322
SCHULZ, STEFAN............... 2128
SCHUMAKER, EDWARD.1091, 1207,
1330
SCHWAB, GARY.................. 645, 2052
SCHWARTZ, KRISTY................. 2093
SCHWARTZ, MARISSA........... 552
SCHWARTZEL, KEVIN.............. 1801
SCHWARTZMAN, BENJAMIN....... 630
SCHWARZ, ERNST............. 495, 505
SCHWARZ, KATHLEEN........... 2100
SCHWEIKERT, SUZANNE.565, 1500,
1501
SCHWENDEMANN, WADE.1837, 1893,
2011
SCHWERKOSKE, JOHN.117, 214, 503,
624, 727, 757
SCHWINDT, CHRISTINA......... 540
SCLR, CRAIG.................. 629
SCOTT, EMILY.................. 629
SCOTT, JEFFREY.190, 512, 2342, 2381,
2393
SCOTT, KELLY............... 608
SCOTT, LAGINA........... 70, 1330, 1331, 1984
SCOTT, ROBERT............... 652
SCOTT, RYLEE............... 1331
SCOTT, SUSAN............... 515
SCOTT-WYARD, PHOEBE........ 1866, 2119
SCOVILL, ALEXANDRA.128, 1627, 2337
SCRIPPS GREEN HOSPITAL.... 11, 2235
SCRIPPS MEMORIAL HOSPITAL.11,
2235

2492
<table>
<thead>
<tr>
<th>Name</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEYFZADEH, MANOUCHehr</td>
<td>212</td>
</tr>
<tr>
<td>SHABAik, AHMED</td>
<td>1791, 2068</td>
</tr>
<tr>
<td>SHAD, JAVAid</td>
<td>562</td>
</tr>
<tr>
<td>SHAFFER, KATHERine</td>
<td>156, 621, 1613, 1987</td>
</tr>
<tr>
<td>SHAFT, ALEXander ..115, 147, 156, 183</td>
<td></td>
</tr>
<tr>
<td>SHAH, ABHISHEK107, 110, 151, 152, 180, 181, 596, 598, 707, 708</td>
<td></td>
</tr>
<tr>
<td>SHAH, KALPIT</td>
<td>693</td>
</tr>
<tr>
<td>SHAH, KETAN</td>
<td>361</td>
</tr>
<tr>
<td>SHAH, KULIN110, 120, 152, 158, 181, 184, 598, 629, 708, 710</td>
<td></td>
</tr>
<tr>
<td>SHAH, MEERA</td>
<td>1170</td>
</tr>
<tr>
<td>SHAH, MITA</td>
<td>2022</td>
</tr>
<tr>
<td>SHAH, NANDI</td>
<td>167, 289, 618</td>
</tr>
<tr>
<td>SHAH, NEMI</td>
<td>507, 526, 1660, 2041</td>
</tr>
<tr>
<td>SHAH, SALMA</td>
<td>251</td>
</tr>
<tr>
<td>SHAH, SHAIJLa</td>
<td>290, 621, 1741, 1988</td>
</tr>
<tr>
<td>SHAH, SHEENA</td>
<td>132, 537</td>
</tr>
<tr>
<td>SHAHAMIRI, SEAN</td>
<td>249</td>
</tr>
<tr>
<td>SHAHAN, FRED</td>
<td>615</td>
</tr>
<tr>
<td>SHAHATTo, LOBNA</td>
<td>2001</td>
</tr>
<tr>
<td>SHAHBaz, LINNAe558, 754, 1887, 2219</td>
<td></td>
</tr>
<tr>
<td>SHAHBaz, MAJD</td>
<td>40, 339</td>
</tr>
<tr>
<td>SHAHBAZIAN, MICHAEL352, 444, 583</td>
<td></td>
</tr>
<tr>
<td>SHAHIDYAZDANI, TINA</td>
<td>1571</td>
</tr>
<tr>
<td>SHAHIM, ZAHRa</td>
<td>411</td>
</tr>
<tr>
<td>SHAHINIAN, GEORGE ..94, 349, 392</td>
<td></td>
</tr>
<tr>
<td>SHAHTAJI, ALAN</td>
<td>1034, 1539</td>
</tr>
<tr>
<td>SHAIKH, ANWER215, 218, 505, 624, 631</td>
<td></td>
</tr>
<tr>
<td>SHAJAN, JOSHAN</td>
<td>78</td>
</tr>
<tr>
<td>SHALABY, MOHSEN</td>
<td>35</td>
</tr>
<tr>
<td>SHALI, REYZAN</td>
<td>90</td>
</tr>
<tr>
<td>SHAMANI, AZAM</td>
<td>70</td>
</tr>
<tr>
<td>SHANNON, KELi</td>
<td>2011</td>
</tr>
<tr>
<td>SHAPERa, EMANUEL</td>
<td>322, 745</td>
</tr>
<tr>
<td>SHAPIRO, HILARY</td>
<td>281, 1712</td>
</tr>
<tr>
<td>SHAPIRO, MARK ..186, 187, 576, 633</td>
<td></td>
</tr>
<tr>
<td>SHAPIRO, ROBERT</td>
<td>572</td>
</tr>
<tr>
<td>SHAPIRO, STEVEN</td>
<td>499</td>
</tr>
<tr>
<td>SHARABI, ANDREW</td>
<td>176, 670</td>
</tr>
<tr>
<td>SHARAF, KAREEM</td>
<td>310</td>
</tr>
<tr>
<td>SHARF, ALBERT</td>
<td>120, 158, 532</td>
</tr>
<tr>
<td>SHARIF TABRIZI, AHMAD</td>
<td>297, 636</td>
</tr>
<tr>
<td>SHARMA, KUSUM</td>
<td>105, 278, 593</td>
</tr>
<tr>
<td>SHARMA, RAHUL</td>
<td>397, 399</td>
</tr>
<tr>
<td>SHARMA, RAKHI</td>
<td>608</td>
</tr>
<tr>
<td>SHARMA, SURENDRa</td>
<td>230</td>
</tr>
<tr>
<td>SHARP CHULA VISTA MED CTR.</td>
<td>2236</td>
</tr>
<tr>
<td>SHARP CORONADO HOSP AND</td>
<td></td>
</tr>
<tr>
<td>HEALTHCARE CTR.</td>
<td>2237</td>
</tr>
<tr>
<td>SHARP MARY BIRCH HOSP FOR</td>
<td></td>
</tr>
<tr>
<td>WOMEN AND NEWBORNS.</td>
<td>2237</td>
</tr>
<tr>
<td>SHARP MEMORIAL HOSPITAL</td>
<td>2237</td>
</tr>
<tr>
<td>SHARP, LORRA</td>
<td>198, 1698</td>
</tr>
<tr>
<td>SHARP, SIMPSON</td>
<td>320</td>
</tr>
<tr>
<td>SHARPE, NORMA657, 1006, 1160, 1459, 1460, 1575</td>
<td></td>
</tr>
<tr>
<td>SHARTZER, ANNA</td>
<td>210</td>
</tr>
<tr>
<td>SHASKY, GARY</td>
<td>151, 327, 595</td>
</tr>
<tr>
<td>SHAUL, SHERA</td>
<td>1801, 2128</td>
</tr>
<tr>
<td>SHAVER, JOHN</td>
<td>267, 397, 479</td>
</tr>
<tr>
<td>SHAW, BRIAN</td>
<td>1418</td>
</tr>
<tr>
<td>SHAW, SUSANNA</td>
<td>1709, 1920</td>
</tr>
<tr>
<td>SHE, WU</td>
<td>356</td>
</tr>
<tr>
<td>SHEETS, ROBERT</td>
<td>2108</td>
</tr>
<tr>
<td>SHEETZ, TYLER</td>
<td>326, 699</td>
</tr>
<tr>
<td>SHEHATA, HANNAH LOUISE</td>
<td>507</td>
</tr>
<tr>
<td>SHEIDAYI, PERRY</td>
<td>36</td>
</tr>
<tr>
<td>SHEIKH MOHAMED, AMIRA</td>
<td>1553</td>
</tr>
<tr>
<td>SHEIKH, SARAH</td>
<td>210, 497</td>
</tr>
<tr>
<td>SHEIKH, ZARA</td>
<td>1331, 1332</td>
</tr>
<tr>
<td>SHEIKH-MOHAMED, HALA ...1101, 1102</td>
<td></td>
</tr>
<tr>
<td>SHEILS, CATHERINE189, 301, 566, 643, 644, 734, 1681, 1770, 1896, 2050</td>
<td></td>
</tr>
<tr>
<td>SHEKER-DICKSON, KIMBERLY</td>
<td>619</td>
</tr>
<tr>
<td>SHELTON, RAYMOND</td>
<td>222, 437, 734</td>
</tr>
<tr>
<td>SHEN, HONGGANG</td>
<td>617</td>
</tr>
<tr>
<td>SHEN, MICHAEL</td>
<td>370</td>
</tr>
<tr>
<td>SHENOY, ASHVIn</td>
<td>1440</td>
</tr>
<tr>
<td>SHENOY, CASIE</td>
<td>624, 631</td>
</tr>
<tr>
<td>SHERER, KIMBERLY</td>
<td>2093</td>
</tr>
<tr>
<td>SHEREV, DIMITRI110, 120, 152, 158, 163, 281, 328, 528, 556, 573, 598, 629, 617, 1649, 1832, 2005</td>
<td></td>
</tr>
<tr>
<td>SHERIDAN, SHANE</td>
<td>198, 432</td>
</tr>
<tr>
<td>SHERMAN HEIGHTS FAMILY HLTH</td>
<td></td>
</tr>
<tr>
<td>CTRS INC</td>
<td>898, 899, 954</td>
</tr>
<tr>
<td>SHERMAN HEIGHTS FAMILY HLTH</td>
<td></td>
</tr>
<tr>
<td>CTRS INC</td>
<td>74, 1352</td>
</tr>
<tr>
<td>E. 提供者索引</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>SHERMAN, MARK ................................</td>
<td>322</td>
</tr>
<tr>
<td>SHETABI, KAMBIZ ...............</td>
<td>552, 1375</td>
</tr>
<tr>
<td>SHETH, HASMUKH ................</td>
<td>1064, 1440</td>
</tr>
<tr>
<td>SHETH, SARAKA ..................</td>
<td>1863, 2093</td>
</tr>
<tr>
<td>SHI, RONG .......................</td>
<td>78</td>
</tr>
<tr>
<td>SHI, RUJING ......................</td>
<td>1370</td>
</tr>
<tr>
<td>SHI, VERONICA ..................</td>
<td>1967, 1968</td>
</tr>
<tr>
<td>SHIAU, NANCY ...................</td>
<td>1441</td>
</tr>
<tr>
<td>SHIEH, MARIE ....................</td>
<td>624</td>
</tr>
<tr>
<td>SHIELDS, SEBASTIAN ............</td>
<td>121, 2261</td>
</tr>
<tr>
<td>SHIEL, RONALD 548, 580, 584, 615, 616</td>
<td></td>
</tr>
<tr>
<td>SHIH, LU-HSUN ...................</td>
<td>210, 720</td>
</tr>
<tr>
<td>SHIH, LYNN ......................</td>
<td>331, 332</td>
</tr>
<tr>
<td>SHILLITO, MATTHEW ................</td>
<td>693</td>
</tr>
<tr>
<td>SHIM, MICHAEL ..................</td>
<td>562</td>
</tr>
<tr>
<td>SHIMIZU, KELSIE MIDORI ....</td>
<td>1004</td>
</tr>
<tr>
<td>SHIN, CHRISTOPHER ............</td>
<td>515</td>
</tr>
<tr>
<td>SHIN, HEAMIN .................</td>
<td>569</td>
</tr>
<tr>
<td>SHIN, STEPHANIE ..............</td>
<td>171, 175</td>
</tr>
<tr>
<td>SHINDO, YURI .................</td>
<td>291, 624</td>
</tr>
<tr>
<td>SHIRAKI, JEAN .................</td>
<td>1332</td>
</tr>
<tr>
<td>SHIRAZI, REZA ...............</td>
<td>196, 670</td>
</tr>
<tr>
<td>SHIRKHANI, PARISA ............</td>
<td>240</td>
</tr>
<tr>
<td>SHIVELY, JEANNINE ............</td>
<td>657</td>
</tr>
<tr>
<td>SHOPOUR, CAMELLIA ...........</td>
<td>51</td>
</tr>
<tr>
<td>SHOJI, MARISSA ..............</td>
<td>301, 644</td>
</tr>
<tr>
<td>SHOKOUIHI, SARA .............</td>
<td>64</td>
</tr>
<tr>
<td>SHORES, CLORINDA ............</td>
<td>226</td>
</tr>
<tr>
<td>SHORT, ABIADE ...............</td>
<td>125, 1052, 1563, 1564</td>
</tr>
<tr>
<td>SHORT, RICHARD .........</td>
<td>1176</td>
</tr>
<tr>
<td>SHOUreshi, POONE 243, 275, 276, 361, 407, 490</td>
<td></td>
</tr>
<tr>
<td>SHPANER, ALEXANDER ...........</td>
<td>621</td>
</tr>
<tr>
<td>SHERIBA, MOHAMMED ..........</td>
<td>472</td>
</tr>
<tr>
<td>SHRIVASTAVA, VINEET ..........</td>
<td>252, 369</td>
</tr>
<tr>
<td>SHU, I WEI .....................</td>
<td>2314</td>
</tr>
<tr>
<td>SHUCKETT, ARIEL 638, 1409, 1410, 2041</td>
<td></td>
</tr>
<tr>
<td>SHULKIN, MITCHELL ..........</td>
<td>2417</td>
</tr>
<tr>
<td>SHUM, MERRILL ...............</td>
<td>215, 503</td>
</tr>
<tr>
<td>SHUMILAK, KAILI ..............</td>
<td>1332, 1333</td>
</tr>
<tr>
<td>SHUNE, HONG ...................</td>
<td>38, 249</td>
</tr>
<tr>
<td>SIAVOSHI, SARA .............</td>
<td>635</td>
</tr>
<tr>
<td>SICKELS, JENNIFER ............</td>
<td>497</td>
</tr>
<tr>
<td>SICKLES, MAGGIE .............</td>
<td>111, 1017</td>
</tr>
<tr>
<td>SIDDQUI, FARYAL .............</td>
<td>287</td>
</tr>
<tr>
<td>SIEGFRIED, TRACY ..........</td>
<td>46</td>
</tr>
<tr>
<td>SIEHN, STEFAN ................</td>
<td>516</td>
</tr>
<tr>
<td>SIETSMA, ALEXANDRA ..........</td>
<td>608</td>
</tr>
<tr>
<td>SILVA SEPULVEDA, JOSE 1664, 1684, 1860, 2075</td>
<td></td>
</tr>
<tr>
<td>SILVER, BRENT ...............</td>
<td>124, 712, 732</td>
</tr>
<tr>
<td>SILVERSTEIN, KAYLI ..........</td>
<td>96, 595</td>
</tr>
<tr>
<td>SILVESTRI, NICOLE ...........</td>
<td>285</td>
</tr>
<tr>
<td>SILVEY, CHRISTOPHER .........</td>
<td>2283, 2315</td>
</tr>
<tr>
<td>SIMMONS, PAMELA ............</td>
<td>86</td>
</tr>
<tr>
<td>SIMPSON, SCOTT ..............</td>
<td>326</td>
</tr>
<tr>
<td>SIMPSON, DANIEL ..........</td>
<td>176, 316, 670</td>
</tr>
<tr>
<td>SIMPSON, ERIC ...............</td>
<td>2203, 2320</td>
</tr>
<tr>
<td>SIMPSON, JAMES ..............</td>
<td>290, 710</td>
</tr>
<tr>
<td>SINGH, DEEPJOY .............</td>
<td>363</td>
</tr>
<tr>
<td>SINGH, GAURAV ..............</td>
<td>1968</td>
</tr>
<tr>
<td>SINGH, HARDEEP .............</td>
<td>246</td>
</tr>
<tr>
<td>SINGH, HIMANI ..............</td>
<td>563</td>
</tr>
<tr>
<td>SINGH, JOGENDRA ............</td>
<td>210</td>
</tr>
<tr>
<td>SINGH, KARAM 276, 408, 490, 491, 592</td>
<td></td>
</tr>
<tr>
<td>SINGH, MARVIN ...............</td>
<td>169</td>
</tr>
<tr>
<td>SINGH, PUJA .................</td>
<td>1864, 2098</td>
</tr>
<tr>
<td>SINGH, RAMENDEEP ...........</td>
<td>1171</td>
</tr>
<tr>
<td>SINGH, SAMARJIT ..........</td>
<td>392</td>
</tr>
<tr>
<td>SINGH, SIMRANJI ............</td>
<td>476</td>
</tr>
<tr>
<td>SINGHI, AJEET ..............</td>
<td>213</td>
</tr>
<tr>
<td>SIRICHTIRATANA, MELISA 199, 499, 560, 616, 709, 719</td>
<td></td>
</tr>
<tr>
<td>SIROTA, MICHAEL ............</td>
<td>693</td>
</tr>
<tr>
<td>SISE, MICHAEL ..........</td>
<td>687, 688</td>
</tr>
<tr>
<td>SIU, CURTIS ...............</td>
<td>45</td>
</tr>
<tr>
<td>SIVA, ANDREW ..............</td>
<td>741, 742</td>
</tr>
<tr>
<td>SIVA, TENAYA ...............</td>
<td>29, 71</td>
</tr>
<tr>
<td>SKAF, AYHAM 127, 128, 160, 336, 536, 1056, 1116, 1117, 1564, 1565</td>
<td></td>
</tr>
<tr>
<td>SKALSKY, ANDREW ...........</td>
<td>1867, 2119</td>
</tr>
<tr>
<td>SKAY, RICHARD .............</td>
<td>2422</td>
</tr>
<tr>
<td>SKELTON, SEAN ..........</td>
<td>339</td>
</tr>
<tr>
<td>SKINNER, ANTHONY ..........</td>
<td>222, 437</td>
</tr>
<tr>
<td>SKINNER, NICOLE ..........</td>
<td>1816, 2161</td>
</tr>
<tr>
<td>SKULSKY, EVA ..............</td>
<td>568</td>
</tr>
<tr>
<td>SKVARNKA, KAREN ..........</td>
<td>383</td>
</tr>
<tr>
<td>SLATER, JERRY 319, 679, 1812, 2152, 2153</td>
<td></td>
</tr>
<tr>
<td>SLEIMAN, JOSEPH ............</td>
<td>1192</td>
</tr>
<tr>
<td>SLOAN, ERICA ...............</td>
<td>153, 1644</td>
</tr>
<tr>
<td>SLOANE, CHRISTIAN ..........</td>
<td>1975</td>
</tr>
<tr>
<td>SMILDE, RENEE ..............</td>
<td>1371</td>
</tr>
<tr>
<td>SMITAMAN, EDWARD ..........</td>
<td>319, 679</td>
</tr>
<tr>
<td>SMITH, ALLISON .............</td>
<td>657</td>
</tr>
<tr>
<td>SMITH, ANTHONY ..........</td>
<td>226</td>
</tr>
<tr>
<td>SMITH, CASEY ...............</td>
<td>288, 1736</td>
</tr>
<tr>
<td>SMITH, CHELSEY .......... 1750, 2001</td>
<td></td>
</tr>
<tr>
<td>SMITH, COLLIN .......... 134, 192, 577, 578</td>
<td></td>
</tr>
<tr>
<td>SMITH, DIANNE ..........</td>
<td>228</td>
</tr>
<tr>
<td>SMITH, DOUGLAS ............</td>
<td>717, 1575</td>
</tr>
<tr>
<td>SMITH, EMILY ...............</td>
<td>1768</td>
</tr>
<tr>
<td>SMITH, GREGORY ..........</td>
<td>89</td>
</tr>
<tr>
<td>SMITH, JENNIFER ..........</td>
<td>608</td>
</tr>
<tr>
<td>SMITH, KELLI ..............</td>
<td>1701, 1849</td>
</tr>
<tr>
<td>SMITH, MARK ...............</td>
<td>566, 644</td>
</tr>
<tr>
<td>SMITH, PAIGE ...............</td>
<td>724</td>
</tr>
<tr>
<td>SMITH, SHARON 1080, 1081, 1179, 1180</td>
<td></td>
</tr>
<tr>
<td>SMITH, SONYA 564, 759, 2291, 2329</td>
<td></td>
</tr>
<tr>
<td>SMITH, STEPHANIE ..........</td>
<td>95</td>
</tr>
<tr>
<td>SMITH, WILLIAM ..........</td>
<td>644, 734</td>
</tr>
<tr>
<td>SMOOT, CHARLES ..........</td>
<td>1333</td>
</tr>
<tr>
<td>SNODGRASS, JULIE ..........</td>
<td>286, 611</td>
</tr>
<tr>
<td>SNOOK, BRIAN ..............</td>
<td>57, 1208</td>
</tr>
<tr>
<td>SNOWDEN, KELLY ..........</td>
<td>310</td>
</tr>
<tr>
<td>SNYDER, AMANDA ............</td>
<td>657</td>
</tr>
<tr>
<td>SNYDER, CHRISTOPHER 29, 71, 82, 1334, 1539</td>
<td></td>
</tr>
<tr>
<td>SNYDER, KIRSTIN ..........</td>
<td>608</td>
</tr>
<tr>
<td>SNYDER, LINCOLN ..........</td>
<td>267</td>
</tr>
<tr>
<td>SNYDER, MICHELLE ..........</td>
<td>1851</td>
</tr>
<tr>
<td>SOBHANIAN, SHAHAB 261, 389, 470, 590</td>
<td></td>
</tr>
<tr>
<td>SOCHA, TRACI ..........</td>
<td>1506</td>
</tr>
<tr>
<td>SODHI, SANDEEP ..........</td>
<td>549</td>
</tr>
<tr>
<td>SOHN, ROGER ..............</td>
<td>705, 706, 707</td>
</tr>
<tr>
<td>SOLAR, SARA ..............</td>
<td>262</td>
</tr>
<tr>
<td>SOLIC, DIANE ............</td>
<td>96</td>
</tr>
<tr>
<td>SOLIS, KEVIN ..........</td>
<td>173, 2337, 2417, 2424</td>
</tr>
<tr>
<td>SOLOMON, AMANDA ..........</td>
<td>285, 608</td>
</tr>
<tr>
<td>SOLORIO JR, ROBERTO ....</td>
<td>2315, 2320</td>
</tr>
<tr>
<td>SOLTRO, RICARDO 118, 122, 123, 716</td>
<td></td>
</tr>
<tr>
<td>SOMERSET SUBACUTE AND CARE .</td>
<td>778, 2241</td>
</tr>
<tr>
<td>SONG, ALEXANDER ..........</td>
<td>293, 627</td>
</tr>
<tr>
<td>SONG, CAROL ..........</td>
<td>752, 2213</td>
</tr>
</tbody>
</table>
E. 提供者索引

SONG, DELU. 301, 566, 644, 1771, 1897, 2051
SONG, JOYCE ..........................................1158
SONG, RICHARD ............652, 2020, 2116
SONG, SEUNG-YIL .....................................117
SONG, WEI ...........................................650, 2069
SONI, NISHANT ......................................734
SOON, SEAGER ........................................616
SOONG, YEN-HUI. 364, 392, 701, 702, 705
SPCKY, ELIZABETH ......................619, 1334
SORENSON, ROBERT ........ 222, 511, 734
SORIA LOPEZ, JOSE.124, 712, 732, 1623, 2199
SORIA, CLAIRE .................1709, 1920
SORIA, JULIE ........................................201
SOSA, DAVID. 1083, 1084, 1296, 1297
SOTIS, JAMES ...........................................54
SOTO, GILBERTO .....................286
SOUDER, CHRISTOPHER. 1863, 2093
SOUMEKH, MASSOUD ........ 2177
SOUTH BAY POST ACUTE CARE.778, 2239
SOUTH COAST MEDICAL GROUP.15,
SOUTH BAY URGENT CARE INC.15,
SOUVOROVA, JULIA ....................134
SPAETH, JOHN ......................149
SPANGGORD, HOLLY ..............348, 380
SPARKS, TODD ..................................140, 1638, 1705, 1879
SPAULDING, ENJOLI ..............111, 181, 608
SPECKART, PAUL ......................78
SPEH, BRIAN ...................310, 657, 1802, 2128
SPENCE, JAMIE ......................1512, 1513
SPENCER, ROBERT ..............1346, 472
SPENGLER, NATHAN.319, 679, 1813, 2153
STOUTER, MARK ....................1620, 2020
SPITZ, AARON.276, 277, 408, 409, 491, 592
SPITZ, BRADLEY ......................668
SPITZER, BLAKE .....................142
SPITZER, MARSHA ..............1441, 1442
SPKOONY, ELEONORA ............456
SPRIGGS, MEGHAN .....................279
SPRING ROBINSON, CHANDRA.172, 298
SPRINGER, DEWAIN ...............569
SPRINGSTUBB, ADITI ..............60
SPURRELL, KATHRYN ..........714
SRJEC, UNA .........................1920
SRIDHAR, SUNITA ..2102
SRILAKAS, MICHELE.165, 285, 754, 1654, 1722, 2220
ST JULES, JESSICA .................514
ST PAULS HEALTH CARE CENTER,
ST VINCENT DE PAUL VILLAGE
FAMILY HEALTH CENTER.878, 895,
896, 897, 954
ST VINCENT DE PAUL VILLAGE
FAMILY HEALTH CENTER, .... 74, 1352
STABEN, REBECCA.1052, 1112, 1113,
1190, 1410, 1411, 1589
STADLER, EDWARD ...................459
STAHU, KEVIN .....................140, 1638, 1639
STAHU, STEPHANIE ............608
STAINER, GREGORY ...........128
STALEY, MICHAELA ..............82, 715, 1540
STALLINGS, ANDREA ..........2128
STALLWORTH, ROXANNE ........45, 53
STANDEL, SARAH ..................553
STANFORD COURT SKILLED
NURSING AND REHAB CENTER.781,
2251
STANFORD, DAVID .....................84
STARRICKA, MELISSA ..........198
STARK, ERIK .........................561, 572
STAUNTON, MICHELE ..............53
STEADMAN, MICHAEL ..............170
STEER, DYLAN ......................172, 295, 634
STEFANIDIS, NICOLETTA .......589, 590
STEFFENSMEIER, CHRISTA .......608
STEIN, ALEXANDER ............112, 182, 616, 756
STEBNIG, LEONARD ..............2075
STEINBERGER, AMANDA .........319
STENSMAN, LARS .....................1005, 1006
STEPHANIE, HEIDI ..........492
STEPHENSON, ROBERT ..........28
STEPHENSON, SAMUEL ...........322, 688
STERN, ANNA .........................311, 660
STERN, MARK .....................197, 765
STERNFELD, DANIEL ..........256, 373
STERN, DANIEL .....................45
STEVENS, KENNETH ..............293
STEVENS, WHITNEY ..............423
STEVENSON, REHEA .............1723, 1851
STEWART, TYLER .................1744
STIFF, TYLER .....................132, 657
STIGEN, THERESA .................200
STILLWELL, CARLA ...............20
STIPHO, SALLY .....................621
STODANJSKA, JOVANA ............1700
STONE, CALVIN .................2269
STONE, MICHELLE ..............261, 262
STONES, RACHEL ...........25, 57, 71, 1208
STOTLER, APRIL .................436, 508
STOVER, LAURIE .................2117
STRAHM, LISA .....................618
STRAKA, CHRISTOPHER.159, 176, 670,
679, 2153
STRAUSS, JOANNA E ..........611
STRAZICICH, KARLA .............30, 1158
STREET, KYLE ...............2269, 2293
STRINGER, JESSE ..........2075
STRODTBECK, PAUL ..........45
STRUTZ, PETER .....................31
STUBBE, AMANDA ..........165
STUMP, CHARI ......................1442
SU, DANIEL ................277, 492, 592
SU, DERRICK .................362
SU, VENNES ...................612, 1297
SUAZPE, ROBERT .................2315
SUBRAMANIAN, RAMA ..........1443
SUBRAMANIAN, RUPA ..........757
SUDAHAR, DEEPHI.110, 120, 152,
158, 181, 184, 598, 629, 708,
710, 1617, 1649, 1675, 2005, 2006,
2197, 2198
SUGGS, SARAH.233, 540, 1705, 1706,
1879
SUGIHEARA, CORINNE ..........550
SUH, DAVID .................521
SUH, ERIN .....................609
SUH, DAVID .....................454
SUK, KEVIN .....................302
SULEMAN QAFITI, KHAWLA .......1443
SULLIVAN, ELISSA ..............1572
SULLIVAN, JESSICA.169, 290, 624, 710
SULLIVAN, LAUREN ..........294, 627
| SULLIVAN, THOMAS ... 693, 1827, 2182 |
| SUMMERS, STEPHEN .................. 142 |
| SUMMERS-DAY, COURTNEY 233, 619, 1355, 1703, 1984 |
| SUN CITY CONVALESCENT CENTER |
| SUN, JASON .................................. 782 |
| SUN, JOHN .................. 259, 260, 384, 385 |
| SUN, MICHAEL ................................ 693 |
| SUN, PAUL .................. 260, 384, 385 |
| SUN, YEING ........................................ 38 |
| SUNA SITTO, MOHEEN .................. 717, 1576 |
| SUNDAY, BERK .............................. 565, 760 |
| SUOZZO, JOSEPH .......... 195, 1694, 2270 |
| SUPAT, BENJAMIN .............. 288, 1736 |
| SUPERNAW, AMY .................................. 657 |
| SURI, RAJAT .................. 516, 770, 1868, 2233 |
| SUSAN PARHAM HOUSING CORPORATION |
| SUTTLE, CAROLYN .................. 630 |
| SUTTNER, DENISE 652, 1676, 2021, 2117 |
| SUTTON, BRIAN .................. 1666 |
| SUYAMA, JULIE ............. 1766, 2041 |
| SYDAM, STEVEN 278, 594, 1709, 1920 |
| SWADENER, NINA ............................... 53 |
| SWARTZ, ERIN .................................. 1955 |
| SWARTZ, JOHN .................. 20, 1034, 1335 |
| SWEAT, MARIE .................. 2030 |
| SWEENEY, NATHALY .............. 1677, 2021 |
| SWEENEY, ZSA ZSA .............. 529, 609 |
| SWEET, JASON .................. 679, 2153 |
| SWEET, PATRICK .................. 116, 1540 |
| SYED, SAMEENA .................. 361, 362 |
| SYED-UDDIN, SUMYAH .......... 1863 |
| SYMANSKI, ELIZABETH ........... 96, 165 |
| SYN, GENE .............................. 395 |
| SZABO, HAYLIE .................. 150, 310 |
| TANG, ANDREW .................. 1863, 2094 |
| TANG, ASHLEY .................. 762 |
| TANG, KIM .................. 425 |
| TANG, MICHAEL .................. 292, 1745 |
| TANG, TAYLOR .................. 486 |
| TANG-RITCHIE, LENG .......... 163, 281, 600 |
| TANKSLEY, SIMON .................. 62 |
| TANSISIRA, KELAN .................. 2108 |
| TANTOD, KULIN .................. 1148, 1149 |
| TANUS, DEBORAH .................. 756 |
| TARLE, STEPHANIE 315, 667, 1807, 2159, 2281, 2315 |
| TARVER, LESLIE .................. 313, 2282 |
| TASTO, JAMES .................. 693 |
| TAUB, PAM .................. 1753 |
| TAUNTON, PHILIP .................. 190, 302, 645 |
| TAYAG, DYLAN .................. 158 |
| TAYANI, RAMIN .................. 257, 380, 462 |
| TAYLOR, CHRISTOPHER 1700, 1887, 1888, 2220 |
| TAYLOR, DAVID .................. 1750, 2002 |
| TAYLOR, INGE .................. 611 |
| TAYLOR, ISHA .................. 514 |
| TAYLOR, KAYLA .................. 1284 |
| TAYLOR, MARIO 324, 693, 1827, 1828, 2182 |
| TAYLOR, MISTY .................. 158 |
| TAYLOR, RYAN .................. 132, 340, 657 |
| TAYLOR, TASHA .................. 716, 1572, 2209 |
| TAYYAB, NEIL .................. 145, 343, 693 |
| TCHAKMAKJIAN, LEVON .......... 27, 1102 |
| TEACHER, THEODORE ............ 455, 456 |
| TEBYANI, NEYSSAN 277, 409, 410, 492, 493, 592 |
| TEE, ALEXANDRA .................. 1035 |
| TEETER-WITT, ALYSSA .......... 1694, 2270 |
| TEGHU, COLLIN .................. 71 |
| TEJADA BRAS, SANDY .................. 609 |
| TEJEDA, FRANCISCO .................. 1545 |
| TELLECHEA-SANCHEZ, SELMIRA |
| TAI, KUANGKAI .................. 1247 |
| TAHRI, BAHAREH .................. 1515, 1514 |
| TAI, AUDREY .................. 462 |
| TAI, KUANGKAI .................. 1247 |
| TANAKA, HIDEKI .................. 1975 |
| TANAKA, MARY .................. 1011 |
| TANAKA, SCOTT .................. 693 |
| TANAMAI, VAYA .................. 256, 373 |
| TA, MINI .................. 2422 |
| TA, TRANG .................. 2417 |
| TABARANZA, PHOEBE .................. 754 |
| TABIL-GALAPON, BERNICE 217, 433 |
| TABLA, BRIAN .................. 531 |
| TADDONIO, MICHAEL ............. 1813, 2154 |
| TADROS, ANTHONY .................. 2154, 2155 |
| TADROS, EMAD .................. 224 |
| TADROS, JESSICA .................. 224 |
| TAEBARVONGPAIHROJ, VEERAVAT .................. 35, 215, 216 |
| TAGHIRIDEH, BEHZAD 329, 330, 1835 |
| TAHVE, ALEXANDER .............. 480, 481 |
| TAHAEI, SEYED 102, 130, 190, 577, 653 |
| TAHERI, DANIEL .................. 499 |
| TAHERI, NIMA .................. 249 |
| TAHRI, BAHAREH .................. 1515, 1514 |
| TAI, AUDREY .................. 462 |
| TAI, KUANGKAI .................. 1247 |
| TAING, JENNIFER .................. 1955 |
| TAJRAH, DEENA .................. 159, 638 |
| TAKSIKA, KEN .................. 277, 526 |
| TAKHAR, JASMINE .................. 701 |
| TALANKI, VARUN 435, 506, 526, 527, 732, 750 |
| TALAVERA, GREGORY 20, 82, 1034, 1035, 1541 |
| TALBOT, ADRIANNE .............. 1955 |
| TALBEZADEH, NOJAN .................. 142 |
| TAM, EMILY 422, 567, 762, 1848, 1898, 2229 |
| TAM, MAY .................. 2418 |
| TAMAS, VANESSA .................. 2094 |
| TAMAYO, MIAITE .................. 1443, 1444 |
| TAMAYO, SYDNEE .................. 105, 177, 571, 764 |
| TAMAYO-MURILLO, DORATHY 319, 679, 680 |
| TAMMELEN, BRUCE .................. 474, 475 |
| TAN, CONNIE .................. 173 |
E. 提供者索引

TEMECULA HEALTHCARE CENTER .......................................................... 782
TENG, WANG........................................ 397, 399, 403
TERADA, SEIJU................................. 383, 590
TERRERI, NATALIE............................ 470
TERRY, AMANDA.................................. 1135
TESFAI, HELEN................................. 1802, 2129
TESSIER, ADLA................................. 79
TEW, JOHN........................................... 2360
TEYMOORIAN, ARIAN......................... 501, 727
TEW, JOHN........................................... 2360
THAC, TERILYN................................... 2356
THAI, AMANDA......................... 2422, 1336
THAI, JUSTIN................................. 1336
THAKKAR, SANDEEP.......................... 254
THANGARAJAH, HARIHARAN.1869, 1815
THAPER, MOHINDERPAL ...575, 1912
THE BRADLEY COURT......................... 2241
THE COVE AT LA JOLLA................. 779, 2244
THE DOROTHY AND JOSEPH
GOLDBERG HEALTHCARE CENTER. .................................................. 2242
THE PAVILION AT OCEAN POINT. .......................................................... 2250
THE SHORES POST ACUTE....................... 781
THE SPRINGS AT PACIFIC REGENT. ........................................ 781, 2250
THE VILLAGE HEALTHCARE CENTER .................................................................. 779
THE VILLAS AT POWAY ...... 780, 2247
THEPVONGSA, MELISSA ................. 762
THIBAULT, WILLIAM......................... 487
THIELE, JENS. ................................. 499, 560, 719
THIESSEN, KAREN......................... 2316
THIRUNAGARI, HARRSHA......... 1159, 739
THODE, LAURA................................. 739
THOLCKE, LOREN......................... 749, 134
THOMAS, CARLTON......................... 116, 157, 621
THOMAS, CHERYL............................... 51, 52
THOMAS, KAITLIN......................... 140, 342
THOMAS, PAULA.............................. 185, 729, 2270
THOMAS, ROBERT.............................. 2002
THOMAS, ROGER................................. 568
THOMAS, SEAN...................................... 16
THOMAS, STEPHEN......................... 725, 766
THOMAS, THEODORE......................... 634, 2023
THOMAS, ZACHARY............... 1336, 1337
THOMPSON, CHERYL......................... 1149
THOMPSON, CHRISTOPHER.260, 465
THOMPSON, COLE.319, 680, 1813, 2155
THOMPSON, DANIELLE........... 320, 684
THOMPSON, JOHN.............................. 331
THOMPSON, RUSSELL......................... 583
THOMPSON, SANDRA......................... 106, 594
THOMSON, EMILY............................ 507
THOMSON, SAMANTHA.298, 638, 1766, 1767, 2042
THUNDER, RICHARD...................... 151, 324
THYGERSEN, ALAYSA....................... 1703
TIAN, QING......................................... 102, 512
TING, JAMES................................. 694, 781
TIEN, AUDRIS...................................... 263
TILLEY, MONICA......................... 609, 771
TILLMAN, SYLVIA......................... 2382, 2418
TILTON, PETER................................. 2316
TIMBERMAN, SARAH......................... 1955
TIMBOE, JENNA................................. 345
TING, JAMES......................................... 271
TINT, DERRICK................................. 736
TONGSON, JAY................................. 445
TITH, JENNY................................. 682, 757
TITTOVA, ANASTASIA......................... 630
TIU, BRIAN.230, 231, 745, 746, 775, 776, 777
TIZNADO, ERNESTO......................... 130
TIZNADO, MONICA......................... 185, 2270, 2271
TO, BRITTANY................................. 438
TO, TUAN.......................................... 2139, 2316
TOCCI, STEPHEN......................... 418, 485
TODD, CHRISTINE......................... 507
TODD, MIKAYLA.1001, 1002, 1139, 1285
TODD, RACHEL................................. 132
TODD, SARAH................................. 1688, 1904, 2094
TOLBA, KAMEI................................. 1136
TOLENTINO, ARTURO....................... 2197
TOLIVER, KEVIN............................... 594
TOMAN, JEFFREY............................... 685
TOMASZEWSKI, DEBRA....................... 1460
TOMICIC, STEPHANIE.111, 147, 165, 285, 328, 609
TOMLIN, JEFFREY............................... 2177
TOMPKINS, BRETT............................... 380, 381
TOMPKINS, STACY......................... 112, 167, 616
TON-NU, MY LINH.2333, 2343, 2348, 2357, 2367, 2382, 2393, 2419
TONG, ALEXANDER......................... 291, 624
TONG, ELAIN......................................... 36
TONG, GARRICK................................. 2321
TONJES, ERIKA................................. 1956
TONNU, ANH.190, 337, 646, 2343, 2367, 2382, 2419
TOOM, GHASSAN............................... 524
TOPIK, AMANDA................................. 609
TOPOLOW, NICOLE......................... 302, 1771
TOPPEN, LAURA................................. 1723, 1956
TOPPEN, WILLIAM......................... 293, 627
TORCHINSKY, CYRUS......................... 649
TORIOLA, ABIODUN......................... 162, 447
TORSOIAN, KARO............................... 293, 295
TORGES, HECTOR......................... 2203, 2321
TORGES, JOANN......................... 1578, 2210
TORGES, RANDALL......................... 95
TORGES, REBECCA......................... 46, 47
TORREY PINES SENIOR LIVING.............. 781
TOTH, JESSICA................................. 1180
TOUBIA, ELIAS......................... 2337, 2393, 2425
TOUMA, ELIE................................. 134, 192, 659
TOVAR PADUA, LEIDY....................... 1995
TOVAR, JUAN................................. 118, 114
TOWERY, BOBBY............................... 389
TOWNE, BROOKE................................. 556
TOWNS, ARTA................................. 609
TOWNSEND, LAURIE......................... 1337
TRADONSKY, STEVEN......................... 694
TRAINER, JASON................................. 166, 572, 709
TRAN, ALEXANDER.......................... 2357, 2419
TRAN, AMY........................................ 170
TRAN, BRYAN................................. 459
TRAN, CECILIA................................. 45
TRAN, DAO........................................ 88, 756
TRAN, DAPHNE................................. 181, 573, 609
TRAN, HENRY................................. 2382
TRAN, JESSICA.762, 1627, 1899, 2229, 2230
TRAN, KELLY................................. 1285
TRAN, LILIAN................................. 64
TRAN, MICHAEL................................. 521, 2423
E. 提供者索引

<table>
<thead>
<tr>
<th>Name</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSAI, E.</td>
<td>423, 771</td>
</tr>
<tr>
<td>TSAI, CHIAHONG</td>
<td>134, 340, 341, 538</td>
</tr>
<tr>
<td>TSAI, GRACE</td>
<td>423, 771</td>
</tr>
<tr>
<td>TRUONG, MICHAEL</td>
<td>449</td>
</tr>
<tr>
<td>TSAI, CINDY.</td>
<td>682</td>
</tr>
<tr>
<td>TRIMLETT, COLLEEN</td>
<td>54</td>
</tr>
<tr>
<td>TSAI, MATTHEW</td>
<td>1742, 1988</td>
</tr>
<tr>
<td>TSAI, MON TA.</td>
<td>54</td>
</tr>
<tr>
<td>TSANG, JOYCE</td>
<td>279, 595</td>
</tr>
<tr>
<td>TSANG, WALTER</td>
<td>215, 503</td>
</tr>
<tr>
<td>TSE, YARDY</td>
<td>560, 616, 719</td>
</tr>
<tr>
<td>TSI, SY</td>
<td>527</td>
</tr>
<tr>
<td>TSIMPAS, ASTERIOS</td>
<td>481</td>
</tr>
<tr>
<td>TSUCHIYA, KIMIKO</td>
<td>1338</td>
</tr>
<tr>
<td>TSUDA, PAIGE</td>
<td>1710, 1921</td>
</tr>
<tr>
<td>TSUI, NANCY</td>
<td>2383</td>
</tr>
<tr>
<td>TU, BEVERLY</td>
<td>2383</td>
</tr>
<tr>
<td>TU, CHARLES</td>
<td>2420</td>
</tr>
<tr>
<td>TUASON, NORBERTO</td>
<td>635, 665</td>
</tr>
<tr>
<td>TUEROS, VICTORIA</td>
<td>1285, 1286</td>
</tr>
<tr>
<td>TULLY, JEFFREY</td>
<td>278, 594, 1710, 1921</td>
</tr>
<tr>
<td>TUN, TIN</td>
<td>215</td>
</tr>
<tr>
<td>TUNG, SHAWNDEEP</td>
<td>397</td>
</tr>
<tr>
<td>TUNG, VIVIAN</td>
<td>1170</td>
</tr>
<tr>
<td>TUREK, PAUL</td>
<td>201</td>
</tr>
<tr>
<td>TURKIY, YULIYA</td>
<td>366</td>
</tr>
<tr>
<td>TURNER, ELIZABETH</td>
<td>1956</td>
</tr>
<tr>
<td>TURNER, SHEREENA</td>
<td>1124, 1461</td>
</tr>
<tr>
<td>TYAGI, ABHILASHA</td>
<td>156, 531, 574</td>
</tr>
<tr>
<td>TYE, KAREN</td>
<td>176, 316, 670</td>
</tr>
<tr>
<td>TYNER, JOHN</td>
<td>324, 325</td>
</tr>
<tr>
<td>TZENG, ERIC</td>
<td>278, 594, 1710, 1921</td>
</tr>
<tr>
<td>TSUI, NANCY</td>
<td>2420</td>
</tr>
<tr>
<td>TRUECARE.</td>
<td>515</td>
</tr>
<tr>
<td>TRAUT, JOEL</td>
<td>2095</td>
</tr>
<tr>
<td>TREJO, RAUL</td>
<td>21, 1036, 1541</td>
</tr>
<tr>
<td>TREPESER, MEGAN</td>
<td>293, 627</td>
</tr>
<tr>
<td>TRUECARE MEDICAL CTR.</td>
<td>11, 2237</td>
</tr>
<tr>
<td>TRIMBLETT, COLLEEN</td>
<td>657</td>
</tr>
<tr>
<td>TRIMM, CASSIDY</td>
<td>1817</td>
</tr>
<tr>
<td>TRING, ELEANOR</td>
<td>171</td>
</tr>
<tr>
<td>TRINGALE, KATHRYN</td>
<td>316</td>
</tr>
<tr>
<td>TRINH, MIMI</td>
<td>80</td>
</tr>
<tr>
<td>TRIVEDI, JANKI</td>
<td>441, 742</td>
</tr>
<tr>
<td>TRIVEDI, MEHUL</td>
<td>293, 627</td>
</tr>
<tr>
<td>TRIVEDI, RADHIKA</td>
<td>546, 549</td>
</tr>
<tr>
<td>TRIVEDI, SURAJ</td>
<td>1709, 1921</td>
</tr>
<tr>
<td>TROYER, CORY</td>
<td>320</td>
</tr>
<tr>
<td>TROYER, EMILY</td>
<td>136, 2261, 2316, 2317</td>
</tr>
<tr>
<td>TRUECARE 785</td>
<td>855</td>
</tr>
<tr>
<td>TRUECARE 731</td>
<td>858</td>
</tr>
<tr>
<td>TRUECARE 866</td>
<td>862</td>
</tr>
<tr>
<td>TRUECARE 827</td>
<td>827</td>
</tr>
<tr>
<td>TRUECARE 828</td>
<td>828</td>
</tr>
<tr>
<td>TRUECARE 957</td>
<td>865</td>
</tr>
<tr>
<td>TRUECARE 966</td>
<td>866</td>
</tr>
<tr>
<td>TRUECARE 999</td>
<td>867</td>
</tr>
<tr>
<td>TRUECARE 1017</td>
<td>868</td>
</tr>
<tr>
<td>TRUECARE 1018</td>
<td>873</td>
</tr>
<tr>
<td>TRUECARE 1027</td>
<td>956</td>
</tr>
<tr>
<td>TRUECARE 1028</td>
<td>957</td>
</tr>
<tr>
<td>TRUECARE 1029</td>
<td>958</td>
</tr>
<tr>
<td>TRUECARE 1030</td>
<td>959</td>
</tr>
<tr>
<td>TRUECARE 1031</td>
<td>960</td>
</tr>
<tr>
<td>TRUECARE 1032</td>
<td>961</td>
</tr>
<tr>
<td>TRUECARE 1033</td>
<td>962</td>
</tr>
<tr>
<td>TRUECARE 1034</td>
<td>963</td>
</tr>
<tr>
<td>TRUJILLO, DALE</td>
<td>285, 1723</td>
</tr>
<tr>
<td>TRUJILLO, JENNIFER</td>
<td>285, 1052, 1053, 1412, 2042</td>
</tr>
<tr>
<td>TRUJILLO, MIGUEL</td>
<td>717, 1576</td>
</tr>
<tr>
<td>TRUONG, ANDREW</td>
<td>1338</td>
</tr>
<tr>
<td>TRUONG, MICHAEL</td>
<td>449</td>
</tr>
<tr>
<td>TRUONG, NHA</td>
<td>423, 771</td>
</tr>
<tr>
<td>TSAI, CHIAHONG</td>
<td>134, 340, 341, 538</td>
</tr>
<tr>
<td>TSAI, CINDY.</td>
<td>682</td>
</tr>
<tr>
<td>TSUI, NANCY</td>
<td>2420</td>
</tr>
<tr>
<td>TUASON, NORBERTO</td>
<td>635, 665</td>
</tr>
<tr>
<td>TRUECARE MEDICAL CTR.</td>
<td>12, 2238</td>
</tr>
<tr>
<td>UDANI, VIKRAM</td>
<td>688</td>
</tr>
<tr>
<td>UDIN, MOHAMMAD199</td>
<td>200, 505</td>
</tr>
<tr>
<td>UDIN, MOHAMMAD200</td>
<td>506</td>
</tr>
<tr>
<td>UDIN, MOHAMMAD201</td>
<td>1824, 2177</td>
</tr>
<tr>
<td>UCSD LA JOLLA JOHN SALLY</td>
<td>12, 2238</td>
</tr>
<tr>
<td>UCSD MEDICAL CTR.</td>
<td>12, 2238</td>
</tr>
<tr>
<td>UDOH, EKAETE</td>
<td>537, 1461</td>
</tr>
<tr>
<td>UDOWENKO, MARINA</td>
<td>619</td>
</tr>
<tr>
<td>UEBELHOER, NATHAN</td>
<td>156, 531, 574</td>
</tr>
<tr>
<td>UHL, BARRY</td>
<td>139</td>
</tr>
<tr>
<td>ULANI, MR.</td>
<td>265</td>
</tr>
<tr>
<td>ULANGI, MATTHEW</td>
<td>224, 438, 736</td>
</tr>
<tr>
<td>ULRICH, STACEY.</td>
<td>2095</td>
</tr>
<tr>
<td>UMANSKY, JEFFREY</td>
<td>324</td>
</tr>
<tr>
<td>UNDERWOOD JOLLY, AMY</td>
<td>65</td>
</tr>
<tr>
<td>UNGER, ARLENE.</td>
<td>149</td>
</tr>
<tr>
<td>UNGER, LINDSEY.</td>
<td>1818, 2166</td>
</tr>
<tr>
<td>UNIVERSITY CARE CENTER</td>
<td>781, 2250</td>
</tr>
<tr>
<td>UNSDORFER, KYLE.</td>
<td>319, 680, 1813, 2155, 2156</td>
</tr>
<tr>
<td>URBAND, LINDSEY</td>
<td>694</td>
</tr>
<tr>
<td>URBANIC, JAMES</td>
<td>570</td>
</tr>
<tr>
<td>URIAS, DANIEL</td>
<td>750</td>
</tr>
<tr>
<td>URIBE- BRUCE, LILIANA</td>
<td>1371</td>
</tr>
<tr>
<td>USMANI, AMENA</td>
<td>650</td>
</tr>
<tr>
<td>UTZ, J.</td>
<td>1542</td>
</tr>
<tr>
<td>UY, ASHLEY</td>
<td>1084</td>
</tr>
<tr>
<td>UY, CARMELITA</td>
<td>1218</td>
</tr>
<tr>
<td>VADAPARAMPIL, JANET</td>
<td>422</td>
</tr>
<tr>
<td>VAHABZADEH-HAGH, ANDREW</td>
<td>306, 650, 1785, 2064, 2065</td>
</tr>
<tr>
<td>VAHDAT, VALERIE</td>
<td>709, 2195</td>
</tr>
<tr>
<td>VAHDOT, NOUSHIN</td>
<td>320, 680, 1814, 2156</td>
</tr>
<tr>
<td>VAIDYA, KAMAL.</td>
<td>1630, 1688, 1904, 2095</td>
</tr>
<tr>
<td>VAIDYA, NADEEM</td>
<td>257, 258</td>
</tr>
<tr>
<td>VAKILIAN, SIAVOSH.</td>
<td>196, 670, 671, 680, 1696, 2156</td>
</tr>
<tr>
<td>VALADEZ, JESUS</td>
<td>32</td>
</tr>
<tr>
<td>VALDEVERONA, KATHY</td>
<td>210</td>
</tr>
<tr>
<td>VALDEZ, KELLY</td>
<td>681</td>
</tr>
<tr>
<td>VALDEZ, KRISTAL</td>
<td>531, 1372, 1978, 1979</td>
</tr>
<tr>
<td>VALDEZ-HERNANDEZ, ISRAEL</td>
<td>217, 218, 729, 730</td>
</tr>
<tr>
<td>VALENCIA, JESUS</td>
<td>657</td>
</tr>
<tr>
<td>VALENCIA, MARILES</td>
<td>1065, 1218</td>
</tr>
<tr>
<td>VALENTA, CAYLIE</td>
<td>514</td>
</tr>
<tr>
<td>VALENZUELA, TRICIA</td>
<td>1338, 1339</td>
</tr>
<tr>
<td>VALLE VISTA POST ACUTE</td>
<td>779, 2243</td>
</tr>
<tr>
<td>VALLEZ-BARLAM, ANDREA</td>
<td>195, 578, 579, 1694, 1914, 2271, 2293</td>
</tr>
<tr>
<td>VALLONE, ROBERT</td>
<td>659</td>
</tr>
<tr>
<td>VAN DEN HEUVEL, KELLY</td>
<td>638</td>
</tr>
<tr>
<td>VAN DER REIS, WILLIAM</td>
<td>591</td>
</tr>
<tr>
<td>VAN DYKE, JASON</td>
<td>1473, 1474</td>
</tr>
</tbody>
</table>
E. 提供者索引

VAN HOLLEBEKE, RACHEL. 94, 1004, 1542
VAN HOOSE, MARC. 2420
VAN NOORD, BRANDON. 594, 595
VAN PRATT LEVIN, AISHA. 715, 2206
VAN PRATT LEVIN, BENJAMIN. 1984
VAN VRANKEN, BRUCE. 46
VAN WOY, LAUREN. 2096
VAN, HO HAI. 355, 366, 585
VANDEWIELE, EMILY. 682, 2161
VANE, JACKSON. 2096
VANETSKY, GARY. 174, 1667
VANFOSSEN, BRIAN. 667, 2139, 2317
VAUGHN, GABRIELLE. 2075
VAN NOORD, BRANDON. 594, 595
VAN WOY, LAUREN. 2096
VAQUERO, JUANA. 1694, 2271
VAPNEK, EVAN. 146, 149, 179, 326, 344
VASQUEZ, BENJAMIN. 683, 1817, 2162
VARGAS, JACLYN. 1842, 1904, 2096
VARGAS, CHRISTOPHER. 132, 1631, 2099
VARGAS TRUJILLO, MARCELA. 1865, 2099
VARYNGORTIN, TATYANA. 2097
VAVINSKAYA, VERA. 1791, 2069
VAWTER, ERIN. 1844
VCC DURIAN. 999, 1000
VCC DURIAN. 89, 1597
VEGA, FRANCISCO. 521
VEGA, RICARDO. 516, 729, 739, 740
VEGA, SARAH. 2117
VEGA, TERESA. 1018, 1286
VELASQUEZ, FERNANDO. 1286, 1287
VELASQUEZ, SHARON. 57, 1036, 1037, 1209, 1542, 1543, 1612
VELAZQUEZ CAMARENA, MARIA. 1043, 1554
VELLORE GOVARDHAN, SHILPA. 2076
VEMULAPALLI, SRREENIVAS. 527
VENEZIANO, CHRISTOPHER. 271, 413, 418
VENKAT, ARUN. 183, 199, 499, 560, 616, 709, 719
VENKAT, GEETA. 234, 444
VENKATESH, VIJAY. 341, 718, 1846, 2211
VENNAM, VAMS. 2271
VENTRO, GEORGE. 321, 685
VENTURA, ALEXIS. 210
VERDOLIN, MICHAEL. 106, 327
VERDUZCO GONZALEZ, AURORA. 709
VERGARA RODRIGUEZ, DIANA. 681
VERRET, ERIC. 2357
VETTICADEN, SANTOSH. 1153
VIA RIO HOUSE. 2243
VIBAL-POASTER, MARIA. 1956
VICENS-VILAFANA, JOSE. 373
VICK, ALINA. 709
VICTORIA POST ACUTE CARE. 778, 2241
VICTORIA SPECIAL CARE CTR. 778
VIDAL, ALYSSA. 211
VIDAL, MONICA. 61, 89, 420, 561, 756, 1230, 1231, 1891, 1892, 2224
VIDAURRAZAGA, MONICA. 1372
VIDEEN, JOHN. 123, 1621, 1622
VIDOR, IBA. 222, 511
VIECHNICKI, TARA. 173
VIERLA, LIANA. 432, 497
VIERLING, SABRINA. 2140, 2317
VIERNES, MATTHEW. 562, 563
VIERRA, ERIN. 285
VIJAYASARATHI, KRISHNA. 150
VILCHIS, CAROLINE. 572
VILLA, ANGELICA. 2337
VILLANUEVA, GIOVANNI. 233, 1639, 1695, 1845, 2143
VILLALOBOS, REBECA. 609, 1288, 1957
VILLANUEVA DE GUTIE, BERENICE. 529, 609, 1082, 1198
VISTA COMMUNITY CLINIC. 839, 840, 841, 842, 863, 864, 869, 870, 871, 993, 994, 995, 996, 997, 998
VISTA COMMUNITY CLINIC HORNE STREET. 863, 864, 868, 869
VISTA COMMUNITY CLINIC HORNE STREET. 61, 1233, 1234
VISTA COMMUNITY CLINIC PIER VIEW WAY. 864, 869
VISTA COMMUNITY CLINIC PIER VIEW WAY. 61, 1234, 1235
VISTA COMMUNITY CLINIC, 31, 61, 1165, 1166, 1232, 1233
VISTA HEALTHCARE CENTER. 782, 2253
VISTA HOUSE. 2253
VISTA KNOBL SPECIALIZED CARE FACILITY. 782, 2254
VIVIRITO, MARY. 2333, 2349, 2357, 2368, 2383, 2384, 2394, 2420
VIZCARRA, DAVID. 742
VO, ANDREW. 1772, 2053
VO, ANDREW MINH. 2368, 2421
VO, BRYAN. 392
VO, PHU LUONG. 71, 1984
VO, QUANG. 524
VOLLER, STEPHANIE. 2021, 2022
VOLPP, HEATHER. 751
VOLPP, PAUL. 139, 196, 341, 671, 1634, 1695, 1845, 2143
E. 提供者索引

VORA, RONAK ........................................ 456
VOURLITIS, MELISSA. 16, 21, 25, 29, 71, 83
VOVAN, THOMAS ............ 364, 392, 393
VU HILL, ERICA ......................... 612
VU, BAO-HOI ................................... 203
VU, COLLIN ....................... 348, 363, 369
VU, LAC .............................................. 638
VU, PETER ........................................ 1744, 1992
VU, STEVE ........................................ 745, 750
VU, WENDY ...................................... 1167

W

WACHNER, KRISTELYN ........... 198, 723
WADDELL, CHAD ...................... 58
WADHWA, MANISH ................... 596
WAGNER, EDWARD ................... 411
WAGNER, PAUL ......................... 79
WAGNER, TASIA ......................... 558, 754, 755
WAHLIN, TAMARA. 310, 657, 1802, 1803, 2129
WAINESS, REID ......................... 536
WAINEWRIGHT, MITCHELL ....... 40, 345
WAKILY, HUSSNA ....................... 571
WALDRUP, LA‘RHONDA .............. 1671, 1957
WALKER, BRADLEY .................... 756, 763
WALKER, JULIE ......................... 2162
WALLA, MEGAN ......................... 165
WALLACE, PATRICIA ................. 427, 451
WALLACE, STEPHANIE. 568, 762, 2230
WALLACE, WILLIAM. 397, 398, 399
WALLACH, SABINA ..................... 291
WALSH, ERIN ................................. 684
WALSH, HEATHER ....................... 657
WALSH, JOHN ......................... 1692
WALTER, ROME ......................... 54
WALTERS, DANIEL .................... 366, 367
WANG, ALICE ......................... 590
WANG, AMY .................. 503, 504
WANG, ANCHI ......................... 101, 187, 297, 576
WANG, ANGELA ........... 1751, 2002, 2003
WANG, CHUNYANG. 101, 187, 297, 576
WANG, DEHUA ............................ 2069
WANG, EMILY ........................... 1688, 1842, 1905, 2097
WANG, JAMES ..................... 581
WANG, LILLIAN ......................... 389
WANG, LUKE ..................... 362, 700, 1831, 2192
WANG, MATTHEW .................... 149, 258
WANG, MICHELLE ................. 278, 1710
WANG, NAN ......................... 745
WANG, REGINA ....................... 1339
WANG, SHIN-CHERN ............... 521
WANG, STEVEN ....................... 241, 258
WANG, WEI ..................... 38
WANG, WEN-GIH ...................... 766, 768, 769
WANG, WILLIAM .................. 271, 325, 485
WANG, XIANG. 230, 231, 745, 746, 776, 777
WANG, YE ......................... 381, 589
WANG, YVETTE ......................... 2097
WARD, KATHERINE ................. 1171, 1176
WARD, MICHAEL ...................... 285
WARD, NICHOLAS .................... 726
WARLEN, MARK ....................... 644
WARNER, MICHAEL ................... 222, 375
WARRIOR, NIKHIL .................... 236, 237
WASHBURN, NEAL ................... 469
WASSON, MINA ......................... 1444
WASTILA, LISA ......................... 1372, 1373
WATANABE, BRIAN ................... 398
WATERS, ELIZABETH ................. 1444
WATSON, DEBORAH. 306, 650, 1785, 1786, 2065
WATTANAMANO, PORNTHEP ....... 1373
WATTS, ELI ....................... 79, 1374
WAYNE, DIANE ......................... 517
WAYNE, EDGAR ....................... 452
WEATHERLY, JACOB ................. 1445
WEAVER, AMANDA .................... 2263
WEAVER, APRIL ....................... 762, 1601
WEAVER, MARINET ................... 630
WEBB, SHANNON ...................... 577, 657, 2129
WEBSTER, LUKE ....................... 2003
WEDDLE, DIRK ......................... 241
WEICKERT, MARIA ................... 1288
WEIDNER, ANNE ....................... 285
WEINER, KEITH ....................... 466
WEINERT, CARL ....................... 467, 485
WEINSTEIN, GEOFFREY ....... 139, 196, 341, 671, 1634, 1696, 1845, 2143
WEIR, JACQUELINE. 310, 658, 1803, 2130
WELLS, JOSEPH ....................... 515
WELLS, MARY ......................... 427
WELLS, PHILLIP ....................... 590
WELLS, TODD ......................... 579, 1916
WELSH, BRITT ......................... 158
WEN, AKI YEN CHANG .............. 1043, 1555
WENDEL, TREVOR ..................... 112
WEON, SUK KYENG ................. 423
WERHO, DAVID ....................... 2076
WERNER, KRISTINE ................... 739
WERNER, R AARON .................... 2344
WERTMAN, BRET. 238, 250, 344, 345
WEST, JULIE ......................... 1853, 1913, 2022
WESTEREN, ALAN ..................... 302
WESTERMANN, MELISSA. 1618, 1893, 2011, 2012
WESTERN ADHC ...................... 2256
WETTERSTEN, NICHOLAS .. 1753, 1852
WHEATLEY, BENJAMIN ............ 324, 694
WHEELER, KIM ......................... 1651, 2264
WHITE, ALAN ......................... 363
WHITE, DANIEL ....................... 143
WHITE, EVAN ....................... 139, 176, 671
WHITE, JON ....................... 271, 272
WHITE, KARYLE ....................... 1339, 1340
WHITE, KATHERINE ................. 574, 1911
WHITE, KYLIE ......................... 132, 340, 1844
WHITE, XUANHA ...................... 728
WHITEHURST, UNIQUE .......... 1957
WHITLEY, NICHOLAS ............... 21, 114, 1037
WHITMAN, GREGORY ............... 254
WHITWAM, WAYNE ................... 162, 171, 280, 294
WIAN, DEBORAH ..................... 279
WICKWARE, TRACY ................. 191, 751
WIEGAND, SARAH .................... 297, 635
WIEZKIE, MATTHEW ............... 609
WILBER, TIMOTHY ..................... 1372
WILCOX, WENONA .................... 110, 1606

2500
E. 提供者索引

WILE, KIMBERLY ........................................ 191, 1692
WILLEY, MARTI.165, 285, 497, 609, 709
WILLING, STEFAN ........................................ 79
WILLIAM, PHEEBEE ...................................... 211
WILLIAMS, ALICIA ..................................... 279, 595
WILLIAMS, ALISA ........................................ 622, 639
WILLIAMS, BRANDON .................................. 291
WILLIAMS, BREEAHNA.154, 529, 609, 610, 1082, 1198, 1199, 1288, 1289
WILLIAMS, HOWARD ..................................... 79
WILLIAMS, JEFFREY ...................................... 598
WILLIAMS, JESSICA ...................................... 715
WILLIAMS, JEFFREY ...................................... 1475
WILLIAMS, JEFFREY ...................................... 2162
WILLIAMS, JEFFREY ...................................... 1818, 2162
WILLIAMS, MATTHEW .................................. 1860, 2076
WILLIAMS, MARK ......................................... 2013
WILLIAMS, MATTHEW .................................. 1860, 2076
WILLIAMS, SHANTRICE.154, 573, 1645
WILLIAMS, STACY ....................................... 1818, 2162
WILLIAMS, TAKISHA.1018, 1082, 1083, 1181, 1289, 1580
WILLIE, KADEN.28, 80, 1131, 1132, 1491, 1181, 1289, 1580
WILLNER, AYAL .......................................... 552
WILSON, CARLENE.564, 759, 2291, 2292, 2329
WILSON, JENNIFER ..................................... 571, 764
WILSON, JENNIFER ..................................... 571, 764
WINDHAM, SUZONNE.558, 755, 1888, 2220, 2221
WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL .... 781, 2250
WINDSOR GARDENS CONV CTR OF SAN DIEGO .................. 780, 2246
WINE, DAVID .............................................. 63, 1245
WINESBURG, JENNIFER.1053, 1113, 1190, 1412, 1413, 1414, 1590, 1876
WINKLER, GARRET ..................................... 1736
WINSHIP, KATHERINE ................................... 715
WINTER, MARC .......................................... 373
WIRTH, LAURA ............................................ 743, 771
WISE, DOUGLAS .......................................... 86
WISHNEK, HANNAH ...................................... 294, 2282
WISNIEWSKI, MORRIS .................................. 83
WITCZAK, IZABELA ...................................... 81, 1495, 1496
WOELKERS, DOUGLAS ................................ 1656, 1755
WOLF, CELIA .............................................. 1290
WOLF, ELI .................................................. 328
WOLF, RICHARD ......................................... 1656, 1755, 2013
WOLF, RONALD .......................................... 267
WOLFE, AMANDA ......................................... 1910
WON, EUGENE ............................................ 487
WONG, ANDREW .......................................... 233
WONG, CALVIN .......................................... 71
WONG, DARRYL .......................................... 199, 560
WONG, FELIX ............................................. 680
WONG, JASON ............................................ 398
WONG, JEFFREY .......................................... 272, 418, 419
WONG, JENNIFER ....................................... 238
WONG, KRYSTLE .......................................... 91, 583
WONG, MAYBELLE ....................................... 610
WONG, POLLYANNA ..................................... 262
WONG, RANDALL ......................................... 462, 463
WONG, SHARON .......................................... 2384
WONG, STEVEN .......................................... 668
WONG, VICTOR .......................................... 2103
WONG, YOLANDA ....................................... 1445, 1446
WOO, ANDY ............................................... 610, 1957
WOO, LINDA ............................................. 130, 307
WOOD, YELENA ......................................... 65
WOODALL, GARY ......................................... 79
WOODRUFF, WHITNEY .................................. 165
WOODWARD, STEPHANIE ................................ 687
WOODWORTH, JENNIFER.195, 739, 1695, 2212, 2272
WOOLEY, LAURA ......................................... 515
WORSEY, MICHAEL ..................................... 321
WRIGHT, BRENTON ..................................... 101
WRIGHT, DEREK.132, 191, 568, 658, 1632, 1692, 1907, 2130
WRIGHT, KIMBERLY ................................... 573, 1910
WRIGHT, STEPHANIE .................................. 533, 630
WRITER, NICOLE ......................................... 310
WU, ARMANDO ............................................ 39
WU, DARRELL ............................................. 572
WU, EVA .................................................... 2394
WU, JENNIFER ............................................ 1340
WU, JENNY ................................................ 240
WU, MELANIE ............................................. 712, 732
WU, MICHELLE ........................................... 2318
WU, VANNA ............................................... 203, 262
WYLIE, BLAKE ........................................... 1004, 1005
WYSOCZANSKI, MARIUSZ.110, 120, 528, 533
X
XU, DIXON ............................................... 134, 135, 341, 538
Y
YACOOB, MARLENE ...................................... 36, 37, 42
YADLAPATI, RENA ....................................... 1751
YAGUDAYEVA, RAISA .................................. 665, 2318
YALDO, ATHMAR ......................................... 112, 154
YALVAC, ETHAN .......................................... 238, 250
YAMADA, KENTARO ..................................... 644, 2051
YAMANAKA, MARK ....................................... 570
YAN, CAROL.307, 650, 1787, 1788, 2066, 2067
YAN, ERIC ................................................. 219, 435, 731
YANG, ANDREW .......................................... 263
YANG, BENJAMIN ......................................... 291, 625
YANG, CHARLES ......................................... 508
YANG, DAVID ............................................. 263
YANG, JENNIFER ......................................... 2031
YANG, JENNY ............................................ 293, 627, 1751, 2003
YANG, PHILIP ............................................ 253
YANG, TAE ................................................. 238
YANG, YIFAN ............................................ 142, 143
YANNI, ELIZABETH ....................................... 92
YAO, CATHERINE ......................................... 1065
YAO, GRACE .............................................. 256
YAP, KONG PENG ....................................... 246
YAP, MICHAEL ............................................ 249
YAPHOCKUN, KAREN .................................. 2098
YARTSEVA, YULIYA ..................................... 610
YASHAR, CATHRYN ....................................... 176
YASSIN, HAZEM ......................................... 291, 625
YAU, STEPHEN .......................................... 110, 114, 152, 153, 156
YAZDANSHENAS, MARYAM .......................... 52
YAZDI, JANET ............................................. 54
YCASAS, EMILY .......................................... 755, 2221
YEAM, INCHEL ............................................. 705
YEANG, CALVIN ......................................... 1924
YELLEN, LAURENCE ..................................... 330, 1835
YEO, ALEXANDRIA.165, 285, 610, 1654, 1724, 1958
YETTER, MARCUS ....................................... 348, 390
YIAN, CHRISTOPHER .................................... 260, 386
YIDI, DIANA .............................................. 2318
YIM, EUGENE ............................................. 555
E. 提供者索引

Z

ZACHARIAH, MARCUS .............343, 688
ZAGE, PETER .....................2103
ZAHEH, SHAHAB ..................249
ZAHER, MARVIN ............1340, 1341
ZAKI, MICHELLE ...............24
ZAKKO, MARAM ..................574
ZAKOV, KAMEN ...........573, 1910
ZALESKI LARSEN, LISA ......112, 616
ZAMAN, RUMINA ..................466
ZAMANI, MAZIAR .................45
ZAMBRANA, GEORGE .........1125
ZAMORA-FLYR, MARIA ......559, 755
ZAMPELLO, LISA ............1163, 1164
ZANDER, ASHLEY ..........325, 1830
ZANDKARIMI, FARIBA ....1159, 1447
ZANGEN, ROCHELLE ............1250
ZAPPONE, ALIDA ...............564, 565, 759
ZARE, SOMAYE ..................1791, 1792
ZAREMA, MARK ...............45, 355, 356
ZARGAR, SHABNAM .............1065
ZARGARGASHI, STEFANIE ......367
ZAVARO, SUHAIL ............110, 153, 599
ZAVERI, MAULIK ...............760, 761
ZAYAS, MARIO ..................630, 2318
ZAYAT, DINA ......................474
ZAYED, AHMAD .................27, 1102
ZEBARJADI, OMID ..............86
ZEBRAK, DAVID ..................86
ZCHA, RICHARD .................436, 508
ZFE, RONALD ...............154, 182, 430, 1140
ZELEDON, JAIME ............211, 725
ZETTNER, ERIKA ..................279
ZHAO, TAILUN ..............160, 173, 189, 302, 644,
2344, 2349, 2358, 2369, 2384, 2395
ZANNONI, DAVID ..............80
ZHONG, YAN ....................295, 634, 2023
ZHOU, JENNY ....................1992
ZHOU, SIWEI .................200, 437, 735
NONDISCRIMINATION NOTICE

Discrimination is against the law. Blue Shield of California complies with applicable state laws and federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

Blue Shield of California provides:

- Aids and services at no cost to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with:

Blue Shield of California
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007
Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

English We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-452-4413. Someone who speaks English can help you. This is a free service.

Spanish Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-452-4413. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-452-4413。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-452-4413。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawangan lamang kami sa 1-800-452-4413. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d’assurance-médicaments. Pour accéder au service d’interprétation, il vous suffit de nous appeler au 1-800-452-4413. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương trình bảo hiểm và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-452-4413 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.


Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-452-4413 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-452-4413. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول نس علىك سوائ الاتصال بنا على 1-800-452-4413.

Hindi हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुरुस्तिया सेवाएं उपलब्ध हैं, एक दुरुस्तिया प्राप्त करने के लिए, यह हमें 1-800-452-4413 पर फोन करें. कोई व्यक्ति जो हिंदी बोलता है आपको मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian E disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-452-4413. Un nostro incaricato che parla Italiano fornisce l’assistenza necessaria. È un servizio gratuito.

Portuguese Disponemos de serviços de interpretação gratuitos para responder a qualquer questão que tenha a ver com o nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-452-4413. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.
French Creole  

Nou genyen sèvis entèpré gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèpré, jis rele nou nan 1-800-452-4413. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish  

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumaczki znanego języka polskiego, należy zadzwonić pod numer 1-800-452-4413. Ta usługa jest bezpłatna.

Japanese  

当社の健康 健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-452-4413 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hmong  


Ukrainian  

Ми надаємо безкоштовні послуги перекладача, щоб відповіді на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-452-4413. Вам може допомогти хто, розмовляє Українською. Це безкоштовна послуга.

Navajo  

D77 ats'77s baa 1hly3 47 doodago azee' bee aa 1hly3 b7na'7d?kidgo 47 n1 ata' hodoolnih7 h0l=. Ata' halne'4 biniy4go, koj8' 1-800-452-4413 b44sh bee hod77linh. Diné k'ehj7 y[ti n7k1 adoolwo[. D77 t'11177k'éh bee an1'wo.

Punjabi  

ਪੰਜਾਬੀ ਵਿੱਚ ਤੁਹਾਡੀਆਂ ਪਤੜ ਦੀ ਸ਼ੁਰੂਆਤ ਲਈ ਹੀ ਮੁਹਾਂ ਦਾ ਨਵਾਂ ਦੇਸ਼ ਦੀ ਸ਼ੁਰੂਆਤ ਕਰੋ। ਹੀ ਸਮਝਤਾ ਦੁਰੱਖ ਦੁਰਨਾਹੀ ਦੇਸ਼ ਦੀ ਸਮੱਧਾਂ ਵਿੱਚ ਮੁਹਾਂ ਦਾ ਨਵਾਂ ਦੇਸ਼ ਦੀ ਸਮੱਧਾਂ ਵਿੱਚ ਸੁਧਾਰ ਕਰੋ।

Khmer  

មានការបញ្ជាក់អំពីប្រព័ន្ធមិនប្រមូលនិងមានការទូតេស្តារអំពីមិនសម្រាប់អ្នកទីប្រជាជនដែលមានការប្រមូលនិងមានការទូតេស្តារ។ អ្នកម៉ូតូនិសម្រាប់អ្នកអាចទទួលបានសំណួរសីតុងដែលមានលទ្ធផលប្រសើម។ ជំនួយសំណួរសីតុងដែលមានលទ្ធផលប្រសើម។

Mien  


Lao  

ພວກເຮົາມີສំណួរការពិតដើម្បីចុចការរក្សាទុកការលឿនការងាររបស់អ្នកសម្រាប់សេរី។ ជាភាសាខ្មែរមានផ្លូវការសំណួរសីតុងដែលមានលទ្ធផលប្រសើម។

Armenian  

Քանի ինչպես բժշկության խոստում է, որ կան սառը մասին ինֆորմացիաներ համար, որպեսզի հաճախ ստանա得到答案。如果您有更多关于健康保险的问题，请拨打1-800-452-4413。

Farsi  

باشکوه‌ی بهداشتی همواره بازپس‌اندازه‌ی همگانی یا بازپس‌اندازه‌ی همگانی است. بازپس‌اندازه‌ی همگانی به خاطر درمان‌های خاصی است که در موارد مخصوص می‌باشد. گسترده‌ترین موارد درمان‌های خاصی در مورد شما 1-800-452-4413 هستند. شما نیازمند به استفاده از خدمات برای کمک به خودتان هستید.

Thai  

ภาษาไทย เราให้บริการฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการ บริการฟรี โปรดโทรศัพท์หมายเลข 1-800-452-4413 มีคนที่สามารถช่วยเหลือภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็น บริการฟรี
Multi-Language Insert
Multi-Language Interpreter Services

English We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-776-4466. Someone who speaks English can help you. This is a free service.

Spanish Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-776-4466. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-776-4466。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致电 1-800-776-4466。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。


French Nous proposons des services d’interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d’assurance-médicaments. Pour accéder au service d’interprétation, il vous suffit de nous appeler au 1-800-776-4466. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương trình bảo hiểm và chăm sóc sức khỏe men. Nếu quý vị cần thông dịch viên xin gọi 1-800-776-4466 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.


Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-776-4466 번으로 문의해 주십시오. 한국어를 함의 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-776-4466. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic إذا كنت تحتاج إلى الترجمة لشرح أي سؤال يتعلق بالصحة أو جدول الأدوية لدينا، فلنتمس.

Hindi हमारे स्वस्थ्य या दवाएं की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-776-4466 पर फोन करें। कोई व्यक्ति जो हिंदी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-776-4466. Un nostro incaricato che parla Italiano fornirà l’assistenza necessaria. É un servizio gratuito.

Portuguese Disponemos de serviços de interpretação gratuitos para responder a qualquer questão que tenha a ver com nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-776-4466. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.
French Creole  Nou genyen sèvis entèp rèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèp rèt, jis rele nou nan 1-800-776-4466. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-776-4466. Ta usługa jest bezpłatna.

Japanese 当社の健康 健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-776-4466 にお電話ください。日本語を話す人 誰が支援いたします。これは無料のサービスです。


Ukrainian Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-776-4466. Вам може допомогти хто, хто розмовляє Українською. Це безкоштовна послуга.

Navajo D77 at's77s baa 1hly3 47 doodogo azee' bee aa 1hly3 b7na7d7[kidogo 47 n1 at'a hodoollnih7 h0l=. Ata' halne4 biniy4go, koj8' 1-800-776-4466 b44sh bee hod77lnih. Diné k'ehj7 yl'[ti'[i n7k1 adoolwo]. D77 t'li j77k'eh bee an'1wo.

Punjabi ਪਤੀਨਾ ਮਾਰੀ ਮੀਚ ਨਾ ਇੱਕਾ ਪਹਾਣ ਜਾਰੇ ਜਾਰੇ ਜਾਰੇ ਬੀਮਾ ਪੰਜਾਬੀ ਵ ਕੌ ਪੰਜਾਬੀ ਮੀਚ ਨਾ ਇੱਕਾ ਪਹਾਣ ਜਾਰੇ ਜਾਰੇ ਜਾਰੇ ਬੀਮਾ ਪੰਜਾਬੀ ਵੇਦੀ ਜਾਰੇ ਜਾਰੇ ਜਾਰੇ ਜਾਰੇ 

Khmer ប្រការអ្នកប្រការអ្នកភាពយន្តសេវាសេវារំលោកអ្នកប្រការអ្នកប្រការអ្នកប្រការអ្នកប្រការអ្នកប្រការអ្នកប្រការអ្នកប្រការអ្នកប្រការអ្នកប្រការអ្នកប្រការអ្នកប្រការអ្នកប្រការអ្នកប្រការអ្ន


Lao ພາສາລາວມັກແລະມັກພາສາອັງກິດນ້ອຍພາສາລາວມັກແລະມັກພາສາອັງກິດນ້ອຍພາສາລາວມັກແລະມັກພາສາອັງກິດນ້ອຍພາສາລາວມັກແລະມັກພາສາອັງກິດນ້ອຍພາສາລາວມັກແລະມັກພາສາອັງກິດນ້ອຍພາສາລາວມັກແລະມັກພາສາອັງກິດນ້ອຍພາສາລາວມັກແລະມັກພາສາອັງກິດນ້ອຍພາສາລາວມັກແລະມັກພາສາອັງກິດນ້ອຍພາສາລາວມັກແລະມັກພາສາອັງກິດນ້ອຍພາສາລາວມັກແລະມັກພາສາອັງກິດ

Armenian Երբ բնակ համարենք եւ նկարագրենք այս ծրագրային հանդիսացությունների` բնակ և ծրագրային հանդիսացությունների, ապա նվեճենք թոն գրի տնտեսության համար լուսանական ծրագրային հանդիսացությունների բնակ և ծրագրային հանդիսացությունների բնակ և ծրագրային հանդիսացություն

Farsi چه مختصات متروک شفاهی رایگان ارائه می‌دهیم تا به گونه‌ی سوالی که در مورد طرح سلامتی دارای و می‌دارید پاسخ دهیم. برای داشتن متروک شفاهی، کافی است با ما به شماره 66-776-800-1 تاسيمات بگیرید. کسی که فارسی صحبت می‌کند که می‌تواند به شما کمک کند. یکی از خدمات رایگان است.
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.

中文 Chinese 请留意：如果您说中文，可以免费获得语言协助服务。请拨打 1-800-452-4413 (听障和语障专线：711)，每周七天办公，早上 8:00 至晚上 8:00。此电话为免付费专线。

한국어 Korean 주: 귀하가 한국어를 사용하시는 경우, 무료로 언어 지원 서비스를 이용하실 수 있습니다. 1-800-452-4413 (TTY: 711) 번으로 주 7일, 오전 8시부터 오후 8시까지 전화하실 수 있습니다. 이 전화는 무료입니다.

Русский Russian ОБРАТИТЕ ВНИМАНИЕ! Если Вы говорите по-русски, мы можем предложить Вам бесплатные услуги языковой поддержки. Звоните по телефону 1-800-452-4413 (TTY: 711) с 8:00 до 20:00 без выходных. Звонок бесплатен.

فارسی Farsi توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی بدون اخذ هزینه در اختیار شما می باشد. با شماره 4413-1-800-452-4413 (TTY: 711) از ساعت 8:00 صبح تا 8:00 شب در هفت روز هفته تماس بگیرید. این تماس رایگان است.

भाषा Hindi ध्यान: यदि आप भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। फोन करना 1-800-452-4413 (TTY: 711), सुबह 8:00 बजे से शाम 8:00 बजे तक, सप्ताह के सातों दिन। फोन करना फ्री है।

Lus Hmoob Hmong LUS CEEV: Yog koj hais Lus Hmoob, muaj kev paw txhais lus pub dawb rau koj.Hu rau 1-800-452-4413 (TTY: 711), 8:00 teev sawv ntov txog 8:00 teev tsaus ntuj, xya hnub hauv ib lub as thiv.Qhov hu xov tooj no yog hu dawb xwb.

Español Spanish ATENCIÓN: Si usted habla español, hay a su disposición servicios de asistencia de idiomas sin costo. Llame al 1-800-452-4413 (TTY: 711), de 8:00 a.m. a 8:00 p.m., los siete días de la semana. La llamada es gratuita.

Tiếng Việt Vietnamese LU'U Y': Nếu quý vị nói tiếng Việt, chúng tôi sẽ cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ cho quý vị. Gọi số 1-800-452-4413 (TTY: 711), 8 giờ sáng đến 8 giờ tối, bảy ngày trong tuần. Cuối gọi này miễn phí.

Tagalog PAUNAWA: Kung nagsasalita kayo ng Tagalog, may mga available na libreng serbisyo ng tulong sa wika para sa inyo. Tumawag sa 1-800-452-4413 (TTY: 711), 8:00 a.m. hanggang 8:00 p.m., pitong araw sa isang linggo. Libre ang tawag.
تنبيه: إذا كنت تتحدث اللغة العربية، يتوفر لك خدمات المساعدة اللغوية المجانية. اتصل على الرقم 1-800-452-4413 (TTY: 711)، من الساعة 8:00 صباحاً إلى 8:00 مساءً طوال أيام الأسبوع. عملاً بأن هذه المكالمة مجانية.
Notes
Notes